

## St Michael's CE Primary School First Aid and Medicines in School Policy

Policy	First Aid and Medicines in School Policy
Date	Summer 2022
Date for review	Summer 2023
Summary	This policy sets out how we approach first aid and medicines in school at St Michael's CE Primary.

We service our community by providing an education of the highest quality.  
We believe our school should be a place where we all want to be, a place where children and adults feel safe, happy, secure and nurtured.

Our high expectation for learning cultivates character and pride in our identity at St Michael's CE Primary School preparing every child for their future.

### **First Aid Information**

The school is committed to providing sufficient provision for first aid to deal with injuries that arise at work or because of school activities.

To achieve this objective the school will:

- appoint and train a suitable number of first aid personnel
- display first aid notices with details of first aid provision
- provide and maintain suitable and sufficient first aid facilities including first aid boxes
- provide any additional first aid training that may be required to deal with specific first aid hazards

### **First Aiders**

A First Aider is a person who has a valid certificate in paediatric first aid, first aid at work or emergency first aid at work training.

The First Aiders are: (Paediatric)	Vicky Cockell Melissa Davies Wendy Steele Laura Kane Kate Coe Jessica Palmer Michelle Bates Patricia Walsh Wendy Burke Jayne Messenger Tina Wiggin Lorna Chatfield Isabelle Depper Joanna Sweeney Heather O'Brien Kirsty Joyce Stephanie Kemp Lynda Titley Grace Andrews Rebecca Evans Kelly Thompson
First Aid Boxes can be found at:	Both halls
	Classrooms

	Outside main office
	The Hub
	Site Manager's Office
	Kitchen
	Epi-pens - Pupil's First Aid Hook Antihistamines – In Main First Aid Cupboard
Allergy Response Kit:	N/A
Defibrillator:	N/A
The Accident Book is located:	Pupil – minor injury – Class first aid book Pupil – major injury or if an ambulance is called – Evolve Staff – Evolve
The person responsible for RIDDOR notifications is:	Samantha Goode

First aid provision will be always available whilst people are present on school premises including out of hours' activities. The assessment of need will be reviewed at least annually.

### **First Aid Kits and Boxes**

- All inhalers will be stored in the class first aid box in a wallet with the original medicine form and a log form to show when the child is given the inhaler. All inhalers must have a prescription label visible. If it does not, the parent should be asked to get one as soon as possible and a label with the child's name should be put on to the inhaler.
- The class first aid box should be taken out onto the playground at playtime and lunchtime as well as after school activities and PE
- Epi-pens are stored in the bum bags and kept on the first aid hook in each classroom and these need to go out at break/lunchtimes too or if the class is working elsewhere within the school.
- First aid kits, clearly marked, will be provided in readily accessible locations, and be made known to all staff and pupils.
- First aid kits will contain enough suitable first aid materials and nothing else.
- First aid does not include the administration of medicines and thus first aid boxes should NOT contain drugs of any kind including aspirin, paracetamol, antiseptic creams etc.
- All first aid kits will be checked regularly and maintained by the teaching assistants; items should not be used after expiry date shown on packaging. Extra stock will be kept in the school (classroom first aid boxes by TA in the classroom and other boxes by VC).

- Suitable protective clothing and equipment such as disposable gloves (e.g. vinyl or powder free, low protein latex CE marked) will be kept in the first aid box and aprons will be available from the main first aid cupboard.
  - Additional travel first aid kits will be provided for offsite visits.
  - During all off-site visits, it is the responsibility of the person in charge of the visit to ensure that first aid equipment is taken.
  - It is the responsibility of their group leader.
  - If a child requires emergency medication (e.g. epi-pens/antihistamines) these must also be taken with the class when they leave site.
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- Blunt-ended stainless-steel scissors (minimum length 12.7 cm) will be kept where there is a possibility that clothing might have to be cut away. These should be kept along with items of protective clothing and equipment. These will be in the main first aid cupboard.
  - Small quantities of contaminated waste (soiled or used first aid dressings) can be safely disposed of in the bio hazard sick bags. Waste to be double bagged in plastic and sealed by knotting.

The purpose of this policy is to ensure that any medicines administered within school are done so in a safe and monitored environment. It has been written using guidance from the DFE, 'supporting pupils at school with medical conditions' (December 2015)

'Section 100 of the Children and Families Act 2014 places a duty on governing bodies of maintained schools, proprietors of academies and management committees of PRUs to make arrangements for supporting pupils at their schools with medical conditions.'

Children with medical needs have the same rights of admission to a school or setting as other children, regardless of their physical or mental health. Most children will at some time have short-term medical needs, perhaps entailing finishing a course of medicine, such as antibiotics. However, some children have longer term medical needs and may require medicines on a long-term basis to keep them well, for example children with wellcontrolled epilepsy or diabetes. In line with the government guidelines St Michael's ask that children are not sent to school when they are clearly unwell or infectious.

### **Parental responsibility**

Parents/carers have the prime responsibility for their child's health and should provide St Michael's with up-to-date information about their child's medical condition. This should be done upon admission, or when their child first develops a medical need.

Where a child has a long-term medical need, then an Alert Card/Health Care Plan may be drawn up with the parents/carers, school and health professionals, if appropriate.

It is the parents/carers responsibility to provide their child's medicine/equipment, it is in date and ensure that they or another nominate adult is always contactable.

### **First Aid Records**

The school ensures that the following records are available:

- Certification of training for all first aiders and refresher periods.
- Any specialised instruction received by first-aiders or staff (e.g., Epi-pens);
- First aid cases treated (see accident / incident reporting).
- For more serious injuries or if an ambulance has to be called information is recorded on Evolve.
- This is a legal document and needs to be kept until the child entered reaches the age of 25 years old.
- Every entry needs to be accurate, e.g., the spelling of child's name, Class, name of person who has administered First aid.
- No accident to staff should ever be recorded on CPOMs – this is a breach of confidentiality. Accidents involving staff should be recorded on Evolve.
- Details of injury should be recorded as accurately as possible, e.g. details of what finger cut, grazed, bruised etc.
- Any medical intervention must be recorded accurately.

### **Guidelines on Responding to Injuries**

#### **Minor injuries**

The following injuries are considered minor and capable of being dealt with by a first aider in school: grazes, small scratches, bumps, minor bruising, minor scalding, or burns resulting in slight redness to the skin.

Injuries requiring medical attention:

- deep cut
- long cuts. Long cuts are approximately 1 inch when on the hand or foot and 2 inches when elsewhere on the body
- the cut is jagged
- the injury involved a pet, especially a cat
- the injury involved a wild animal

- the injury is due to a bite, either human or animal
- the wound has debris stuck in it after cleansing
- the wound is bleeding heavily
- the wound will not stop bleeding after applying direct pressure for 10 minutes
- the injury is a puncture wound

### **Head injuries**

Injuries to the head need to be treated with particular care. Any evidence of following symptoms may indicate serious injury and an ambulance must be called.

- unconsciousness, or lack of full consciousness (i.e., difficulty keeping eyes open);
- confusion
- strange or unusual behaviour – such as sudden aggression
- any problems with memory.
- persistent headache.
- disorientation, double vision, slurred speech, or another malfunction of the senses.
- nausea and vomiting.
- unequal pupil size.
- pale yellow fluid or watery blood coming from ears or nose.
- bleeding from scalp that cannot quickly be stopped.
- loss of balance.
- loss of feeling in any part of body.
- general weakness.
- seizure or fit

### **Hospital Admission**

- Where a pupil is required to attend hospital using an ambulance it is not necessary to accompany a pupil to hospital. If parents are unable to attend hospital promptly, a member of staff should go to the hospital. In the exceptional circumstance of parental permission being required, the Head Teacher can act in loco parentis.
- If a child is taken directly to hospital, they will be accompanied by a member of staff who will stay with the pupil until discharged or until a handover can be made to a parent or guardian.
- The member of staff at the hospital must update the Head teacher on the condition of the injured pupil as and when information is made available
- The parent/guardian of a pupil attending hospital must be advised at the earliest opportunity.
- Support for the injured pupil and their parents will be provided as determined by the individual circumstances of the incident.

### **Blood and Body Fluid Spillages**

- It is important that spillages of blood, faeces, vomit or other body fluids are dealt with immediately as they pose a risk of transmission of infection and disease, e.g. Blood borne viruses and diarrhoeal and vomiting illnesses, such as norovirus.
- A spillage kit is available in school to deal with blood and body fluid spillages.
- The kit is located: in the Dining Hall
- The person responsible for checking and replenishing the kit regularly is the First Aid Co-ordinator (VC).
- Body fluid spillages should be dealt with as soon as possible with ventilation of the area. Anyone not involved with the cleaning of the spillage should be kept away from the area and protective clothing should be worn when dealing with the spillage such as gloves and aprons.

### **Spillage Procedure**

- Cordon off the area where the spillage has occurred.
- Cuts and abrasions on any areas of the skin should be covered with a waterproof dressing.
- Use personal protective equipment and clothing to protect body and clothes: disposable gloves and apron must be worn.

### **Hard surfaces e.g. floor tiles, impervious table tops.**

Small spills or splashes of blood: Clean with neutral detergent and hot water.

Large spills:

- Remove spillage as much as possible using absorbent paper towels
- Flush these down toilet or dispose of carefully in waste bag
- Cover remaining with paper towels soaked in diluted bleach solution (1:10 dilution with cold water)
- Leave for up to 30 minutes, and then clear away

### **Soft surfaces and fabrics e.g. carpets and chairs**

- Remove the spillage as far as possible using absorbent paper towels
- Then clean with a fresh solution of neutral detergent and water
- Carpets and upholstery can then be cleaned using cleaner of choice
- Steam cleaning may be considered
- Contaminated gloves, aprons, paper towels, etc should be carefully disposed of into a biohazard sick bag, securely tied and placed immediately into the normal external school waste container.
- Large quantities of contaminated waste should be disposed of in consultation with the local waste authority.
- Wash hands after procedure.
- As with other all hazardous substances used in school, bleach and disinfectants should be stored, handled, and used in accordance with COSHH (Control of

Substances Hazardous to Health, 2002) Regulations and the manufacturer's instructions. Product data sheets and safe use instructions should be accessible, along with risk assessments and details of actions required in the event of accidental ingestion, inhalation or contact with skin or eyes.

- All chemicals must be stored in their original containers, in a cool, dry, wellventilated place that is inaccessible to children, visitors and the public.
- Appropriate protective clothing (e.g. gloves and aprons) should be worn when handling bleach and other chemical disinfectants. Contact with skin, eyes and mouth should be avoided
- Proper administration of first aid by a trained first aider should be seen as paramount in safeguarding children. The procedures outlined below give advice and consistency to our administration of first aid and should be read as a minimum level of administration.

If in doubt, ask for further advice, or arrange for (9) 999 to be called. An adult should stay with the patient during this time.

#### **Spare Supplies**

- If any supplies are taken, staff must inform VC. This ensures that new supplies are ordered on time.

#### **Everyday Overview**

- Where medication such as inhalers or creams are required by a child, this will be administered by the class TA who is a paediatric/schools first aider. VC will administer medicine to pupils requiring it only when the class TA is unable to. Inhalers and creams that are kept in the class first aid boxes can be administered within the classroom. If a child requires an ice pack, the TA should get it or send the child to VC if this is not possible.
- At St Michael's our aim is to keep children in school rather than damage their education through exclusion on medical grounds.
- As a school we recognise that there are times when it may be necessary for a pupil to take medication during the school day.
- Wherever possible, we would ask parents, to request that their doctor prescribe medicine to be taken outside the school day. St Michael's will only administer medications that are required to be given 4 times a day.
- School will try to administer at time asked but if you want medicines administered at exact times then we recommend that the parents/carers come into school to administer it themselves.

#### **Class Medical Information Forms**

At the beginning of year, VC will update the medical information forms for each class. These outline the needs of pupils, such as epilepsy, inhalers, or allergies. It informs all members of staff who interacts with that class which pupils require medication etc. Once updated, these will be signed by the class teacher, TA and Lunchtime Supervisor to show that they are aware of the medical needs of any



children in their class. A copy of this form will be kept in the class first aid folder and on the alert board in the staffroom. If new children arrive mid-term and need to be added onto the overview, VC will do so and ensure an up-to-date copy is given out.

Staff who are not class based (e.g. SLT, PPA, Inclusion TA, Office Staff) sign a sheet that states the information for those pupils with a serious medical condition that requires a care plan. This sheet is also used to acknowledge that they understand it is their responsibility to read through any class medical sheet that they teach in.

### **Children with Special Medical Needs**

- If a child is admitted into school with specific medical needs we will, together with the parents and school nurse, discuss those individual needs.
- If required, an individual alert card and personal care plan will be developed in partnership with the parents and school nurser/health visitor.
- Any resulting training needs will be met.

### **Health Care Plans**

- Parents are responsible for providing the school with up-to-date information regarding their child's health care needs and providing appropriate medication. These will be countersigned by health professionals if appropriate.
- Individual health care plans are in place for those pupils with significant medical needs e.g, chronic or ongoing medical conditions such as diabetes, epilepsy, anaphylaxis etc. These plans will be completed at the beginning of the school year / when child enrolls / on diagnosis being communicated to the school and will be reviewed/updated as necessary. Plans will be easily accessible and each class will have a copy relevant to any child in their class. All Health Care Plans are also displayed in the staff room.
- All staff are made aware of any relevant health care needs and copies of health care plans are available in the staffroom.
- Staff will receive appropriate training related to health conditions of pupils and the administration of medicines by a health professional as appropriate.
- Reviews of the Health Care Plans/Alert Cards are to take place when necessary, or earlier if the child's medical needs evidentially change. It is the responsibility of the parent to inform us if their child's plan needs updating.

- When returning to school after an absence of a long period of time, for example, hospital admittance, the Health Care Plan must identify support needed to reintegrate the child back into school effectively if necessary.

### **Alert Cards and Care Plans**

VC will inform both LN and the school nurse of any pupil who it is felt may require an alert card. The advice given by the school nurse will be followed. VC will ensure the alert cards in the staffroom are kept up to date.

### **Administering Prescribed and Non-Prescribed Medicines**

- No child under 16 should be given medicines without their parent's written consent. Medication should be in its original container as dispensed by the pharmacist. Any member of staff giving medicines to a child should check the; child's name; prescribed dose; expiry date; written instructions provided by the prescriber on the label or container.
- Medication will only be administered once the parent/carer completes a consent form. This will be kept in the school office.
- Medication will be administered by the main school First Aider. If they are absent from school, then another trained first aider will take her place.
- All medication that is administered will be recorded.
- If in doubt about any procedure staff should not administer the medicines but check with the parents or a health professional before taking further action. If staff have any other concerns related to administering medicine to a particular child, the issue should be discussed with the parent, if appropriate, or with a relevant health professional.
- Staff will not give prescription medication to any child without prior appropriate training.
- Medicines should only be taken to school where it would be detrimental to a child's health if the medicine were not administered during the school day.
- If medication needs to be changed, discontinued, or replenished this is the responsibility of the parent/carer who completes the required forms.

### **Asthma**

St Michael's recognises that asthma is an important condition affecting many children and positively welcomes all pupils with asthma and recognises their needs.

St Michael's helps and encourages children with asthma to participate fully and to achieve their potential in all aspects of school life, however, we recognise that pupils need to have immediate access to their reliever inhaler.

#### Medication

- All parents/carers will be asked to complete an admission form giving full details of their child's asthma, regular medication, emergency contact numbers and any relevant details.

Every child with an asthma diagnosis must have a blue reliever inhaler in school and a spacer device if used. Parents are asked to ensure that all inhaler devices are clearly labelled with their child's full name

- Inhalers will be kept in an easily accessible container in the child's own classroom. School staff will supervise KS1 children when using their inhalers, however, KS2 will be encouraged to use their inhaler independently.
- All inhalers are sent home at the end of the summer term. It is parents/carers responsibility to ensure that they are in date and full of medication. The inhaler must be returned at the beginning of the new academic year.
- Parents/carers will always be informed if their child has an asthma attack.

### Exercise and Activity

- Taking part in sports is an essential part of school life and children with asthma are encouraged to participate fully in PE and swimming.
- All teachers are aware of which children in their class have asthma and will remind those whose asthma is triggered by exercise to take their reliever inhaler before the lesson begins.
- Each child's inhaler will be labelled and kept in a box at the site of the lesson and if needed the child will be encouraged to use it.
- If pupils leave the school premises for any activity, they must have their inhalers with them.

### Record Keeping

All parents/carers will be asked to complete an admission form giving full details of their child's asthma, regular medication, emergency contact numbers, family G.P. and any other relevant information.

### Asthma Attack

All staff are trained to deal with an asthma attack. In the event of an asthma attack the following procedure takes place:

- Stay calm and reassure the child.
- Encourage the child to breathe slowly.
- Ensure any tight clothing is loosened.
- Help the child to take their reliever inhaler.
- Contact the child's parents/carers by phone about the attack and send home if necessary.

### Emergency Procedures

Always call the ambulance if:

- There is no significant improvement in 5-10 minutes.
- The child is distressed and gasping or struggling for breath.
- The child has difficulty in speaking.

- The child is pale, sweaty and may be blue around lips.
- The child is showing signs of fatigue.
  - The child is showing a reduced level of consciousness.
  - You are concerned about the child's condition.

### Annual Training

All staff receive annual asthma awareness training so that they are aware and know how to deal with a child having an asthma attack.

### Self-Management

- It is good practice to support and encourage children, who are able, to take responsibility to manage their own medicines from a relatively early age. As children grow and develop, they should be encouraged to participate in decisions about their medicines and to take responsibility.
- Older children with a long-term illness should, whenever possible, assume complete responsibility under the supervision of their parent. Children develop at different rates and so the ability to take responsibility for their own medicines varies. This should be borne in mind when deciding about transferring responsibility to a child. There may be circumstances where it is not appropriate for a child of any age to self-manage.
- Health professionals need to assess, with parents and children, the appropriate time to make this transition.
- Where children have been prescribed controlled drugs, staff need to be aware that these should be kept safely. However, children could access them for self-medication if it is agreed that it is appropriate.

### Refusing Medicines

- If a child refuses to take medicine, staff should not force them to do so, but should note this in the child's record and follow the agreed procedures. Parents should be informed of the refusal on the same day.

### Non-Prescription Medication

- St Michael's can administer over the counter medicines, but the same consent procedure must be carried out. The medicines cannot be kept in school 'in case' a child is unwell e.g., cannot keep Calpol in the cupboard in case a child has a temperature.
- A record will be made of the date and time of medicine was dispensed. Parents/Carers should decide to bring/collect the medicine from the school office at the beginning/end of the day unless alternative arrangements are made with the school staff. Medicines must not be handed to a child to bring in to school or take home
- Staff may not know whether the pupil has taken a previous dose, or whether the medication may react with other medication being taken. **A child under**

**16 should never be given medicine containing aspirin, unless prescribed by a doctor.**

Where it is necessary to administer non-prescription medicine to a child, specific written permission must be obtained from parents / carers and the administration documented.

### **Medical Information Letter**

- This letter is issued to all Reception parents in their induction pack. It must also be completed for all new starters throughout the year. If parent's state their child has any medical information, the forms will be kept in the main medical information folder. If there is no information, they will be filed in the pupil files allowing easy access should there be a query. This form also reminds parents that it is their responsibility to inform school of any changes.

### **Stopping Regular Medication**

- If a parent informs school that their child no longer requires regular medication in school (e.g. inhaler), VC will issue them with a form allowing them to state so. This form is signed by the parent and says their child no longer requires the medication in school. This is then filed in the child's pupil file and a copy is given to VC to store in the medical information folder.

### **Request for Medication Form**

- This is to be completed by the parent outlining the details (dosage, side effects etc.) of the medication they wish school to administer. If this is a regular medication a copy is kept with the medicine in the class first aid box and a copy is filed in the main medical information folder. If this is a short course medication, a copy is kept with the medication, in the school office allowing easy access to check the instructions before it is administered. For temporary medication, a signature sheet is completed as evidence that the child has received the medicine and by whom.

### **Ice Packs**

- If an ice pack is used on a swelling, then the child injured needs constant supervision.
- Ice packs are stored in the fridge located in the staffroom, in the Hub, in Reception classrooms and in the Nursery classroom.
- If an icepack is given then the parents need to be informed with a bump note.

### **Educational Visits**

- The school will consider what reasonable adjustments they might need to make to enable children with medical needs to participate fully and safely on

visits. This might include reviewing and revising the visits policy and procedures so that planning arrangements will include the

necessary steps to include children with medical needs. It might also include risk assessments for such children.

- Sometimes additional safety measures may need to be taken for outside visits. It may be that an additional supervisor, a parent, or another volunteer might be needed to accompany a particular child.
- Arrangements for taking any necessary medicines will also need to be taken into consideration. Staff supervising visits should always be aware of any medical needs and relevant emergency procedures. Copies of health care plans should be taken on visits in the event of the information being needed in an emergency.

### **Sporting Activities**

- Any restrictions on a child's ability to participate in PE should be recorded in their individual health care plan. All adults should be aware of issues of privacy and dignity for children with needs.
- Some children may need to take precautionary measures before or during exercise and may also need to be allowed immediate access to their medicines such as asthma inhalers. Staff supervising sporting activities should consider whether risk assessments are necessary for some children, be aware of relevant medical conditions and any preventative medicine that may need to be taken and emergency procedures.

### **Educational Visits**

- There must be a First Aider on every trip and a complete first aid kit.
- Parents need to advise the school if additional medication is needed for the trip, e.g., travel sickness

### **School Transport**

- Where pupils have life threatening conditions, specific health care plans should be carried on vehicles. The care plans should specify the steps to be taken to support the normal care of the pupil as well as the appropriate responses to emergency situations.
- All drivers and escorts should have basic first aid training. Additionally, trained escorts may be required to support some pupils with complex medical needs. These can be healthcare professionals or escorts trained by them.
- Some pupils are at risk of severe allergic reactions. Risks can be minimised by not allowing anyone to eat on vehicles. All escorts should also be trained in the use of an adrenaline pen for emergencies where appropriate.



### **Children with Injuries**

Where necessary if a child is in school with an injury, e.g., broken arm, a member of SLT will complete a risk assessment with the child and parent/carer to ensure that adjustments are made to keep the child safe. This risk assessment will be shared with all staff who have contact with the child.

### **Recording Accidents**

- Simple cuts and grazes, nose bleeds which occur naturally, and gentle bumps (including head bumps) will be recorded in the green class bump folder. This is kept in the classroom and each class have one.
- Dinner supervisors will also use their class book.
- All accidents, illnesses, etc which are cause for concern are to be notified to the Main First Aider or in the event of her absence any of the other named First Aiders and put on Evolve.
- If children are very unwell, they are to stay with an adult at all times until their parent has been contacted to come and collect them.

### **First aid administered to staff and visitors**

- Should an adult require first aid, in the case of a minor injury, this can be self-administered.
- In the case of a more serious injury, advice should be sought from a trained first aider who can administer the first aid.
- A decision will then be made by the Headteacher, or in the case of their absence, by the Deputy or Assistant Headteacher, in conjunction with the staff member and the first aider, as to their fitness to continue to work. This may lead to a temporary covering of their duties to allow them time to recover, or to their releasing from duties for a period.
- In all cases, a record of the injury and how it was sustained will be made and any actions required under Health and Safety at work 1974 will be carried out.
- Advice will be taken from BDMAT as to whether a RIDDOR notification would need to be made.
- In the case of a serious medical emergency, a trained first aider would administer any treatment that is within their training and the emergency services would be called (as in procedure outlined above)

### **Kitchen**

- The kitchen has a first aid folder where they are able to log any minor injuries that occur during working hours e.g. burns. If they have a serious injury that may result in medical attention needed or time off work, they must inform the school office immediately and appropriate action will be taken.
- The kitchen has a purple first aid ring binder that has photos of all children in school who have an allergy or special dietary requirement and allows staff to quickly identify children when they come in for lunch to be mindful of what they are served and limit the risk of error.
- Children who have a severe food allergy that requires a care plan wear a purple wristband during lunchtime as another identifier to ensure their safety.
- This is updated by VC yearly or when a change happens.

### **Sending a child home**

- Always follow school procedures when sending a child home and check with the Main First Aider, Headteacher or a senior member of the leadership team (in the Headteacher's absence) in the first instance.

### **Monitoring**

This policy will be reviewed by the SLT annually and reviews shared with the Local Academy Board.

### **Annual Medical Needs Training**

St Michael's CE Primary School have named first aiders who have their training renewed every 3 years. In EYFS we have staff that are paediatric first aid training. These are also renewed when required. This is done in order for staff to feel confident in their ability to support a child with medical needs.

Any staff required to administer prescribed medicines will receive guidance to do so and will attend any meetings required about a particular child they may support.

All staff will receive training on the following: -

- Epi-pen
- Asthma
- Epilepsy

- Diabetes

### **Meetings**

LN and VC will meet half termly, when necessary, to ensure they are both aware of anything necessary. LN and VC will also have regular conversations to allow them to inform each other of any new information throughout the term.

### **Related policies**

- Child Protection and Safeguarding
- Health and safety

### **Review**

The effectiveness of the above policy and our practice will be evaluation every two years by the Senior Leadership Team in consultation with the whole school community.

The Head Teacher shall inform the Local Academy Body and the Local Authority of any incidents related to the details in this policy.