

# Health and Wellbeing of Students Policy

## Policy Statement

The health and wellbeing of students is an essential element to the operations of Gradually Developing Futures (GDF). This document aims to specify the arrangements in place to uphold the highest standards of care and welfare for all students in line with government recommendations and guidance from appropriate professional bodies.

Staff with health and welfare related roles are expected to be fully qualified and trained and are offered advice and assistance when required.

To support the health and wellbeing of students, GDF:

- ensures staff are trained to promote health and wellbeing in the curriculum and extended learning activities and maintain strategies to build relationships with parents/carers and students
- includes drug education within the curriculum to raise awareness of the effects of substance misuse where appropriate
- has an effective Personal, Social and Health Education (PSHE – Jigsaw programme) to support aspects of health and wellbeing
- ensures all children (where appropriate) and parent/carers complete a medical overview upon admission so that there is an awareness of any health concerns and immunisation status. Some children may be more vulnerable from illness, infections and disease than others and GDF staff must be made aware of any children with suppressed immunity
- ensures any medical issues on a child/young person's Education, Health & Care Plan (EHC) are addressed and monitored including, genetic, developmental, emotional, social and physical health
- administers first aid, as required, contacting the emergency services as necessary
- administers prescribed medication in line with the Administration of Medication Guidelines
- provides facilities for the safe storage and administration of medication
- displays health education posters and leaflets refreshes according to the season and current topics in the media
- liaises with parents/carers, medical professionals, therapists and outside agencies regarding medical needs and addressing any concerns
- maintains confidentiality for all personal and medical information where possible
- provides members of staff with intimate care guidelines and any medical conditions and/or medication that the student is in receipt of



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## Promoting Health & Wellbeing

The environment in which students spend a high proportion of every week day has been shown to affect their physical, emotional mental health and wellbeing as well as impacting on attainment. Peer relationships/interactions between staff and students, are critical in promoting student wellbeing and in helping to engender a sense of belonging to and liking of school. Strong relationships and regular communication with parent/carers along with an active student voice also contributes to the overall strategy for health & wellbeing.

School Leaders are responsible for ensuring staff are trained to promote GDF's ethos and values and deliver a curriculum and extended learning activities to support the Health and Wellbeing of students with respect to:

### Area

Mental and emotional wellbeing (e.g. targeted support reflected in individual EHC plan under the Social, Emotional and Mental Health assessing and monitoring the impact of interventions).

### Strategy

Therapy is a fundamental part of the students individual and anchored on the specialist input needs as identified in legacy statements, EHC Plans and individual therapy assessments for students and includes:

- Speech and Language Therapy.
- Occupational Therapy.
- Psychotherapy.
- Mental Health Intervention (including THRIVE intervention)
- Personalised therapeutic interventions e.g. music interventions, art therapy, bespoke timetable where appropriate, sand tray therapy

In addition, the integration of therapy through multi-disciplinary working and a blended approach to meeting the customised needs of each student is developed as a feature of the school, going above and beyond the approach in other schools nationally.

Social wellbeing (e.g. anti-bullying, peer coaching/mentoring, anti-radicalisation, internationalism to support equality & diversity).

The school's ethos and values on Equality and Diversity, Anti-Bullying and Anti-Radicalisation are adapted to fall in line with the specific needs of the class cohort and careful consideration is taken into account regarding level of understanding throughout



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the curriculum and School life.  
Anti-Bullying strategies include an Anti-Bullying week, assemblies and self-assessment tools.

#### SMSC and British values

Students are taught aspects of SMSC in groups including actively promoting the fundamental British values of democracy, the rule of law, individual liberty, and mutual respect and tolerance of those with different faiths and beliefs.

#### Physical wellbeing (e.g. sports and recreational activities, food and diet/healthy living)

The young people are offered a range of recreational and leisure pursuits; the chance to develop hobbies and opportunities to mix socially together and with others. All young people are encouraged to try new activities but we take into account the student's emotional well-being and level of understanding and individual anxieties that fall in line with their diagnosis. We acknowledge the importance of sport in developing an appropriate level of competition, teamwork, physical and mental health and so actively promote and encourage participation in a range of activities.

Physical Education is an important aspect of the student's wellbeing and the curriculum supports a range of sporting activities and educating the students on how to be physically healthy and exercise.

GDF encourages parent/cares and children to maintain a healthy, balanced diet as well as meeting individual dietary needs.

#### Positive relationships (e.g. PSHE/ Relationship & Sex Education programmes).

RSE is covered in the Jigsaw programme curriculum

#### Student Voice

All students are encouraged to voice their opinions and concerns. All students that are able will attend and contribute to their



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Annual Review Meetings.

## Parent Voice/Communications

GDF supports all parents/carers and will make home visits on request. Daily communication via home/school diaries maintains good working relationships and the ability to pass on important information. If a parent has any concerns regarding communication through the home/school diary they can report to the class teacher or any of GDF's Leadership Team

## Medical information on Admission - Assessments

Prospective students attend the school with parent/cares or support staff from a previous setting for transitional visits and during this period GDF is required to:

- Make verbal/visual contact with every child
- Speak to parents/carers regarding past and current medical issues, conditions and medications
- Assess the child/young person's co-operation (where appropriate) with medical treatments and medication
- Note their self-esteem and confidence, note any information regarding speech, language and communication difficulties, mobility problems, general health, growth and development as outlined in the EHCP consultation process
- Liaise with relevant staff regarding medical issues.
- If a placement is offered, liaise with the parents/carers prior to the starting date regarding current medical needs and ensure a Care Plan is produced

## Health Surveillance

To monitor the health and wellbeing of students:

- GDF receives information on all new students outlining their condition, medication and overview – accompanied by a risk assessment for medication and/or conditions
- students with a medical condition such as asthma or prescribed controlled drugs are formally assessed in liaison with their parents, GP and paediatrician – any concerns can be put on the Multi-Disciplinary Meeting agenda and discussed
- students are reviewed at other times if there are medical concerns from parents/carers, the student, other GDF staff or external professionals.

## Medical Records & Facilities

This section complies with GDF GDPR guidelines and related statutory guidance.



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## Security of medical records

It is essential that all medication and medical supplies are held securely within the medical area. Controlled drugs are to be stored in an approved and locked controlled drugs cabinet. During weekends and school holidays, all medical areas are secured by the designated member of staff and never left unlocked when unattended.

Students may only be granted access to these areas when accompanied by a designated member of staff.

Electronic records are held securely on the Principals hard drive on the restricted. Hard copies are kept in the student personal file which is locked securely.

Parents requesting to access records are required to send in a written request and make specific arrangements with GDF (Access to Health Records Act 1990).

GDF maintains a medical record for every student, which includes:

- Personal details and parent/carer contact numbers
- Parent/carer signed consent for emergency treatment
- Parent/carer signed consent form for over the counter and prescribed medication
- Health surveillance details, medical reports and review summaries
- Information of prescribed medication and up to date allergy list
- Medical Administration Record sheets
- Medical Care plans for any medical conditions and medication (whether administered in school or at home) for emergency reasons as some students take medication that could counteract with any life-saving treatment that could be administered by medical professionals in and emergency.

Medical information is shared with other members of staff for the health, safety and well-being of students although all staff are aware that this information is confidential and should not be discussed outside of GDF unless in the case of an emergency, medical professional requests or by parental request. For Safeguarding & Child Protection concerns the GDF Safeguarding & Child Protection Policy applies.

All medical records are legally required to be stored until the child has reached the age of 25 or for 8 years following a death.

## Medical Facilities

GDF provides and maintains secure facilities for the safe storage and administration of medication. The first aid room is managed by qualified first aiders who are available to attend to the children's/young people's medical needs. Students may only be granted access when accompanied by a member of staff.



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## Cleaning and Maintaining Standards

All First Aiders are required to:

- ensure that all areas are tidy, beds made and medical information stored correctly and confidentially
- carry out half-termly duties including the cleaning of clinical surfaces and cupboards, defrosting and cleaning the refrigerator and wiping the insides of locker drawers
- ensure inhalers kept in the surgery are washed weekly.

## Communication

To promote health and wellbeing GDF will display the following posters in the medical rooms:

- The Health and Safety Law Poster 2009
- Control of Substances Hazardous to Health Regulations (COSHH)
- Know Your “Dangerous Substances”- Health Hazards - In The Workplace (The Chemical Regulations 1994)
- Electric Shock Emergency – Resuscitation
- Rules for Safe Lifting

## Welfare of Students

The welfare of the students at GDF is paramount. Staff are required to:

- be sensitive to the student’s physical, emotional and educational needs and the student’s level of understanding should be taken into consideration
- only administer medical treatment where a student has sufficient understanding (except in a medical emergency). It is for the parents or other medical professional to decide, when present, whether the child is capable of giving consent. Where the child is not of sufficient understanding, the consent of the parent/carer is to be sought. A young person over the age of 16 years is legally entitled to give his/her own consent.

## Administration of Medication

The aim of this section is to ensure safe receipt, storage, administration and disposal of medicines and dietary supplements within GDF and ensure practice is in line with current legislation and good practice guidelines.

The procedures for handling of medicines fall into two categories.

- **Prescribed Medication:** only issued by staff that have demonstrated competency and received appropriate training. This policy has been implemented to ensure safe handling of medicines under section 87 of the Children Act 1989 and in accordance with the Department of Health Guidance Volume 5. When it is necessary for staff to issue such medicines records will be made.
- **Non-Prescription Medication:** only issued by staff that have demonstrated competency and received appropriate training and with close liaison with parent/carers. When it is necessary for staff to issue such medicines records will be made.



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All parents/carers are required to sign a parental consent form to consent to GDF administering prescribed and over the counter medication to their children. The over the counter consent form also identifies which over the counter medication they approve for their child to receive as required. These consent forms remain in the student files and adhered to by all staff administering medication.

### Competency Check List & Training

Staff at GDF are required to have completed their training on the administration of medicines to administer medication within the school. This consists of:

- Internal training and completion of the competency check list which includes a one to one discussion with designated medical staff
- Medication training is updated on an annual basis to develop individual staff skills and acknowledge changes in legislation
- Additional training on the use of PRN medications (such as Epipens, inhalers) and require updating on an annual basis
- Evidence of training kept in the staff file
- In each administration of medicines file there will be examples of signatures and initials for all staff that have completed this training to be able to identify initials made on Medication Administration Record sheets
- During the school day, prescribed and over the counter medication is administered by trained staff. In their absence, other staff that have completed their administration of medicines training will carry out these tasks.

### Checklist

- Drug cabinet keys are held with the DSL
- Wash hands and gather everything required (Medication Administration Record sheets, pots, water, beakers, etc)
- Administer medicine to only one student at a time
- Check dosage and times
- Check the container for the student's name, dose, frequency of administration and expiry date. Compare this with the student's individual medication record
- Be aware of any indications and side effects of the medication to be administered
- Withdraw the correct dose from the container. Update the medication audit to show the number of doses remaining in the container
- Enter dose, time and sign the student's individual medication record
- Return medication to the security cabinet. Ensure that the cabinet is closed and locked
- Ensure any specific instructions are followed such as 'to be taken with food'. Encourage students to take medication with water (especially enteric coated medication)
- Administer the medication to the individual for whom it has been prescribed, ensuring that the student fully consumes the medication
- If successfully administered, sign the individual's MAR sheet.



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## Essential Checks

- It is essential that the student's medicine administration record is checked before the issue of any medicines to ensure that over issue is avoided and the medicine is appropriate for the student
- Expiry dates are checked
- Staff check with the DSL regarding rules for specific medicines
- Creams – are dated at time of opening: tubs are discarded after three months of opening and tubes are discarded after six months of opening
- Eye Drops – are dated at time of opening and discarded after 28 days of opening
- Insulin – are dated at time of opening and discarded after 28 days of opening
- Liquid medication – are dated at time of opening and discarded after 6 months of opening
- Controlled drugs are checked for clear prescription labels, contains an information sheet and are counted and recorded both before and after administration.

## Record of Administration

Medication Administration Record Sheets (MAR sheets) are to be provided by the DSL as and when necessary

- MAR sheets are printed at the start of medication
- Each sheet must be signed by the staff member administering the medication. If additions or amendments are made during to the supplement or medication or their dosage, the DSL will sign to acknowledge receipt of change
- Staff administering medication are expected to initial in the correct box on the MAR sheet once the medication has been administered. If the medicine is not administered (e.g. student refusal) it should be noted and if a controlled or sealed tablet form, should be disposed of and parent/carers and relevant staff informed
- All medication and over the counter medication is written and signed for on the permission sheet
- All MAR charts are kept by the DSL and are kept in accordance with the Data Protection Act 1998
- All records need to be clear and accurate as they are legal documents and may need to be referred to in the future. MAR sheets and any directions regarding students'/students' health and or medication is stored according to the Data Protection Act 1998 and confidentiality is required at all times
- If the MAR sheet is signed in the wrong place the signature is crossed through with a single line and an asterisk added. The asterisk is documented at the bottom of the MAR sheet with an explanation e.g. 'signed in error' and a signature of the staff member
- Black ink is to be used when completing MAR sheets and writing clear and legible. Correction fluid must never be used on MAR sheets as they are legal documents.



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## Record of Staff Approved to Administer Prescribed Medication

“Staff listed here have satisfactorily demonstrated their competency to issue medication according to the criteria laid down in the competency check list.” The following data is recorded:

- Name
- Job title
- Signature
- Opus Expires

## Administration of Medication - Procedure

- Administration of medicine must be carried out by staff that have completed their administration of medicines training
- Staff should not under any circumstances administer any supplement or medication, or supervise students taking inhalers if they do not feel fully informed, or are not confident to do so for any reason, but should seek further advice from the DSL who will either advise or administer the required dosage
- If for any reason medication is not administered (e.g the student is at home) ensure the reason is entered on the MAR sheet. If a student regularly refuses their medication liaison with parent/carers and medical professionals is required. Some students may accept their medication if offered again or if offered by a different member of staff
- As a general rule there should always be four hours between medication doses
- Students are to be encouraged to be actively involved in remembering to request their supplements and medication at the appropriate times

## Supply of Prescription Medication or Supplements

For students who are administered medication during the day, parents/carers are required to bring in the medication personally and hand to the DSL with a completed handover form. For children that arrive in Taxi's – the form and medication is to be given to the escort or driver and they will hand to the DSL.

## Over the Counter Medication

The following protocol applies:

- Copies of parent/carer consent forms are held by the DSL. The consent form is checked before any over the counter medication is administered
- During the day if over the counter medication is required and administered it is recorded on the MAR
- Any over the counter medication administered to students by the DSL is communicated to the students' parent/carers.



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## Controlled Medication

Some of students are prescribed controlled medication. Controlled medication is controlled under the misuse of drugs legislation which is in place to prevent drugs being misused, being obtained illegally and being abused or causing harm.

The following protocol applies for controlled medication:

- Recorded and signed into a controlled stock book immediately when received into the school. A record is made and tablets counted every time controlled drugs are administered, returned, disposed of or leave the drug cupboard (for example on GDF trips)
- The controlled drug stock book has a running balance of stock and any discrepancies must be reported to the DSL immediately
- If any controlled drugs are to be returned to the parent/carers as a single tablet (e.g if dropped or refused) they are stored in a separate bag with clear labelling including name of student, medication, amount and date until able to pass to the DSL for return. The total in the stock book should include these drugs until passed to the parent/carers so that the total in the cupboard still matches the total in the stock book. Denaturing kits may be used for the safe disposal of unused drugs
- Once a week there is a stock check of controlled medication stored carried out by the DSL and a staff member who has completed their administration of medicines training

## Receiving Medication

Medication received into the school is checked against the Medication Administration Record sheet to ensure it corresponds with the labels on the medication boxes and the following information recorded:

- Name of the student
- Medication
- Dose
- Time to be administered
- Amount received
- Expiry date - the expiry date on all items must be checked regularly. If any dates have expired more stock is requested. Prescription medications not in sealed blister packs are to be replaced 6 months after the opening date e.g. inhalers. The date of opening therefore needs to be recorded on the box, or directly onto the inhaler in indelible ink.

Refer to section on Controlled Medication regarding the additional protocol on receiving and maintaining records for these drugs.

## Storage of Medication

The DSL is expected to ensure:

- all medication is stored within a locked drug cupboard, within a locked room and remains within its expiry date (including inhalers and Epipens and other PRN medication)
- controlled drugs are kept in a separate drug cupboard from other prescribed medication



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- topical medication is stored on a separate shelf within the drug cupboard
- creams and lotions have the opening date written on the box and disposed of within 6 months unless indicated otherwise on the information leaflet
- prescription medication is stored within the original packaging with the original label indicating the prescribing doctor's instructions
- supplements and over the counter medication supplied from home is clearly labelled with the student's name in indelible black ink and documented on the Medication Administration Record sheet
- Staff must check expiry dates of medications to be stored within a fridge (with a reading between 2°C and 8°C) and pass to the DSL to return any medication out of date to the parent/carers. Fridge temperatures are checked and recorded daily
- Food products obtained via a prescription can be stored in the school kitchen

### Medication from Home

Any medication brought into the school by students is required to be in its original container clearly showing the student's name, description of medication and dose on a pharmacy label. This **MUST NOT** be administered until a check has been carried out with the student's parent/carer. This check must be recorded on the student's record and be signed and dated by the member of staff who carried out the check. The quantity of medicine and dose is also recorded on the student's record.

### Medication Going Home

Any medication that needs to return home can be given directly to the parent/carer, sent via an adult escort, or with a student who is considered sufficiently responsible and has permission to travel alone, subject to the agreement of the parent/carer in advance. The following procedures apply:

- When the telephone call has been made with the parent/carer the outcome is recorded on the students' individual record
- If a controlled medication is sent home then the signature of the receiving person must be obtained and the controlled drugs register signed / witnessed
- A separate record is also kept of all medications returned home in order to account for all medications kept in the school
- If a member of staff is unsure whether to send medication home or not they must consult the DSL or the school Principal

### Changes in Medication

The DSL or other trained staff are required to:

- Only accept verbal and telephone instructions regarding medications from the named SMO and followed by the instruction in writing
- Implement changes made by consultants only when received in writing



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- Once written confirmation is received, make changes to the MAR sheet and obtain a signature from the SMO at the earliest convenience

Annually parents/carers are sent a medical update form to complete highlighting any changes in medical circumstances including changes in medication. Parents/carers are asked to update GDF of any changes to medication as they arise.

### **Errors in Administration of Medication**

In the event of a medication error:

- The DSL and Principal is informed and medical advice immediately sought from the SMO, NHS direct, A&E or if required call an ambulance
- A medication error of any kind is dealt with as a serious incident and never concealed

When calling for medical advice information on the student's medical needs, medication they are prescribed and the wrong medication that has been administered is required.

- The Principal and DSL inform the parents/carers of the incident and the outcome of the incident
- The events leading to the incident are recorded to ensure an investigation can be completed once the student's needs have been met and medical advice established and followed through
- Administration of medicines procedures are reviewed with the SMO and DSL as part of the investigation to prevent any further errors occurring.

### **Returned Medication**

Medication may need to be returned to the parent/carers for safe disposal if refused, dropped, no longer required or out of date. All staff take unwanted medication to the DSL to organise the returns to the parent/carers which will be recorded on the MAR.

In the event of a death of a student all medication must be retained in the school for at least 7 days due to legal requirements.

If medication, supplements or over the counter medication needs to be disposed of that has been provided through the parents/carers these must be returned directly to the parents/carers for disposal.

### **Medication outside of the school**

Students may leave the school site for reasons such as day trips or going to external educational facilities. It is the responsibility of the supporting staff member to have carried out administration of medication training and to sign out medication from the DSL. PRN medication and the individual's treatment plan are to remain accessible to the individual student when off the school site.



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The Principal has deemed it an unacceptable risk for stocks of 30+ controlled drugs to be taken out of a controlled environment due to the possibility of loss or theft.

### **Procedure**

A named staff member from the competency check list and the DSL place the required amount of medication in a self-seal envelope labelled with:

- Student's Name
- Name of Medication
- Date, quantity, dose and time of administration
- In the case of controlled drugs all of the above will apply but the container must be separate, secure and lockable
- All controlled drugs given to staff are entered into the controlled drugs register and the staff member receiving them and the DSL will sign the register

The named staff member and the DSL sign the self-seal envelope.

If neither of the above are taking part in the off-site event, the authorised supporting member of staff (trained in administering medication) collecting the medication signs the drug chart to confirm they are taking responsibility for the medication.

During off-site residential trips the administering of medication by the authorised member of staff:

- checks the student's medication card for time and dose required
- signs for dose administered in the correct box on the Medication Administered Record (MAR) sheet
- If any medication is refused by the student, the authorised member of staff will enter the relevant code for 'refusal' on the MAR sheet. On return to the school any unused medication is returned to the DSL for return to the parent/carers

At the end of the outing the final quantity of remaining medication is recorded on the chart and checked by the DSL on return of the medication to the school

### **Self-Administration**

Students are supported to develop their skills and independence in all areas including administration of medication. Any student over the age of 16 is legally entitled to self-medicate and staff will:

- assess the student as understanding the safety implications for themselves and others, able to identify medication and understand specific instructions before they can be enabled to self-medicate
- if required, provide the student with a lockable locker within the school
- provide a clear goal plan for any student working towards self-administration of medication and a risk assessment developed to manage risks in this area



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- support the student to implement self-administration as a goal with multi-disciplinary agreement, including approval from the DSL
- maintain a strict weekly stock control and monitoring to make sure that students are self-medicating correctly.

Before speaking about a family's circumstances at reviews, case conferences, schools etc, staff are required to be alert to who else has the information and avoid inadvertently breaking confidentiality.

Association with specialised services or having a worker in a local authority specialised unit may instantly identify the family/individual with a medical condition. Therefore, caution is needed, for example in writing letters, sharing information or in making referrals to external services.

### **Communication**

In addition to providing support and care for families and children living with HIV, staff have a responsibility to talk openly and sympathetically with all students/young people in their care about the risk of HIV infection. This implies having access to accurate information and being ready to discuss issues of personal, social, and sexual development in a professional manner and at a level appropriate to each child's/young person's ability and stage of development.

In situations where the parent has agreed to information about their HIV status being shared with their child, staff are required to be ready to provide the child/young person with clear information about HIV and the implications and be able to cope with any negative reactions.

Children are likely to need help to decide whom they can safely talk to about HIV outside the family or carer circle.

Children/young people facing the death of one or more members of their family and possibly their own premature death will be reassured if they know it is safe to talk about their fears. They will need consistent support from staff or carers through unpredictable and often long-drawn out illnesses. Staff will need personal and professional reserves to help sustain young people sometimes through a sequence of losses, meanwhile ensuring that the quality of life is as good as possible.

### **Protection from Infection**

#### **Immunisation for Students**

Immunisation protects children from some childhood diseases, GDF will:

- contact and advise parents/carers to make arrangements with their G.P. if vaccinations are required
- supports parent/carers to organises HPV vaccinations and Diphtheria, Tetanus and Polio boosters for their child-children, as well as flu vaccinations through their own G.P.



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Other immunisations, as recommended by The Department of Health or the area Health Authority are communicated to parent/carers, staff support the parent/carers in booking an appointment with their D.P. if required.

### **Risk Management & Control Measures**

The risk assessment in Appendix 2, details the groups of staff and the risk of contamination based on their duties. Comprehensive information is to be made readily available to all staff and access to immunisation provided if requested.

Hygiene & Infection Control procedures ensure:

- that staff cover hygiene elements within their induction and complete food hygiene training if involved with handling food
- children/young people cover aspects of general hygiene and food hygiene within the school curriculum

The following general principles will significantly reduce the risk of contamination:

- Good hand washing techniques. An alcohol-based gel hand rub can be used as an alternative to hand washing where hands are not visibly contaminated.

Personal protective equipment (PPE) - Disposable non-powdered vinyl or latex-free CE-marked gloves and disposable plastic aprons worn where there is a risk of splashing or contamination with blood/body fluids (for example, nappy or pad changing). Goggles should also be available for use if there is a risk of splashing to the face.

- Covering broken skin (cuts and legions) with blue plasters and suitable gloves
- No consuming of food or drink in areas where there may be risk of exposure
- Suitable disposable gloves are worn when handling body fluids / tissue (further guidance can be obtained from the HSE website - powdered latex (rubber) gloves are not to be used because of the high risk of causing allergic reactions). The wearing of gloves does not replace the need for hand washing
- Coughing and sneezing easily spread infections – Children/young people and adults should be encouraged to cover their mouth and nose with a tissue. Wash hands after using or disposing of tissues and discourage spitting
- Thorough cleaning of the school environment and equipment. Laundry should be dealt with in a separate dedicated facility. Soiled linen should be washed separately at the hottest wash the fabric will tolerate. Wear PPE when handling soiled linen. A child/young person soiled clothing should be bagged to go home, never rinsed by hand
- Cleaning of blood and body fluid spillages - all spillages of blood, faeces, saliva, vomit, nasal and eye discharges should be cleaned up immediately (always wear PPE). When spillages occur, clean using a product that combines both a detergent and a disinfectant. Never use mops for cleaning up blood and body fluid spillages – use disposable paper towels and discard clinical waste as described below. A spillage kit is made available for blood spills



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- Clinical waste - Always segregate domestic and clinical waste. Used nappies/pads, gloves, aprons and soiled dressings should be stored in correct clinical waste bags in foot-operated bins. All clinical waste must be removed by a registered waste contractor. All clinical waste bags should be less than two-thirds full and stored in a dedicated, secure area while awaiting collection
- Sharps are discarded straight into a sharps bin conforming to BS 7320 and UN 3291 standards
- Sharps bins must be kept off the floor (preferably wall-mounted) and out of reach of children
- Hands must be washed thoroughly after any contact with animals
- Staff are expected to not handle food if they have infectious skin lesions, vomiting or diarrhoea, a food borne disease or are coughing / sneezing.

### Hand Washing Techniques

Hand washing is the single most important means of controlling the spread of infection. The micro-organisms on the hands are grouped into two categories - resident and transient flora. Resident floras are usually of low virulence and rarely cause infections except when introduced into the body through invasive procedures such as the introduction of a urinary catheter, or surgery. Transient flora may consist of many different pathogenic micro-organisms. They are not firmly attached to the skin and can usually be removed quickly and effectively with soap and water.

Hands should be decontaminated either by washing or using an alcohol hand rub

- After every contact
- After using the toilet
- Before and after cooking
- After cleaning tasks
- After emptying bins
- After working outside i.e. gardening, animal care

The purpose of hand hygiene and adequate drying is to remove transient microbial contamination that has been acquired during contact.

### Food Handlers

Food Handlers have a duty of care to report any knowledge or suspicion of disease or infected wounds to their line managers and are expected to:

- ensure high standards of hygiene at all times
- be completely well and not work if suffering from diarrhoea or vomiting for at least 48 hours after symptoms have subsided in accordance with advice from Department of Health. If suffering from diarrhoea and vomiting, contact their GP who can take a sample for testing
- report any illness whilst on or returning from holiday to their line manager and GP



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## Spillages

A spillage bucket is provided within the school, containing all the items required to clean up blood and other bodily fluids safely and effectively. There will be a nominated member of staff to check the contents of the spillage buckets monthly and report any required items.

### Equipment required for the spillage boxes

- Disposable apron
- Disposable gloves
- Yellow plastic bin liners
- Yellow Mop and mop bucket
- Disposable cloths
- Paper towels
- Disinfectant
- Body spill granules
- Carpet clean powder

### Procedures

- Spillages are cleaned up immediately and staff wear PPE at all times when dealing with bodily fluids
- Staff and students vacate the immediate area covered in bodily fluid until it has been thoroughly cleaned
- In situations where a communal/busy area is affected, staff present should contact the maintenance team to ensure the area is not used whilst the cleaning takes place
- If any bodily fluids did come into contact with skin, eye etc the area should be washed immediately
- In the event of an accident resulting in blood loss the staff or student involved should be taken to the first aid area if practicable or the first aider informed. Any bleeding limb should be elevated to reduce blood flow. The school medical team (or first aider) is contacted at the earliest opportunity
- All accidents must be recorded in the accident book
- Any buckets etc. used in the transporting of soiled items are washed in hot soapy water and sprayed afterwards with Dettol spray, likewise if a soiled bed has a waterproof covering it should be cleaned in the same way
- All soiled waste products are disposed of in the clinical waste bin in a yellow clinical waste bag

## Sending Children/Young People Home & Returning to the school

Sick children should not be at the school. If a child/young person becomes sick whilst at the school:

- The school maintains separate areas (such as the first aid room) for the child/young person to be cared for away from others while waiting to be collected by the parent/carers
- Standard procedures apply to signing students in and out of the school in relation to any medical absence



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- The school (with advice from the DSL discusses with the parent/carer as to when is appropriate for the child to return to the school if unwell or if they present a risk of infection to others (with reference to The Public Health England (PHE) – ‘Guidance on infection control in schools and other childcare settings’)
- Children returning with mobility or balance difficulties require a risk assessment on using the school site to minimise any difficulties on return to the school. Staff involved may include the Health and Safety Lead, SMO, DSL, tutor, therapist and any other appropriate professional
- Students too unwell or immobile to return to the school may be sent a work package by the Tutor and the DSL continues to liaise with the parent/carers.

### **Drug Education & Other Substances**

The aim of this section is to ensure high standards of drug education to the young people it is delivered to, promotion of good practice and consistency in this area and to ensure GDF is following government and local guidelines and expectations for secondary education.

GDF is required to promote consistency in the provision of drug education and to:

- share the school's view on drugs and their use
- ensure consistency regards the school's response to drug abuse within the school and promote good practice in this area keeping within safeguarding boundaries
- promote healthy living and wellbeing
- share knowledge and information on drugs including both legal and illegal substances including substances, effects and risks
- help students develop the skills required to manage peer pressure, develop decision making skills and make informed choices
- share knowledge on the social / economic impact of drug use
- share information on the legal issues relating to drug use
- ensure drug education is delivered within government and good practice guidelines
- present drug education within a coherent, progressive and holistic programme of PSHE aimed at promoting student’s knowledge, understanding, skills and attitudes.

### **Alcohol**

Staff are not permitted to use alcohol at any time that they are on duty or supporting a child including when on school trips. Students are not permitted to drink alcohol as they are primarily under the legal age to buy alcohol.

### **Use of Solvents**

Solvents are not illegal substances but can present a risk to students if they were used in the wrong manner. Any chemicals used by the maintenance team or any staff member is required to be risk assessed, recorded and securely stored.



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## Smoking

The school is a no smoking environment. Students will have education on smoking within the drug education programme.

## School Trips and Outings

This policy applies during school organised trips and holidays including no smoking and no alcohol for both students and staff. Risk assessments are expected to manage the risks relating to these specific areas.

## Roles and Responsibilities Role

Governing Body

Principal

Drug Education  
Co-ordinators

Staff

## Responsibility

Monitoring the quality and effectiveness of the drug education programme.

Monitor the drug education programme against the ethos and aims and objectives of the School.

Provide designated staff with relevant training to ensure they have the skills, knowledge and resources to deliver the drug education programme effectively.

Designated members of staff to coordinate the drug education programme and ensure there is consistency in the content and delivery of drug education within the PSHE programme. Review and implement drug education to ensure it reflects government policy and guidelines.

Ensure that drug education is relevant to the age and abilities of the student and is factual in content.

## Multi-Disciplinary Approach

- Invite parents/carers, students and purchasers to take part in a consultation process regarding the information shared with students on drugs. Thus enabling consistent messages from all supporting the individual student
- The use of outside agencies to provide drug education is encouraged and implemented as a planned approach
- Develop a good working relationship with the local police to ensure good inter professional working. Also, identify a named police officer to support the school with any drug issues. The police can be useful as a resource in delivering drug education but also to gain advice with drug related incidences.



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## Management of Drug Related Issues

- With all drug related incidences the care, welfare and safety of the child is paramount
- Staff found to be in possession of or under the influence of illegal substances will be suspended, investigated for gross misconduct and referred to the police. Refer to the Disciplinary Policy.
- A student in possession or under the influence of illegal substances will need medical attention followed by exclusion pending an investigation. Safeguarding and Child Protection procedures are followed and police advice sought
- Searching lockers, bags and the school environment is permitted and essential in some instances to promote safety for all students. GDF complies with procedures for searching students who are suspected to be in possession of illegal substances as detailed in the DfE guidance on 'Screening, Searching & Confiscation'
- Any illegal substances discovered are removed, locked away by the DSL and managed as a controlled drug until they can be passed onto the police. Staff are required to seek a witness to this process to safeguard themselves
- GDF will liaise with other agencies/professionals to ensure a multi-disciplinary approach to drug issues
- All drug related incidences are reported to the Principal immediately

## Sun Protection Awareness

The World Health Organisation states: 'The rise in the incidence of skin cancers over the past decades is strongly related to increasingly popular outdoor activities and recreational exposure. Overexposure to sunlight is widely accepted as the underlying cause for harmful effects on the skin, eye and immune system. Experts believe that four out of five cases of skin cancer could be prevented, as UV damage is mostly avoidable.'

GDF ensures students have adequate sun protection and both students and parents/carers are aware of the dangers in relation to UV damage. Sun protection is essential for all children and adults during the warmer months, even on cloudy days when harmful sun rays can still affect the skin.

## Protocol for Sun Protection

- The DSL sends a letter to all parents/carers annually prior to the warm weather outlining the risks presented by the sun and how to protect their children from the sun. The exact date for this correspondence will be reassessed every year in the basis of climatic change. The standard letter requests that all parents/carers provide a high factor suncream, (SPF 15+) labelled with the child's full name for use within the school
- The students are encouraged to keep the containers in their bags and to apply it themselves according to the instructions on the bottle 20 minutes prior to sun exposure during the course of the school day. Risk assessments are implemented where required



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- It is the responsibility of the classroom staff to ensure that all students have adequate sun protection whilst in attendance at the school
- It is the responsibility of all staff to ensure that children/young people have a suitable sun protection cream or lotion available. In the first instance if this not the case, the key worker advises the parents/carer of the need for this item to be provided. Parents/carers are informed if children/young people are reluctant to follow the sun protection advice given by school staff. In the event of this happening, a letter will be sent to the parents/carers by a senior manager outlining any concerns regarding possible health and safety issues
- The use of a high protection sun cream is always in conjunction with other measures including suitable clothing, adequate drinks and remaining in the shade as much as possible. Students are required to wear their shirts in the playground during the day and around the grounds during any evening activities
- Organisers of school trips must ensure that all children/young people have adequate protection from the sun with a high factor suncream, suitable clothing including caps and a plentiful supply of cool drinks. Remaining in the shade as much as possible and frequent applications of suncream are essential. Any student not prepared to accept the advice of the trip organiser relating to these issues are subject to consequences such as not going on the trip
- The DSL is available to advise staff on health and safety guidelines, or to help children/young people apply their suncream appropriately
- Sun protection education is provided within PSHE education to enable students to develop their skills and independence in this area supported to make informed choices regarding their health care
- Medical attention is sought if students are affected by the sun i.e. sun burn/sun stroke. Staff are aware of any students that are prescribed medication that make them more susceptible to the effects of the sun

## Review

This policy will be reviewed on an annual basis as a minimum. Next review date 01.02.2023



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