Medical Policy including administration of medicine & Ligature Response

'Building for Successful Futures'

Formally adopted by the Governing Board of	Fred Nicholson School
Chair of Governors	Hilary Bradshaw
Policy Holder	Headteacher
Policy Contributor	Heads/Leads of Areas
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Statutory Policy	Y	Published on Website	Y

Any updates and amendments to government legislation or guidance from the Education HR Service automatically supersede this school policy prior to ratification by the Governing Body.

This policy applies to all areas of school

Medical Policy including administration of medicine

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Introduction

This School Policy Statement has been prepared to clarify for parents, staff and others concerned with the medical welfare of pupils. This policy covers how medical needs are met within school.

Administration

Fred Nicholson School gain parental consent on admission in respect to administering Controlled or non-prescription medication. All administered medication is recorded on a MAR Chart. **Medication Administration Records** (MAR charts) Good Practice Guidance. The MAR chart is individual to the person and reflects the items which are still being currently prescribed and administered, together with information about repeat prescriptions for PRN ("when required") medicines. This supports the school's approach to the '6 Rights of medication safety'
It is parental responsibility to inform the school of any changes to medication, this will also be explored during the pupils annual EHCP.

Medication is dispensed from the Medical Room, alternative arrangements can be made depending on the needs of the children. ***Administration of Medication**

Medical Care plans

Care plans are held electronically on Brom Com (schools MIS) and paper copies are held in a white folder in the medical room. Hard copies are held in the Medical room

The Medical lead, the Medical Welfare Lead and the Community Nurse are responsible for monitoring the care plans. Parents are responsible for notifying the school of any changes or updates that need to be made to the Health Care Plan, from there, the Medical Lead, Medical Welfare Lead will monitor the care plans

within the EHCP process and through any other changes and will be supported by the school nurse..

Medical Care Plans for pupils are written by the Community Nurse. When a new pupil starts at FNS their plan should transfer with them and be reviewed regularly. New pupils plans are reviewed regularly by the Medical Lead, the Medical Welfare Lead and Community Nurse,

Medical concerns

Where there are any medical concerns about a child these should be discussed with the Medical Lead, Medical Welfare Lead and a member of the SLT.

A pupil who feels unwell should **not** absent themselves from the classroom without first obtaining the permission of the member of staff who teaches them.

Additional medical help will be sought as appropriate. Where it is necessary to make a 999 call this should be done through the School Office who will also contact parents and any other relevant people. The office staff will coordinate with the emergency services and will need to be given the correct information prior to contacting the ambulance service and parents.

Emergency First Aid

In the event of a pupil having an accident or becoming ill during the school day, the school can only administer basic First Aid, unless otherwise stated in the individual Medical Care Plan. The parents/carers are asked to sign a letter each year giving permission for Basic First Aid to be given by trained staff and accompanying the pupil to hospital if necessary.

Lists of First Aid trained staff are displayed in the Medical Room, School Office, classrooms & on. The Medical Lead arranges First Aid training, other medical training is identified by the Medical welfare lead. The Medical Lead and Medical Welfare Lead monitor and keep medical training records up to date. These records are held electronically.

If a child has an accident which needs hospital treatment this must be recorded on School Support Manager Minor accidents are recorded on
CPOMS and medical team or designated staff to contact parents/carers

Where there is an identified need for emergency First Aid to be given, staff should contact the nearest trained First Aider or if more significant the Medical Welfare Lead. There are basic First Aid boxes in all classrooms This includes the Design Technology rooms, Science Lab and School kitchen. There are First Aid boxes on the school minibuses which are checked prior to taking the buses out.

First Aid boxes/Equipment

It is the responsibility of the designated Medical Welfare Lead & Medical Welfare Assistant to ensure replaceable stock is available for the First Aid boxes in school. Designated drivers are responsible for ensuring a complete First Aid box is on the minibus prior to the start of any visit/trip leaving the school site. Key Workers are responsible for ensuring their dormitory has a complete First Aid box. Where items have been used from a First Aid box it is the responsibility of the person using the item to ensure it is replaced as soon as possible. This is done through the Medical Welfare Lead or if she is unavailable the Medical Lead. It is the responsibility of **all staff** to report any problems or concerns with First Aid boxes to the Medical Lead. The Medical Welfare Lead responsible for the First Aid boxes should sign and date the label on the box to show when it has been checked. Boxes should be checked once a term by their class team, key worker and minibus driver.

Administration of Medication

Staff receive training in the administration of medication. The school is not allowed to issue any form of drugs or medicine without parental consent. It is the responsibility of the parent/carer to inform school of any specific treatment which has been prescribed by a doctor and it is also important that any changes to their child's home or medical circumstances are notified to the school immediately. Should a pupil have an ongoing condition there will be collaboration between home and school & any relevant health professional to best support the young person

Prescribed Medicines

Medicines should only be brought into the school when essential; that is - where it would be detrimental to a child's health if the medicine were not administered during the school 'day' or if the child is boarding. Antibiotics or medication prescribed for 3 x daily need not be sent into school as this can spaced out evenly at home

The Medical Welfare Lead and the Medical Lead should only accept medicines that have been prescribed by a doctor, dentist, nurse prescriber or pharmacist prescriber. Medicines should always be provided **in the original pharmacy container** as dispensed by a pharmacist and include the prescriber's instructions/label for administration and dosage.

Wherever possible, staff should not accept medicines that have been taken out of the container as originally dispensed and nor make changes to dosages on verbal parental instructions. A written, an email is acceptable, signed record of any changes from the parent/carer or medical practitioner must be kept in the child's file & will be detailed on Cpoms and the child's pupil file Where possible batch numbers and expiry dates must match from package to blister pack, or bottle however this is not a requirement if all other dispensing procedure have been met

Controlled Drugs

The supply, possession and administration of some medicines are controlled by the Misuse of Drugs Act. Some may be prescribed as medicine for use by children, e.g. methylphenidate (brand name Ritalin).

A trained member of staff may administer a controlled drug to the child for whom it has been prescribed. The staff administering this medicine should only do so in accordance with the prescriber's instructions and this guidance document. There will be a second appropriately trained member of staff to act as a witness when controlled drugs are given.

At Fred Nicholson School, controlled drugs are kept in a locked non-portable medical cabinet and only administered with a signed Medical Consent Form which gives parental agreement. The controlled drug will only be administered to the child for whom it has been prescribed. An audit of medication in school is kept for each child in the administration of medication folder located in the medical room whilst pupils are in school and the Care office for boarding pupils after school

A controlled drug, as with all medicines, should be returned to the parent when no longer required to arrange for safe disposal. If this is not possible, it will be returned to Lloyds Pharmacy, Chapel Lane, Toftwood for disposal. The medication will not be given to a child to take home.

Non-Prescription Medicines:

Staff would not generally give pupils non-prescribed medication unless the pupil was in distress or pain; the decision to administer non-prescribed medication such as paracetamol may be taken after consultation with parents or as directed by the Headteacher. Paracetamol permission is gained via the Medical Parental Consent Form and will cover the period of time the child is with us at school. The consent form also covers the use of sun cream, plasters, antibacterial Gel, emergency dental or medical interventions, anaphylaxis The school also carry two spare Ventolin inhalers for emergency use

Pupils at the school may be administered non-prescription medicines only where specific prior written permission has been given by a parent or carer using Medical Parental Consent Form.

On hot sunny days children with fair skins and certain medical conditions will require sun lotion to prevent burning and future problems. The staff who are supervising those children have a duty of care to ensure they are covered or that cream is administered. Parents should provide sun cream. Many of the younger children at the school will also need staff to help with the application of creams and so parental permission will be required for this to happen. ***See* 'Self-Management' *below***.

Where a non-prescribed medicine is administered to a child it must be recorded on MAR Chart Record of Medicine Administered to an Individual Child - parents should

be informed when possible prior to administration. If a child suffers regularly from acute pain the parents should be encouraged to refer the matter to the child's GP.

A CHILD UNDER 16 SHOULD NEVER BE GIVEN ASPIRIN OR MEDICINES CONTAINING IBUPROFEN UNLESS PRESCRIBED BY A DOCTOR.

Short-Term Medical Needs

Many children will need to take medicine during the day at some time during their time at school. This will usually be for a short period only, e.g. to finish a course of antibiotics. To allow children to do this will minimise the time that they need to be absent. However, such medicines should only be taken to school where it would be detrimental to a child's health if it were not administered during the day. Medical Consent forms need to be completed for this to happen. Antibiotics prescribed for 3 x daily need not be sent into school unless the child is boarding.

Long-Term Medical Needs

It is important to have sufficient information about the medical condition of any child with long-term medical needs. Medical parental Consent Forms ask for details regarding regular medications to be taken at school if necessary, parents are advised to alert the medical team of any changes.
School should know about any particular needs before a child is admitted, or as soon as a child develops a medical need. For children who attend hospital appointments regularly special arrangements may also be necessary.

A Health Care Plan will be written by the community nurse using the appropriate format for such children, involving their parents and other relevant health professionals.
This includes what needs to be done in an emergency including:

- details of a child's condition;
- special requirements, e.g. dietary needs, pre-activity precautions and any side effects of the medicines;
- what constitutes an emergency;
- what action to take in an emergency;
- what not to do in the event of an emergency;
- who to contact in an emergency;
- the role the staff can play.
- The route to be given

Administering Medicines

No child under 16 should be given medicines without their parent's written consent.
Any member of staff giving medicines to a child should check:

- the child's name;
- medication name;
- the prescribed dose;
- the expiry date

- written instructions provided by the prescriber on the label or container.

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 the staff have any other concerns related to administering medicine to a child, the issue should be discussed with the parent, if appropriate, or with a relevant health professional.

Staff will complete and sign MAR Chart- Record of Medicine Administered to an Individual Child each time they give medicine to a child. This should be witnessed by a second person other than in extraordinary circumstances when a written explanation will be made available. In any circumstance administration of any medication must be witnessed by a second trained adult.

On occasions it may be necessary to administer medication from other areas of school, due to the needs of the pupils. Arrangements have been made to either use the dispensing trolley or the locked box.

What if there is a mistake or incident?

Errors can occur in the prescribing, dispensing or administration of medicines. Most medication errors do not harm the individual although some errors can have serious consequences.
It is important that errors are recorded and the cause investigated so that we can learn from the incident and prevent a similar error happening in the future.

Examples of administration errors are:
- Wrong dose is given, too much, too little
- Medication is not given
- Medication is given to the wrong child or adult.

School

Staff should not ignore errors but encourage a culture that allows their staff to report incidents without the fear of an unjustifiable level of recrimination. To achieve this they must:
- Investigate reports and decide whether they need to offer training to an individual
- Review existing procedures
- Record any action taken
- Report serious incidents to the regulatory body.

Staff
- You must immediately report any error or incident in the administration of medicines.
- This would usually be to your line manager or person in charge of the setting.
- Parents should always be informed

A Medical Incident book is held within the Safeguarding Managers Office to record any mistakes that occur with the record of reflective practice of that incident.

You can find further information about this in the Department of Health (2004) document, *building a Safer NHS for Patients, Improving Medication Safety*.

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 as appropriate for their individual needs.

Older children with a long-term illness should, whenever possible, assume complete responsibility under the supervision of their parents. 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.

If children can take their medicines themselves, staff may only need to supervise. It may be that in special circumstances, it is agreed that children may carry, and administer (where appropriate), their own medicines, such as Salbutamol inhalers or Epi pens, bearing in mind the safety of other children and medical advice from the prescriber regarding the individual child. A parental consent form (Request for Child to Carry His/Her/They Medicine) should be used in these circumstances.

Refusing Medicines

If a child refuses to take medicine, staff should not force them to do so, but should note this in the records. Parents/carers should be informed immediately and medical advice taken if necessary.
Refusals will be detailed on

Record Keeping

Parents should tell the School about the medicines that their child needs to take and provide written details of any changes to the prescription or the support required. However, staff should make sure that this information is the same as that provided by the prescriber.

In all cases it is necessary to check that written details include:

- the name of child;

- the name of medicine;
- the dose;
- the method of administration;
- the time/frequency of administration;
- any side effects;
- the expiry date and batch number where possible
- The route given

Parents should be given Medical Consent to administer Medicine to record details of medicines in a standard format. This form confirms, with the parents, that a member of staff will administer medicine to their child.

The School must keep records of medicines given to pupils, and the staff involved. Records offer protection to staff and proof that they have followed agreed procedures. MAR Chart Record of Medicine Administered to an Individual Child - must be used. A recorded audit of controlled medication is conducted weekly in the whole school
Please relate to the GDPR policy regarding the safekeeping of records.

Guidance documents used for this policy

Royal Pharmaceutical Society (Handling Medicines in Social Care)
Supporting pupils at school with medical conditions (DofE)

Educational Visits

The School acknowledges it is good practice to encourage children with medical needs to participate in safely managed visits. Staff in charge of visits should consider what reasonable adjustments they might make to enable children with medical needs to participate fully and safely on visits. Risk assessments should be made for children with such needs.

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. A copy of a child's Medical Care Plan must be taken on visits in the event of the information being needed in an emergency.

Any medication taken off site will be signed out and locked in a lockable medical boxes. A named member of staff will have responsibility for the medical boxes, any information and documents. Medication must be signed in when the trip returns.

If staff are concerned about whether they can provide for a child's safety or the safety of other children on a visit they should seek parental views and medical advice from the school health service or the child's GP.

Sporting Activities

Most children with medical conditions can participate in physical activities and extracurricular sports. There should be sufficient flexibility for all children to follow in ways appropriate to their own abilities. Any restrictions on a child's ability to participate in PE should be recorded in their individual Medical Care Plan. All adults should be aware of issues of privacy and dignity for children with particular 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.

A copy of a child's Medical Care Plan must be taken on sporting activity trips in the event of the information being needed in an emergency.

Home to School Transport

Where pupils have life threatening, or any medical conditions, specific to Medical Care Plans we will follow the procedures set out below.

At the initial home visit prior to starting at FNS we ask if a child has a current medical care plan. If they do, we request permission to send a copy to passenger transport who will give them to the appropriate taxis. When our care plans are reviewed annually in October we will send any updates or any changes that happen throughout the school year to passenger transport to keep taxi staff fully informed. 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. This should minimise the risks to pupils during travel to and from school.

Dealing with Medicines Safely
Storing Medicines

Large volumes of medicines should not be stored. Staff should only store, supervise and administer medicine that has been prescribed for an individual child. Medicines are stored strictly in accordance with product instructions (paying particular note to temperature) and in the original container in which dispensed. Where a child needs two or more prescribed Each individual's medicines will be held in a separate container. These containers are kept in a plastic box or a zipper bag, labelled for that child only, both in School and in Boarding. The child's photo is on the box container that coincides with the picture on their folder

Children should know where their own medicines are stored and who holds the key. All emergency medicines, such as asthma inhalers and adrenaline pens, should be readily available to children and staff should respond immediately to requests for such medication from those children. Other non-emergency medicines should

generally be kept in a secure place not accessible to children. Each classroom has a lockable cabinet to hold any medication.

A few medicines need to be refrigerated. They can be kept in a secure refrigerator and labelled clearly. There should be restricted access to a refrigerator holding medicines. A locked medical fridge is held in the Medical Room.

Access to Medicines

Children need to have immediate access to their medicines when required. The school makes special access arrangements for emergency medicines that it keeps. However, it is also important to make sure that medicines are only accessible to those for whom they are prescribed.

Disposal of Medicines
Parents are responsible for ensuring that date-expired medicines are returned to a pharmacy for safe disposal. Medication is sent in as needed and any surplus medication is returned home at the end of each academic year. If parents do not collect all medicines, they will be taken to Lloyds Pharmacy, Chapel Lane, Toftwood, for safe disposal.

The supplied Sharps box should always be used for the disposal of needles and adrenaline/insulin/epi-pens. Collection and disposal of the boxes is arranged with Breckland District Council's Environmental Services, Community Nurses or parents/carers. Children will not be allowed to be responsible for the sharps box under any circumstances.

Hygiene and Infection Control

All staff should be familiar with normal precautions for avoiding infection and follow basic hygiene procedures. Staff will have access to protective disposable gloves and should take care when dealing with spillages of blood or other body fluids and disposing of dressings or equipment. Waste boxes are changed regularly.

Emergency Procedures

The School has arrangements in place for dealing with emergency situations by providing staff trained and qualified in First Aid for the purposes of the Health and Safety (First Aid) Regulations 1981. All staff should also make themselves aware of who is responsible for carrying out emergency procedures in the event of need. A list of staff qualified as above is posted in the main school office and medical room and on the school network &

A member of staff should always accompany a child taken to hospital by ambulance and should stay until the parent arrives. Health professionals are responsible for any decisions on medical treatment when parents are not available.

WHERE POSSIBLE STAFF SHOULD NOT TAKE CHILDREN TO HOSPITAL IN THEIR OWN CAR; IT IS SAFER TO CALL AN AMBULANCE.

Individual Health Care Plans should include instructions as to how to manage a child in an emergency and identify who has the responsibility in an emergency.

Health Care Plans

The main purpose of an individual Health Care Plan for a child with medical needs is to identify the level of support that is needed. Not all children who have medical needs will require an individual plan. A short written agreement with parents may be all that is necessary - see Form Medical Consent

It is important for staff to be guided by the child's GP or paediatrician. The Medical Lead or Medical welfare
Lead should agree with parents and school nurse how often they should jointly review the Health Care Plan. This is done at the time of the annual EHCP review and can be done more frequently if deemed necessary. This much depends on the nature of the child's particular needs. The Medical Welfare Lead will contact parents to check any medical changes prior to the EHCP review.
Staff should judge each child's needs individually as children vary in their ability to cope with poor health or a particular medical condition.

In addition to input from the school health service, the child's GP or other health care professionals, those who may need to contribute to a Health Care Plan include:

- the Headteacher;
- the Medical Lead;
- the parent or carer;
- the child (if appropriate).

Coordinating Information

The Medical Lead is responsible for overseeing medical and health matters in the School but is supported by both the Medical Welfare Lead, the Medical Welfare assistants or relevant staff who can be drawn on from class teams to support at times across school when needed.

During the school day, Medical Welfare Lead coordinates and shares information on individual pupils with medical needs. In her absence the Medical Welfare assistants will deputise.

During the residential time outside of the school day, residential seniors or other identified members of staff will deputise if needed. They are the first contact for parents and staff and will often liaise with external agencies.

Information for Staff and Others

Staff who may need to deal with an emergency will need to know about a child's medical needs. All staff, including supply staff, must know the location of Medical Care Plans which are available on Brom Com and in the medical room. All staff should make themselves familiar with the contents of Medical Care Plans. This is part of the staff induction programme.

Off-Site Education or Work Placements

The School is responsible for ensuring that work placements are suitable for students with a particular medical condition. The School is also responsible for children with medical needs who, as part of Key Stage 4 provision, are educated off-site through another provider e.g. the voluntary sector or a further education college. The School should consider whether it is necessary to carry out a risk assessment before a child is educated off-site or has work experience.

Where students have special medical needs, the School will need to ensure that such risk assessments consider those needs. Parents and pupils must give their permission before relevant medical information is shared on a confidential basis with employers.

Staff Training

A Medical Care Plan may reveal the need for some staff to have further information about a medical condition or specific training in administering a particular type of medicine or in dealing with emergencies.

Staff should not give medicines without appropriate training from a health professional. In consultation with school health, training is updated annually for the staff who administer medicines to students. Where staff are required to assist a child with specific medical needs, appropriate training will be arranged in collaboration with local health services. Medication administration and record keeping is completed within the the Induction Programme for all new staff

Ligatures

The school has procedures in place to recognise the risk. Classrooms and Residential provision are risked assessed for possible ligature points. Senior Manager has received Train the Trainer in ligature rescue and staff have received the necessary training to respond to an incident. Ligature rescue packs are placed around the school and are identified below by a yellow **L** sign. In the event of finding a person who has a ligature you must first call for help and obtain the Ligature Pack then risk assess the situation to ensure your own safety. If safe to do so use the ligature cutter, if necessary perform CPR until medical support arrives. In all cases of Ligature use an Ambulance/Paramedic should be called, this is due to the risk of suspension trauma & reflow syndrome.

Please refer to Ligature Risk assessment & Procedures

Ligature packs locations:

Medical Room
Main school Office
KS4 Block
Orchard Pod
- Treehouse

Confidentiality

The Headteacher and staff should always treat medical information confidentially. The Headteacher should agree with the child where appropriate, or otherwise the parent, who else should have access to records and other information about a child. If information is withheld from staff they should not generally be held responsible if they act incorrectly in giving medical assistance but otherwise in good faith.

Links to Other Policies
Personal Care
Pupil well being
Intimate Care
Safeguarding including child protection
Residential Policy
Ligature

Equality Impact Statement
The Governors have reviewed this policy giving due regard to their responsibilities with respect to the equalities agenda, in line with recent legislation. They believe that the policy reflects a positive attitude and approach to all members of the school community.

Policy Approved by:

Chair of Committee

Appendix A: Ligature Risk Assessment

Risk Assessment Form

Establishment: Fred Nicholson School **Assessment Date 20.4.22**

Environment: School site - Ligature points/Hanging or strangulation

Reviewed and approved by: Karen Millen

Note: It has been recognised that we cannot identify and record every ligature point over the entire site of Fred Nicholson School.
The risk assessment below aids staff to perform a dynamic risk assessment in a specific area to identify potential ligature points and take action accordingly.

Hazards: List significant hazards that may result in serious harm or affect people in the party.		Who might be harmed? List groups of people who are especially at risk from the hazards identified.	Is the risk adequately controlled? List existing controls or note where information may be found, e.g., information, instruction training, systems or procedures.	What further actions are needed to control the risk? List the risks that are not adequately controlled and propose actions that are needed to reduce or eliminate the risks.	
	H/M/L risk			Outcomes H/M/L risk	
Woods, fences, play equipment any potential ligature points for hanging or strangulation. Cause asphyxiation and spinal damage.	H	Staff/Children	• SMT to decide whether child/young person is too high risk to access school site. • Staff to be made aware of any child/young person at potential risk. Risk to be clearly recorded on		L

			individual Risk management plan. • Any child/young person at potential risk to have minimum one to one support around the site. • Staff to access a handheld phone as soon as possible. “Emergency incident” if support is needed. Staff to collect Ligature removal equipment, first aid kit and defibrillator. Emergency services to be contacted. • Staff to be aware of location of first aid kit,		

			defibrillator and ligature removal equipment. • Staff supporting child/young person to be trained in rescue from ligature. • Limited access to outside areas if displaying high levels of anxiety. • Staff to perform a 3 level on the spot risk assessment to identify possible ligature points. Start at ground level and work up.		
For young people identified as high risk:	H		• SMT to decide whether child/young		

Bathrooms Ligature points Ligature accessibility Results in strangulation, asphyxiation, hanging		Staff/Children	person is too high risk to access school site. • Staff to be made aware of any child/young person at potential risk. Risk to be clearly recorded on individual Risk management plan. • Staff to perform 3 level dynamic risk assessment. Start at floor and work up. • Bathroom: Shower curtain to be removed. • Shower rail to be removed. • All clothes to be given to member		L

			of staff when in shower. Towel to be handed to child or young person when they have finished showering- respecting dignity and following intimate care procedures. • Child/young person to be asked not to lock the door. • Staff to stay outside door. Regular checks for a response from child/young person.		

For young people identified as high risk: Bedrooms Ligature points Ligature accessibility Results in strangulation, asphyxiation, hanging	H	Staff/Children	• SMT to decide whether child/young person is too high risk to access school site. • Staff to be made aware of any child/young person at potential risk. Risk to be clearly recorded on individual Risk management plan. • Staff to perform 3 level dynamic risk assessment. Start at floor and work up. • Identify possible ligature points and ligatures, remove if possible.		Outcomes H/M/L risk L

			• Wardrobe bars, curtain poles to be removed. • All clothes, shoes with laces, belts, anything with electric cable to be removed • Possible room change due to the older rooms having pipes and old fixed radiators. • Staffing to be present outside bedroom. Regular checks timings to be agreed with manager so as not to increase child/young person's anxiety. • Waking night staff in place to		

			monitor throughout the night, if appropriate		
Discovering someone hanging or performing self-strangulation	M	Staff/Children	Immediately call for support "Emergency incident and location". Ask for emergency services to be called Support to bring first aid kit defibrillator and ligature removal equipment. Risk access area, if safe support weight of person until support arrives.	Staff with child/young person trained in ligature rescue training.	

			With support cut person down, cut ligature. Perform emergency first aid if required. Bag up ligature and knife as maybe needed for forensic evidence. Cordon off area. Debrief and additional support offered to all involved. Incident recorded and reported. SMT to be informed.		
Using, storage, maintenance anti ligature scissors/knife		Staff/Children	Staff to be made aware of the	. Weekly check to ensure equipment is in place.	L

			locations of ligature removal equipment. Scissors and knives to be kept in a safe place but easily accessible. After use bag up knife and scissors as may be required as evidence. Knives are single use and should be safely discarded after use. New knife to be ordered immediately. Scissors to be cleaned with disinfectant and returned to their location.		

GUIDANCE ON THE USE OF BIG FISH RESCUE KNIVES (LIGATURE CUTTERS)

Ligatures and garrottes come in many materials and forms including a rope, nylon tights, electric flex, bedding, cords from clothing etc. The 'Big Fish' rescue knife can be used to cut all of these.

SAFE LIGATURE RELEASE AND USE OF 'BIG FISH' RESCUE KNIFE

If you find a person with a tight ligature that obstructs the airway or blood vessels of the neck, immediately call for assistance.

- If the ligature is tight enough to restrict the airway or blood vessels in the neck, this situation is a "**Emergency incident"**.
- **'Emergency incident'** will be used on all occasions if a person is found with a tight ligature in situ. This will ensure the 'Big Fish' rescue knife is taken to the site of the attempt rather than have staff go back for it.

- Direct another staff member to call an emergency ambulance and/or summon appropriate assistance.

If the person was found suspended

Support the person's body weight (if safe to do so) as soon as possible, to release the tension on the ligature (a person **does not need to be suspended or clear of the floor to be effectively using a ligature**).

One person should cut the actual ligature while another person continues to support the person's body weight.

Keep the body weight supported and/or the tension of the ligature until the ligature has been cut.

First the ligature should be cut as soon as possible mid-way between the ligature point and the person, then the ligature cut from around the patient's neck.

Cut the ligature material at the thinnest point possible, avoiding any knots to ensure the cut is made as quickly as possible.

After a person has been cut down or discovered with a ligature but not suspended

Use of the Big Fish rescue knife to cut the ligature from around the neck

- A Big Fish rescue knife is only sharp on the inside of the hooked blade. The outer plastic casing of the Big Fish rescue knife is blunt and will not cut the patient if used correctly.
- Hook the curved edge of the knife under the material to be cut, and make the cut at right angles to the material (to avoid inadvertently cutting the skin or flesh).
- Cut the ligature material at the thinnest point possible and avoid any knots (to make the cut as fast as possible and to preserve forensic evidence).
- The cut should be made at the side of the neck where the neck is softer. The 'Big Fish' rescue knife will be more easily inserted between the skin and the ligature here (rather than at the bony back or front of the neck).
- Check for life signs and respond as appropriate, CPR should always be attempted – even if you think the patient has stopped breathing.
- After use, replace 'Big Fish' rescue knife in safe storage.

Risks

Avoid laying the knife flat against the person to get the blade of the knife against the ligature to make the cut. This cut would be made at an angle to the ligature material and there is a risk of the patient being cut by the inner edge of the blade.

Do not cut through a live electricity cable using the rescue knife – disconnect/unplug this type of ligature from the power first.

Post incident actions

The blade of the cutter must be changed after each use.

The rescue knife should be bagged and tagged, e.g. in the event that the Police are likely to require the tool as evidence.

The ligature item should be bagged and tagged for potential forensic evidence.

Blades that are no longer fit for purpose must be disposed of into a dedicated 'sharps box'.

SLT and Designated safe guarding leads should be informed of the situation.

Records should be completed OHSENS and Scholar pack.

MEDICATION MAR CHART 2022/2023

PUPIL NAME							D.O.B.			
MEDICATION							STRENGTH			
DOSE							FREQUENCY			
ROUTE							EXP:		EXP:	
KEY A=ABSENT R= REFUSED D=DAMAGED							EXP:		EXP:	
DAY	**DATE**	**TIME**	**IN**	**OUT**	**CHECK**	**ADMIN**	**TOTAL**	**SIGNATURE x2**	**INTIALS x2**	**NOTES**

Medical parental consent form Fred Nicholson School

Information Required.

PUPIL	
NAME	
DATE OF BIRTH	

PARENT/CARER	
NAME	
RELATIONSHIP TO PUPIL	
ADDRESS	
PHONE	
MOBILE	
EMAIL	

Please outline any food allergies/specific dietary requirements:

Medical consent

I give my permission for: Fred Nicholson School (Please tick the boxes if you agree)

My child to be given first aid by a trained member of staff during any on-site or off-site activity	
My child to receive urgent dental, medical or surgical treatment, including anesthetics, as may be considered necessary by the medical authorities present, during any on-site or off-site activity. **Please note:** it's good practice to seek consent here, but in a medical emergency your child may undergo treatment regardless of whether you have ticked this box. In an emergency: ● The school can consent on behalf of your child (on the basis of 'loco parentis') ● Medical professionals can consent on behalf of your child	
A member of school staff to sign on my behalf any medical consent forms, if my child should require emergency treatment and I cannot be contacted. **Please note:** it's good practice to seek consent here, but in a medical emergency the school can consent on behalf of your child (on the basis of 'loco parentis'), regardless of whether you have ticked this box.	
Plasters to be applied to my child	
Administration of Calpol or other paracetamol products. Please not that we will not administer any Aspirin or Ibuprofen unless on prescription from the child's GP	

My child to use anti-bacterial hand gel			
My Child to be assisted in applying suncream if necessary			
My Child takes the following medication during school hours I give permission for this to be administered by trained staff:			
Name of Medication:	Dosage	How many times in the day?	
Name of Medication:	Dosage	How many times in the day?	

Name of Medication:	Dosage	How many times in the day?	
Name of Medication:	Dosage	How many times in the day?	

Name of Medication:	Dosage	How many times during the day?	

Please outline any medical conditions/allergies:

Please give a list of medications administered to your Child not in school hours:

Emergency release

I give my consent for my child to be released to the following person(s) in the event of emergency or illness, if I cannot be contacted:

PERSON 1	
NAME	
ADDRESS	

PERSON 1	
RELATIONSHIP TO PUPIL	
CONTACT NUMBER	

PERSON 2	
NAME	
ADDRESS	
RELATIONSHIP TO PUPIL	

CONTACT NUMBER	

Communication

I give my permission for the school to contact me via:

Phone	
Email	
Text message	

The information in this form will be used throughout your child's time at school. You may withdraw your consent at any time by contacting the school.

If your child's circumstances change (e.g. relating to medical conditions/allergies), you must inform the school. Changes in medication will be listed below. You are required to provide evidence of any changes to medication

Please sign and date the form before returning it to: Medical Welfare Team

Signed: ..... Date: .....

Admin Only:

Changes in medication	Date	Reason	Evidence	Staff Signature