

Salendine Nook High School

Supporting Students with Medical Conditions Policy (Statutory)

Date policy written:	January 2018
Produced by:	Mrs S Johnson
Approved by Governing Body:	Personal Development, Behaviour & Welfare Committee 1.2.18
Review date:	January 2020

At SNHS, we will have due regard to the following documents:

- ❖ Department for Education's statutory guidance, 'Supporting pupils at school with medical conditions', April 2014 (This statutory guidance also refers to other specific laws.)
- ❖ Children and Families Act 2014 (Section 100)
- ❖ Equality Act 2010
- ❖ Special Educational Needs Code of Practice
- ❖ Other school policies, such as Child Protection, Equal Opportunities and Special Educational Needs.

Introduction

At SNHS, children with medical conditions, in terms of both physical and mental health, will be properly supported in school so that they can:

- ❖ play a full and active role in school life
- ❖ remain as healthy as possible
- ❖ achieve their academic potential
- ❖ access and enjoy the same opportunities at school as any other child.

We recognise that pupils with long-term and complex medical conditions may require on-going support, medicines or care while at school to help them to manage their condition and keep them well. Others may require monitoring and interventions in emergency circumstances. We recognise that each child's needs are individual and may change over time.

Their medical condition may result in extended absence from school. The school will make every effort to minimise the impact on a child's educational attainment and support his or her emotional and general well-being, including any necessary reintegration programmes. Sometimes it may be necessary for the school to work flexibly, and may, for example, involve a combination of attendance at school and alternative provision.

The school recognises that some children who require support with their medical conditions may also have special educational needs and may have a Statement or Education, Health and Care Plan (EHCP).

We will work together with other schools, health professionals, support services, and the Local Authority.

The admission to school is conducted by Kirklees Metropolitan Council. No child with a medical condition will be denied admission on the grounds that arrangements for his or her medical condition have not been made. In line with the school's safeguarding duties, the school does not have to accept a child in school at times where it would be detrimental to the health of that child or others to do so, e.g. where a hospital has advised a child to remain at home but the parent chooses to send them to school.

Policy Implementation

- ❖ The Principal will ensure that sufficient staff are suitably trained
- ❖ All relevant staff will be made aware of the child's condition
- ❖ Cover arrangements will be put in place to cover for staff absence, to ensure that someone is always available
- ❖ Supply teachers will be briefed
- ❖ Risk assessments will be put in place for educational visits, and other school activities outside the normal timetable
- ❖ Individual healthcare plans will be monitored frequently

Procedure to be followed when notification is received that a pupil has a medical condition

The school, in consultation with all relevant stakeholders including parents, will:

- ❖ Provide support to pupils where it is judged by professionals that there is likely to be a medical condition. Where evidence conflicts, some degree of challenge may be necessary to ensure that the right support can be put into place.
- ❖ Put arrangements into place in time for the start of the new school term if it is a child starting at the school
- ❖ In other cases, such as a new diagnosis or children moving to a new school mid-term, every effort will be made to ensure that arrangements are in place within two weeks.
- ❖ Ensure that arrangements are put into place to cover transition from another setting, upon being notified that a child is coming into school with a medical condition. These may vary from child to child, according to existing Health Care Plans.
- ❖ Ensure that arrangements are implemented following reintegration into the school or when the needs of a child change.
- ❖ Any staff training needs are identified and met.

Salendine Nook High School Protocols

This policy now contains, in the appendices the protocols, for:

- ❖ The administration of paracetamol
- ❖ Students with asthma
- ❖ Adrenalin Auto injection devices
- ❖ Students with crutches

Individual Healthcare Plans

The purpose of IHPs is to provide clarity about what needs to be done, when and by whom. They are particularly essential in cases where conditions fluctuate or where there is a high risk that emergency intervention will be needed. IHPs are devised with the child's best interests in mind, ensuring that an assessment of risk to the child's education, health and social well-being is managed minimising disruption.

A member of school staff may initiate iHPs, and their review, in consultation with the parent, or a healthcare professional involved in providing care for the child. Plans will be drawn up in partnership between the school, parents, and relevant healthcare professionals, e.g. Specialist or community nurse. Wherever possible, the child will also be involved in the process. Partners should agree who will take the lead in writing the plan, but responsibility for ensuring the plan is finalised and implemented rests with the school.

The IHP is a confidential document and the level of detail will depend on the complexity of the child's condition and the degree of support needed. Where a child has a special educational need, but does not have a Statement or EHCP, their special educational needs will be mentioned in their IHP. If they have an EHCP, the IHP will be linked to it, including at review times.

The IHPs are reviewed at least annually or earlier if evidence is presented that the child's needs have changed or there are arising difficulties.

However, not all children with a medical condition will require an IHP. The school, healthcare professionals and parents should agree, based on evidence, when a healthcare plan would be inappropriate or disproportionate. If consensus cannot be reached, the Head Teacher will take the final view.

A flow chart for agreeing an IHP is provided in Appendix A.

The information to be recorded on IHPs

When deciding on the information to be recorded on individual healthcare plans, the following will be considered:

- ❖ the medical condition, its triggers, signs, symptoms and treatments;
- ❖ the pupil's resulting needs, including medication (dose, side-effects and storage) and other treatments, time, facilities, equipment, testing, access to food and drink where this is used to manage their condition, dietary requirements and environmental issues e.g. crowded corridors
- ❖ specific support for the pupil's educational, social and emotional needs – for example, exams, use of rest periods or additional support in catching up with lessons, counselling sessions the level of support needed, including in emergencies. If a child is self-managing their medication, this should be clearly stated with appropriate arrangements for monitoring who will provide the support, their training needs, expectations of their role and confirmation of proficiency to provide support for the child's medical condition from a healthcare professional; and cover arrangements for when they are unavailable.
- ❖ who in the school needs to be aware of the child's condition and the support required.
- ❖ arrangements for medication to be administered by a member of staff, or self-administered by the pupil during school hours is obtained via the admission booklet & is recorded on SIMS.
- ❖ separate arrangements or procedures required for school trips or other school activities outside of the normal school timetable that will ensure the child can participate, e.g. risk assessments
- ❖ where confidentiality issues are raised by the parent or child, the designated individuals to be entrusted with information about the child's condition
- ❖ what to do in an emergency, including whom to contact, and contingency arrangements. (Some children may have an emergency healthcare plan prepared by their lead clinician that could be used to inform the development of their IHP)

A record form for agreeing an IHP is provided in Appendix B (although health professionals may wish to provide their own form).

Roles and responsibilities

Supporting a child with a medical condition during school hours is not the sole responsibility of one person. The school will work collaboratively, both with staff within the organisation and with outside agencies, as the circumstances of each child dictate.

1. Governing Body

The Governing Body will ensure that:

- pupils in school with medical conditions are supported
- a policy is developed, implemented and monitored.

2. Principal

The Principal will ensure that:

- the Supporting Pupils with Medical Conditions Policy is developed and effectively implemented with partners
- all staff are aware of the policy and that they understand their role in implementing the policy.
- all staff who need to know are aware of a child's condition
- sufficient trained numbers of staff are available to implement the policy and deliver against all the IHPs, including in contingency and emergency situations.
- the development of IHPs is carried out
- all staff are appropriately insured to support pupils in this way
- staff receive suitable training and that they are competent before they take on the responsibility to support children with medical conditions.
- liaison with the school nurse is carried out in respect of a child who has a medical condition, including in cases where the situation has not yet been brought to the attention of the school nursing service.

3. School Staff

- Any member of the school staff may be asked to provide support to pupils with medical conditions, including the administration of medicines, although they cannot be required to do so. Although administering medicines is not part of a teachers' professional duties, they should take into account the needs of pupils with medical conditions they teach.
- Any member of school staff should know what to do and respond accordingly when they become aware that a pupil with a medical condition needs help.

4. School Nurses

- They should notify school when a child has been identified as having a medical condition which will require support in school
- They can support staff on implementing a child's IHP and provide advice and liaison e.g. training
- They can liaise with lead clinicians on appropriate support

5. Other healthcare professionals, including GPs and paediatricians

- They should notify the school nurse when a child has been identified as having a medical condition that will require support at school.
- They can advise on IHPs.

6. Pupils

- Pupils with medical conditions may be best placed to provide information about how their condition affects them.
- They should be involved in discussions about their medical support needs and contribute as much as possible to the development of their IHP.
- They should comply with their IHP.
- Other children will often be sensitive to the needs of those with medical conditions.

7. Parents

- Parents should provide the school with sufficient and up-to-date information about their child's medical needs.
- They may, in some cases, be the first to notify the school that their child has a medical condition.
- They will be involved in the development and review of their child's IHP.

- They should carry out the action they have agreed to as part of its implementation, e.g. provide medicines and equipment.
- They should ensure they or another nominated adult are contactable at all times.

8. Local Authority

- has a duty to commission a school nurse service to this school
- should provide support, advice and guidance, including suitable training for school staff
- work with schools to support pupils to attend full time
- provide alternative arrangements for education if a child cannot attend school because of their health needs (when it is clear that a child will be away from school for 15 or more days, whether consecutive or cumulative across the school year)

9. Providers of Health Services, Clinical Commissioning Groups

All of these agencies should co-operate with schools that are supporting children with a medical condition (e.g. information, advice, training)

Staff training and support

- ❖ All members of staff providing support to a child with medical needs will have been trained beforehand so that they are competent and have confidence in their ability.
- ❖ Only the trained staff will be able to give prescription medicines or undertake health care procedures.
- ❖ Specific staff are first aid trained & individual training is provided as needed.
- ❖ The type of training, and frequency of refresher training, will be determined by the child's medical condition and the staff's existing knowledge
- ❖ The relevant healthcare professional will normally lead on identifying and agreeing with the school, the type and level of training required and how this can be obtained.
- ❖ Parents can provide advice but they will not be the sole trainer
- ❖ Staff who provide support to pupils with medical conditions will be included in meetings where this is discussed.
- ❖ All staff will be made aware of children with an IHP and who the trained staff are.
- ❖ The Supporting Pupils with Medical Conditions Policy will be subject to whole staff consultation as part of the draft, and subsequent reviews. All members of staff will be informed of it and it will be included in the induction arrangements for new staff to the school.

The child's role in managing their own medical needs

- ❖ children who require medication or other procedures will be supervised in administering them or receive them from a relevant member of staff.
- ❖ If a child refuses to take medicine or carry out a medical procedure, staff will not force him or her to do so, but follow the procedure agreed in the IHP. Parents will be informed so that alternative options can be considered.

Managing medicines on school premises

Where clinically possible, medicines should be prescribed in dose frequencies which enable them to be taken outside school hours. Where this is not possible, the following will apply:

- ❖ Medicines will only be administered at school when it would be detrimental to a child's health or school attendance not to do so.
- ❖ No child will be given prescription or non-prescription medicines without their parent's consent which is obtained & recorded on SIMS.
- ❖ Non-prescription medicines will be administered by parents, should they be needed during the school day or if parental consent is obtained via telephone.
- ❖ For the administering of non-prescription medicines during an educational visit, parents should provide written consent.
- ❖ No child will be given a medicine containing aspirin unless it has been prescribed by a doctor.
- ❖ The school will only accept prescribed medicines that are in-date, labelled, provided in the original container, as dispensed by the pharmacist, and include instructions for administration, dosage and storage. The exception to this is insulin which must be in-date, but will generally be available to schools inside an insulin pen or pump, rather than its original container.
- ❖ Medicines will be stored safely and be readily accessible to involved staff.
- ❖ Children who need to access their medicines immediately, such as those requiring asthma inhalers, will know where they are kept.
- ❖ On educational visits, medicines will also be available and they will be looked after by a relevant member of staff.
- ❖ If a controlled drug has been prescribed, it will be kept securely and stored in a non-portable container. Named staff only will have access to such medication so that it can be administered to the specific child.
- ❖ Any side effects of the medication to be administered will be noted and parents informed.
- ❖ When no longer required, medicines will be returned to the parent to arrange for safe disposal or to the chemist.

Emergency procedures

- ❖ A child's IHP will clearly define what constitutes an emergency and the action to be taken, including ensuring that all relevant staff are aware of emergency symptoms and procedures.
- ❖ It may be necessary to inform other pupils in general terms so that they can inform a member of staff immediately if they think help is needed.
- ❖ If a child is taken to hospital, staff should stay with the child until the parent arrives, or accompany a child taken to hospital by ambulance.
- ❖ Accurate information about the child will be provided to the emergency services at the call out stage, during any first response stage, or subsequent moving on to hospital.

Educational visits and sporting activities

- ❖ The school will consider how a child's medical condition will impact on their participation. We will encourage all children to participate according to their ability and make any necessary reasonable adjustments, unless evidence from a clinician, such as a GP, states that this is not possible.
- ❖ The school will consider what reasonable adjustments may need to be made after carrying out a risk assessment so that planning arrangements take account of any steps needed to ensure that children with medical conditions are included. This will require consultation with parents and pupils and advice from the relevant healthcare professional to ensure that pupils can participate safely.

Unacceptable practice

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

- ❖ Prevent children from easily accessing their inhalers and medication and administering their medication when and where necessary
- ❖ Assume that every child with the same condition requires the same treatment
- ❖ Ignore the views of the child or their parents; or ignore medical evidence or opinion, (although this may be challenged)
- ❖ Send children with medical conditions home frequently or prevent them from staying for normal school activities, including lunch, unless this is specified in their IHPs
- ❖ If the child becomes ill, send them to the welfare assistant's room or the school office. unaccompanied or with someone unsuitable
- ❖ Penalise children for their attendance record if their absences are related to their medical condition e.g. Hospital appointments;
- ❖ Prevent pupils from drinking, eating or taking toilet or other breaks whenever they need to in order to manage their medical condition effectively;
- ❖ Require parents, or otherwise make them feel obliged, to attend school to administer medication or provide medical support to their child, including with toileting issues. No parent should have to give up working because the school is failing to support their child's medical needs
- ❖ Prevent children from participating, or create unnecessary barriers to children participating in any aspect of school life, including educational visits, e.g. by requiring parents to accompany the child.

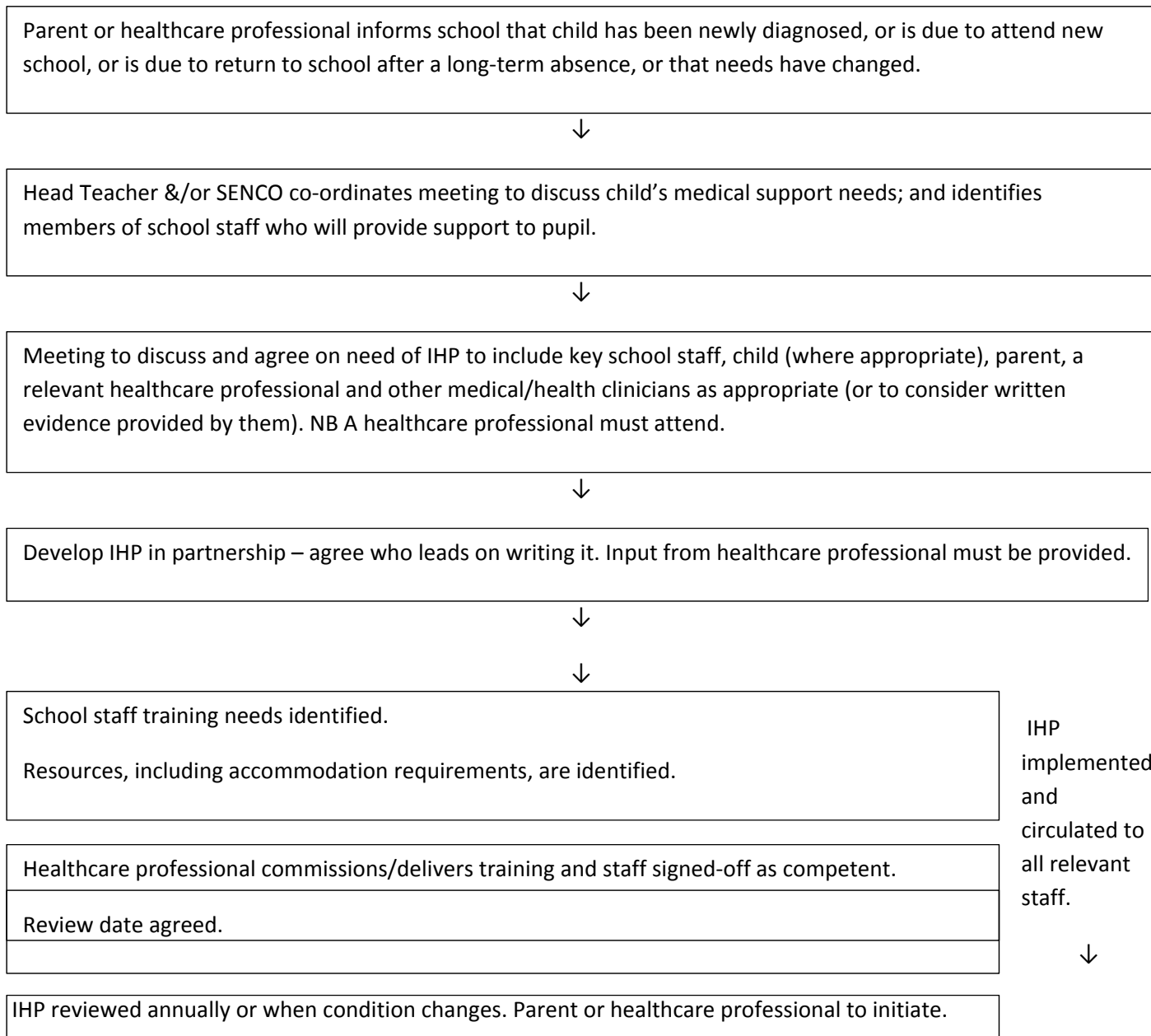
Liability and indemnity

The Governing Body at SNHS ensures that appropriate insurance is in place and that it reflects the level of risk. The insurance covers staff providing support to pupils with medical conditions, with administration of medication and any necessary health care procedures. Any requirement of the insurance company, e.g. training for staff, will be complied with.

Complaints

Parents who are dissatisfied with the support provided should discuss their concerns directly with the school. If, for whatever reason, this does not resolve the issue, they should make a formal complaint via the school's complaints procedure.

Flow Chart for developing Individual Healthcare Plans (IHPs) (from DfE Guidance)



Salendine Nook High School Individual Healthcare Plan (IHP)

Management of medical /health/welfare information

The information in this document will be held on the school's information management system (SIMS). Relevant teachers and staff will also be made aware separately of your child's medical condition (s) with any measures that need to be put in place to support your child in school.

Name of pupil: _____

Date of birth: _____

Emergency Contact Details

CONTACT 1

Name: _____ Relationship: _____

Main contact numbers: _____

CONTACT 2

Name: _____ Relationship: _____

Main contact Number : _____

Please give details of your child's medical condition(s) including allergies

What are your child's usual symptoms/triggers that make the condition worse?

Describe daily care requirements and /or any specialist arrangements required (e.g. before physical activity/at lunchtime/activities to be avoided.

Describe what constitutes an emergency for the child and the action to take if this occurs.

Medication

The school will hold, securely, appropriate medication, clearly marked for use, in the original container and showing an expiry date. The welfare officer or designated staff will support the administration of this medicine. Parents/carers are responsible for making sure the school is given the medication in its original packaging with an expiry date and to replace when required.

Will your child self-medicate? Yes / No (please circle)

To support your child having medication in school, please give the following details:

Name of Medication:

Dosage:

When to be given:

Name of Medication:

Dosage:

When to be given:

School Meals

School meals are provided on the basis that exposure to allergens **cannot be guaranteed** by the catering providers. The school will make the parent/carer aware of this. A summary of arrangements will be discussed with the catering manager and relevant information including a photo will be discreetly displayed in the catering department.

Thank you for completing this Health Care Plan. Please keep the school informed of any change to your child's medical condition (s)

Signed: _____ Parent/Carer

Print Name: _____

Date: _____

Reviewed:

Reviewed:

Reviewed:

Salendine Nook Academy Trust

Protocol for the administration of paracetamol

Salendine Nook Academy Trust uses the following guidelines for the administration of medication;

The school keeps a stock of Calpol/paracetamol in the Welfare office, which will be administered by the Welfare officer.

Paracetamol is a commonly used medicine that can help treat pain and reduce a high temperature (fever).

It is typically used to relieve mild or moderate pain such as headaches, toothache or sprains and reduce fevers caused by illnesses such as colds and flu.

Paracetamol can be administered to a student if the school has received prior written/verbal consent by a parent/carer.

Permission is sought through the school's admission booklet.

This is recorded on SIMS.

If permission is not received and the student requires pain relief the welfare will attempt to contact the parent /carer for consent.

No medication will be given without permission.

The Welfare Officer will ask the student if they have had any previous pain relief that day and if they are on any other medication which may interact.

Paracetamol will not be administered P1 or P5 during the school day.

All administered medication will be recorded on SIMS.

All other medication to be administered in school needs to be accompanied by written instructions from their parent/and or doctor specifying the type of medicine, circumstances under which it should be given, the frequency and dosage levels.

No prescription medication will be administered which is not labelled with the students name.

Salendine Nook Academy Trust

Asthma Policy

Rationale

Salendine Nook Academy Trust recognises that Asthma is a widespread, serious but controllable condition.

The school welcomes all pupils with asthma, providing them with the same opportunities as others at school.

Parents/carers retain responsibility for their son/daughter's medical needs regarding asthma but school is aware that students need to use their inhaler whilst in school.

Salendine Nook Academy Trust will adhere to the statutory guidance for 'Supporting pupils at school with medical conditions' September 2014 and also 'Guidance on the use of emergency salbutamol inhalers in schools' March 2015

General Principles

The major principle underlying the policy is immediate access for all students to reliever medication

All students who have been diagnosed with Asthma should keep an inhaler with them at all times and if necessary a spare one in the medical room.

The school will only accept inhalers that are in the original dispensing container/packaging and are clearly labelled with the student's name and expiry date.

If necessary, an Asthma care plan will be completed by the Welfare Officer /parents/school nurse.

Responsibilities

The school will ensure designated staff are appropriately supported and trained:

- To recognise the symptoms of an asthma attack;
- To be aware of the Asthma policy;
- To be aware of how to check if a child is on the asthma register;
- To be aware of how to access the emergency inhaler and how to assist in the administration of it:
 - Arrangements will be made for the supply, storage, care and disposal of the inhaler and spacers in line with the school's policy on 'supporting pupils with medical conditions'.
 - The Welfare Officer will check expiry dates once per term (including emergency inhalers) and notify parents/carers as necessary.
 - A register will be kept of all students in school who have been diagnosed with Asthma. A copy of which should be kept with the emergency inhaler.

Emergency Inhalers

From 1st October 2014 the Human Medicines (Amendment) Regulations 2014 allowed schools to obtain, without prescription, salbutamol inhalers if they wish to do so for use in emergencies.

These are for any pupil who has asthma or who has been prescribed an inhaler as reliever medication. The inhaler can be used if the pupil's prescribed inhaler is not available (for example, because it is broken, empty or parents/carers have not provided a spare).

This information will be recorded on SIMS and in the child's individual healthcare plan if there is one in place.

The school will endeavour to obtain parental consent for use of the emergency inhaler.

However, in the case of an emergency, and when the school has a record of a student's asthma, the emergency inhaler will be used as this could save their life. The emergency inhalers are held in Reception and a student must be escorted to obtain the emergency inhaler.

Parents/carers will be notified if their child has had to use the emergency inhaler.

Trips

It is the responsibility of the member of staff organising the trip to ensure that they check the medical needs of all students and consult the Individual Health Care Plan if relevant.

All students attending the trip who have asthma must have their inhalers with them at all times.

However, the organising member of staff must carry an emergency inhaler pack with them on all trips in case a student's inhaler is lost or broken during the trip.

Salendine Nook High School

Protocol for the administration of Adrenaline Auto-injection Devices

Rationale

From 1st October 2017 the Human Medicines (Amendment) Regulations 2017 will allow all schools to buy adrenaline auto-injector (AAI) devices without a prescription, for emergency use in children who are at risk of anaphylaxis but their own device is not available or not working (e.g. because it is broken, or out of date).

The school's spare AAI should only be used on students known to be at risk of anaphylaxis.

The school's spare AAI can be administered to a student whose own prescribed AAI cannot be administered correctly without delay.

AN ANAPHYLACTIC REACTION ALWAYS REQUIRES AN EMERGENCY RESPONSE.

Any AAI's held by school are to be considered a spare/back –up and is not a replacement for the students own AAI(S).

Current guidance from the Medicines and Healthcare Products Regulatory Agency (MHRA) is that anyone prescribed an AAI should carry two of the devices at all times and any spare AAI(s) held by school should be in addition to those already held by a student.

Each student who has been prescribed an AAI will have an individual care plan which will detail the care and treatment required for each student.

This will be reviewed annually. However, it is the responsibility of the parent/carer to inform the school of any changes to the medical information the school holds.

Storage of AAI'S

Students should carry their AAI's with them at all times

All students' spare AAI's are kept in a clearly marked unlocked cabinet in main reception and are all clearly labelled.

A record of all students who have AAI's in school is stored in the cabinet.

A record of all expiry dates of the AAI kept in school and checked at least once per term. Parents/carers will be notified immediately and it is their responsibility to ensure the out of date AAI is replaced

School trips including sporting activities

Students at risk of anaphylaxis should ensure that they carry their AAI when out of school.

The member of staff organising the trip will ensure they have a list of all students with medical needs and ensure parents are aware.

Each trip will have a member of staff who is first aid trained attending.

Salendine Nook High School

Protocol for accepting students back into school whilst on crutches

Salendine Nook Academy Trust requires parents to make the decision whether a student is fit enough to move around school whilst using crutches.

As part of this decision making process we advise that a medical practitioner is consulted.

It is unacceptable for students to return to school on crutches that they have obtained themselves from other means than other than a medical establishment and who have not been officially checked out either at the GP or A&E.

Prior to a student returning to school we would appreciate the parent /carer dropping them off in reception to enable the following to be discussed /explained;

- Medication (particularly analgesia)
- Leaving lessons early
- Collecting from school
- Follow-up appointments noted
- Timetable and location of lesson arranged (students will only access the library/ground floor-this will be reviewed with medical guidance if the student is on crutches long term)
- Movement around school explained to ensure safety of the student.

A generic risk assessment detailing the health and safety issues for all students on crutches is available and parents/carers will be made aware of these details

Salendine Nook Academy Trust Risk Assessment Form

HAZARD IDENTIFICATION AND CONTROL MEASURES			
List of significant hazards(something with the potential to cause harm)	Who might be harmed?	Type of harm	Existing controls (Actions already taken to control the risk)
Fitness to be at school and individual ability to use correctly	Person with crutches	Fall leading to bruising or bump to head or break or further damage to injury	<ul style="list-style-type: none"> • Clearance is required from medical practitioner as to the fitness of the person to be at school • Initial training should be given by provider – hospital, doctors surgery – on safe use of crutches
			<ul style="list-style-type: none"> • If the individual is not competent on crutches, then the student should remain at home • Once competent, the student will be requested to move at a slow speed and not to attempt to travel faster than is safe
			<ul style="list-style-type: none"> • Buddy system whereby another identified student will escort the injured individual around school (opening doors, carrying bags etc. • Individual to leave lessons at least 5 minutes early with their buddy so they are not walking in busy areas.(pass issued)
Access	Person with crutches, staff, student(s)	Slips/Trips/Sprains/Break Delay in evacuation	<ul style="list-style-type: none"> • Good housekeeping is maintained to keep accesses clear of obstructions • Defect reporting procedures are in place • Discussion takes place with the individual and colleagues to arrange possible changes of arrival and departure times/is working from home a possibility Check travel distance to fire exit and ensure that individual can leave within allocated time travelling at normal speed. If possible after the main flow of people leaving • Ensure student knows where to go in case of fire alarm/emergency evacuation.

Storage of crutches	Person with crutches, staff, student(s)	Trip injuries, further damage to injury	<ul style="list-style-type: none"> • Crutches are required to be stowed correctly i.e. placed securely away from passageways so as not to become a risk to others, but within easy reach for the individual.
Stairs	Person with crutches, staff, student(s)	Falls leading to bruising or breaks or other serious injury or further damage to injury	<ul style="list-style-type: none"> • The person with crutches will only be able to access ground floor classrooms/library initially • If crutches are to be used long term a further risk assessment will be completed. • The person with crutches and others are told to exercise caution when using stairs/steps. Buddy to carry one of the crutches and the other to be used as support as well as the handrail
Offices and passageways	Person with crutches	Falls, trips (see injuries above)	<ul style="list-style-type: none"> • Colleagues/other students reminded not to block or restrict passageways and corridors even on a temporary basis • Checks are made to ensure floors are dry and free of spillages
Job Role or Lessons to be attended	Person with crutches, staff, student(s)	To avoid the above injuries	<ul style="list-style-type: none"> • Any changes may require new safe system of work to be agreed • Student/parent must inform school if problems are encountered • Student – alternative arrangements are made for breaks and PE and other lessons if necessary

This risk assessment will apply to this area/task/activity in school providing the control measures described are in operation and there are no further local significant hazards.

I certify that the risk assessment above fully applies to the area/task/activity under assessment in Salendine Nook Academy Trust

Name: Yvonne Cunnington (Welfare Officer)