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CLF POST 16 SUPPORTING STUDENTS WITH MEDICAL NEEDS POLICY

Implementation Date:
April 2017

Next Review Date:
April 2019

History of Policy Changes

Date	Page	Change	Reason for Change	Changes made by
April 2017	Whole Document	Adoption by CLF Post 16	No previous policy existed	Andy Watch (SENCO)
2/10/2017	Whole Document	Reviewed and approved by Academy Council		
December 2017	Appendices	Amendment to section 5 and addition of extra appendices		Andy Watch (SENCO)
21/2/2018	Whole Document	Reviewed and approved by Academy Council		

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Purpose of this policy

Section 100 of the Children and Families Act 2014 places a duty on the Academy Council and Senior Leadership Team to make arrangements for supporting pupils in Post 16 with medical conditions. Students with special medical needs have the same right of admission to Post 16 as other students and cannot be refused admission or excluded from school on medical grounds alone. However, teachers and other staff in charge of students have a common law duty to act in the place of the parent and may need to take swift action in an emergency. This duty also extends to teachers leading activities taking place off the Academy site. This could extend to a need to administer medicine. The prime responsibility for a student's health lies with the parent who is responsible for medication and should supply the Academy with information.

This policy will be reviewed regularly and will be readily accessible to parents/carers and staff through our website.

Policy implementation

All schools and academies are expected by Ofsted to have a policy dealing with medical needs and to be able to demonstrate that this is implemented effectively. The overall responsibility for the successful administering and implementation of this policy lies with the Principal of Post 16 and the Post 16 SENCO.

It is the responsibility of Post 16 and the Senior Leadership Team within academies to ensure that sufficient staff are suitably trained and will ensure cover arrangements in case of staff absences or staff turnover to ensure that someone is always available, aware of medical needs and on site.

Heads of Post 16 will be responsible for risk assessments for school visits and other activities outside the normal timetable.

Student Support Leaders will be responsible for the creation, collation and communication of Individual Healthcare Plans in partnership with the SENCO.

All staff will be expected to show a commitment to and awareness of children's medical conditions. All new members of staff will be inducted into the arrangements and guidelines set out in this policy by their home academy's induction coordinator.

Definitions of medical conditions

Students' medical needs may be broadly summarised as being of two types:

- short-term: affecting their participation in Post 16 activities because they are on a course of medication or are temporarily mobility impaired
- long-term: potentially limiting their access to education and requiring extra care and support (deemed special medical needs)

The role of staff at Post 16

Some students with medical conditions may be disabled. Where this is the case, Academy Councils must comply with their duties under the Equality Act 2010. Some may also have Special Educational Needs and may have a statement, or Education Health and Care (EHC) plan which bring together health and

social care needs, as well as their special educational provision. For children with SEN, this guidance should be read in conjunction with the Special Educational Needs Policy.

If a student is deemed to have a long-term medical condition, the Academy will ensure that arrangements are in place to support them. In doing so, we will ensure that such students can access and enjoy the same opportunities at school as any other child. Post 16, health professionals, parents/carers and other support services will work together to ensure that children with medical conditions receive a full education, unless this would not be in their best interests because of their health needs. In some cases this will require flexibility and involve, for example, programmes of study that rely on part-time attendance in combination with alternative provision arranged by the Local Authority and health professionals. Consideration will also be given to how children will be reintegrated back into Post 16 after long periods of absence.

Staff must not give prescription medicines or undertake health care procedures without appropriate training (updated to reflect any Individual Health Care Plans). At Post 16, we recognise that a first-aid certificate does not constitute appropriate training in supporting children with medical conditions. Healthcare professionals, including the school nurse, will provide training and subsequent confirmation of the proficiency of staff in a medical procedure, or in providing medication.

Procedures to be followed when notification is received that a student has a medical condition

We will ensure that the correct procedures will be followed whenever we are notified that a pupil has a medical condition. It is the responsibility of students and parents to notify the Post 16 team, upon application and induction, of any existing medical conditions. Should any conditions develop during their time at Post 16 it is again the responsibility of students and parents to notify the Post 16 team and provide copies of any medical letters.

The procedures will also be in place to cover any transitional arrangements between Academies, when a student is reintegrated following an absence or when a student's needs change. For students starting at Post 16, arrangements will be in place in time for the start of the relevant term. In other cases, such as a new diagnosis or students moving to Post 16 mid-term, we will make every effort to ensure that arrangements are put in place within two weeks.

In making the arrangements, Post 16 will take into account that many of the medical conditions that require support at school will affect quality of life and may be life-threatening. We will also acknowledge that some will be more obvious than others. We will therefore ensure that the focus is on the needs of each individual student and how their medical condition impacts on their school life.

Post 16 will ensure that arrangements give parents/carers and pupils confidence in the Post 16's ability to provide effective support for medical conditions in school. The arrangements will show an understanding of how medical conditions impact on a student's ability to learn, as well as aiming to increase their confidence and promote self-care.

We will ensure that staff are properly trained to provide the support that pupils need.

Post 16 will ensure that arrangements are clear and unambiguous about the need to actively support students with medical conditions to participate in school trips and visits or in sporting activities and not prevent them from doing so. Post 16 will make arrangements for the inclusion of pupils in such activities with any adjustments as required unless evidence from a clinician such as a GP states that this is not possible. Post 16 will make sure that no child with a medical condition is denied admission or prevented

from attending because arrangements for their medical condition have not been made. However, in line with our safeguarding duties, we will ensure that pupils' health is not put at unnecessary risk from, for example infectious diseases.

Post 16 does not have to wait for a formal diagnosis before providing support to students. In cases where a student's medical condition is unclear, or where there is a difference of opinion, judgements will be needed about what support to provide based on the available evidence. This would normally involve some form of medical evidence and consultation with parents/carers. Where evidence conflicts, some degree of challenge may be necessary, to ensure that the right support can be put in place. This will usually be led by the SENCO or Principal of Post 16. Following the discussions, an Individual Health Care Plan will be put in place.

Where a child has an Individual Health Care Plan, this should clearly define what constitutes an emergency and explain what to do, including ensuring that all relevant staff are aware of emergency symptoms and procedures. Other pupils in Post 16 should know what to do in general terms, such as informing a teacher immediately if they think help is needed. If a student (regardless of whether they have an Individual Health Care Plan) needs to be taken to hospital, staff will stay with them until the parent/carer arrives, or accompany a student taken to hospital by ambulance. Individual Health Care Plans will be written by Student Support Leaders and reviewed by the SENCO but it will be the responsibility of all members of staff supporting the individual children to ensure that the plan is followed.

Individual Health Care Plans will help to ensure that Post 16 effectively supports pupils with medical conditions. They will provide clarity about what needs to be done, when and by whom. They will often be essential, such as in cases where conditions fluctuate or where there is a high risk that emergency intervention will be needed. They are likely to be helpful in the majority of other cases too, especially where medical conditions are long-term and complex. However, not all children will require one. Post 16, health care professionals and parents/carers should agree, based on evidence, when a Health Care Plan would be inappropriate. If consensus cannot be reached, the Principal of Post 16 is best placed to take a final view.

Individual Health Care Plans will be accessible to all who need to refer to them, whilst preserving confidentiality. Plans will capture the key information and actions that are required to support the student effectively. The level of detail within plans will depend on the complexity of the student's condition and the degree of support needed. This is important because different students with the same health condition may require very different support.

Where a student has needs which affect their mobility, the following will also need to be carried out alongside the IHCP:

- Risk assessment for each site that the student uses (appendix C for JCA, appendix D for BBA)
- Personal Mobility Support Plan, including the procedure for the use of lifts (appendix E for JCA) or
- Personal Emergency Evacuation Plan (PEEP) (appendix F for BBA)

Where a child has SEN but does not have a statement or EHCP, their SEN should be mentioned in their Individual Health Care Plan. Appendix A shows a template for the Individual Health Care Plan and the information needed to be included. Individual Health Care Plans, (and their review), may be initiated, in consultation with the parent/carer, by a member of Academy staff or a health care professional involved

in providing care to the child. The Individual Health Care Plan must be completed by the Lead Professional with support from parents/carers, and a relevant health care professional, e.g. school, specialist or children's community nurse, who can best advise on the particular needs of the child. Pupils should also be involved whenever appropriate.

The responsibility for ensuring it is finalised and implemented rests with the SENCO who will ensure that Individual Health Care Plans are reviewed at least annually or earlier if evidence is presented that the student's needs have changed. They will be developed and reviewed with the child's best interests in mind and ensure that the academy assesses and manages risks to the student's education, health and social wellbeing and minimises disruption. Where the student has an SEN identified in a statement or EHCP, the Individual Health Care Plan should be linked to or become part of that statement or EHCP.

Once an individual Health Care Plan and all supporting documentation has been produced:

- the SSL and SENCO will determine if extra training is required for staff before student can be safely supported at Post 16
- the IHCP will be issued to the student and parent to sign to confirm that it accurately reflects their needs and the ways in which staff need to support them - signed copies will be held at the student's home academy
- SIMS will be updated by the SSL (the medical notes section will be updated, the plan uploaded and a note will be added to Quick Note to advise that a Health Care Plan exists)
- all key staff will be notified and sent a copy of the plan by the SSL - this will include sending a copy of the plan to the reception of each academy for them to add to their files
- the P16 medical needs list will be updated by the SSL

Appendices A & B provide templates for the Individual Health Care Plan but it is a necessity that each one includes:

- the medical condition, its triggers, signs, symptoms and treatments
- the student'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/noisy conditions, travel time between lessons
- specific support for the student's educational, social and emotional needs; for example, how absences will be managed, requirements for extra time to complete tests, use of rest periods or additional support in catching up with lessons, counselling sessions
- the level of support needed (most students will be able to take responsibility for their own health needs) including in emergencies - if a student is self-managing their medication, this should be clearly stated with appropriate arrangements for monitoring
- who will provide this support, their training needs, expectations of their role and confirmation of proficiency to provide support for the student's medical condition from a healthcare professional; and cover arrangements for when they are unavailable
- who in the Academy needs to be aware of the student's condition and the support required
- arrangements for written permission from parents/carers for medication to be administered by a member of staff, or self-administered by the student during Academy hours
- separate arrangements or procedures required for school trips or other activities outside of the normal Academy timetable that will ensure the child can participate, e.g. risk assessments

- where confidentiality issues are raised by the parents/carers or student, the designated individuals to be entrusted with information about the student's condition
- what to do in an emergency, including whom to contact, and contingency arrangements
- some students may have an Emergency Health Care Plan prepared by their lead clinician that could be used to inform the development of their Individual Health Care Plan (the Emergency Health Care Plan will not be the Academy's responsibility to write or review)

The student's role in managing their own medical needs

If it is deemed, after discussion with the parents/carers, that a student is competent to manage their own health needs and medicines, Post 16 will encourage them to take responsibility for managing their own medicines and procedures. This will be reflected within Individual Health Care Plans.

Wherever possible, students should be encouraged to carry their own medicines and relevant devices. If they are to be stored in the centre then they should be stored as per the academies' Supporting Pupils with Medical Conditions Policy. Post 16 does also recognise that children who can take their medicines themselves or manage procedures may require an appropriate level of supervision.

If a student is not able to self-medicate, then relevant staff should help to administer medicines and manage procedures for them. If a student refuses to take medicine or carry out a necessary procedure, staff should not force them to do so but instead follow the procedure agreed in the Individual Health Care Plan. Parents/carers should be informed so that alternative options can be considered.

Managing medicines on the Post 16 sites

Please refer to the Supporting Pupils with Medical Conditions Policy for each of the sites.

Principles and good practice

Although Post 16 staff should use their discretion and judge each case on its merits with reference to the student's Individual Health Care Plan, it is generally good practice to:

- ensure that students can easily access their inhalers and medication and administer their medication when and where necessary
- recognise that not every student with the same condition requires the same treatment
- ensure that the views of the student or their parents/carers are heard and that medical evidence or opinion is taken into account (although this may be challenged)
- put in place support to avoid sending students with medical conditions home frequently or preventing them from staying for normal school activities, including lunch, unless this is specified in their Individual Healthcare Plans
- ensure that a student is appropriately accompanied if they become ill and need to be sent to the Academy office
- take medical issues into account regarding their attendance record if their absences are related to their medical condition e.g. hospital appointments
- allow students to drink, eat or take toilet or other breaks whenever they need to in order to manage their medical condition effectively
- support parents/carers in the administration of medication and in providing medical support to their child, including with toileting issues - no parent/carer should have to give up working because the academy is failing to support their child's medical needs

- ensure that students can participate in all aspects of academy life, including school trips unless evidence from a clinician such as a GP states that this is not possible

Complaints

Should parents/carers or students be dissatisfied with the support provided they should discuss their concerns directly with Post 16. If, for whatever reason, this does not resolve the issue, they may make a formal complaint via the complaints procedure outlined in the Cabot Learning Federation Complaints Policy.

Appendix A

CLF Post 16 Individual Health Care Plan

Student's name	
Tutor Group:	
Date of Birth:	
Address:	
Medical Diagnosis or Condition:	
Date:	
Review Date:	

Name of Parent/Carer [1]:	
Contact Numbers:	Work: Home: Mobile:
Relationship to Student:	
Name of Parent/Carer [2]:	
Contact Numbers:	Work: Home: Mobile:
Relationship to Student:	

Clinic/Hospital Name:	
Contact Number:	
GP's Name:	
Contact Number:	

Describe medical needs and give details

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

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Daily care requirements

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Specific support for the pupil's educational, social and emotional needs

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Arrangements for school visits/trips etc.

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Other information

--

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

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Who is responsible in an emergency, state if different for off-site activities

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Staff training needed/undertaken – who, what, where, when
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Plan developed with	Signed
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Form copied to

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Appendix B

Important information	My Medical Needs	My study programme and ambitions
Name: [INSERT PICTURE HERE]	Condition, Triggers, Signs, Symptoms, treatments	I am studying (including where taught):
Date of birth: Contact number: Home Academy:	Medical evidence provided by: Date and type of evidence:	Medication (dose/side-effects/storage): Taken during school time? Administered by (self/school?)
Important contacts and telephone number(s): Name of GP and contact details: Tel: Looked after child? In receipt of Bursary/ FSM? SEN details :	Needs: What to do in an emergency: Does a separate Emergency HCP exist? Risk assessment required for school trips?	Any other info (time/facilities/equipment/environmental info): Any restrictions on who may be made aware of this information? Plan written on _____ by _____ Student signature: _____ Date: _____ Parent signature: _____ Date: _____ Reviewed:

Appendix C

RISK ASSESSMENT

Title:	People using wheelchairs				
Academy:	JCA	Department:	Post 16	Number of staff/students:	1
Name of Assessor:		Position:		Date of Assessment:	
CLF H&S Advisor:	Jo Crickson – CLF Health & Safety Manager				
Annual Review: <i>To take place sooner should a significant change or incident occur</i>					
Possible Hazards	Who is at risk?	What is being done to alleviate risk?			Further Action Required
<ul style="list-style-type: none"> Lack of emergency arrangements for person using a wheelchair. No suitable first aid provision for person using a wheelchair. Unsuitable access and egress around the school Not enough time to travel between locations in school School activities causing further damage to injury. Unsafe environment for person with wheelchair School Trips 	Person using wheelchair, staff, pupils, visitors, volunteers	<ul style="list-style-type: none"> Informal interview with person and or parent / carer about the extent of injury/ disability and the activities to be carried out at school is undertaken. Alternative arrangements are made for breaks and PE & other lessons if necessary. A Personal Emergency Evacuation Plan is undertaken, recorded and implemented. Pupils with a wheelchair are allowed to leave classes early to allow enough time to travel between locations in school School will appoint a responsible pupil to as a “buddy” at break times to provide help in carrying school bag/lunch box, etc. and at break times. Adequate supervision will also be provided The schools office or SENCO must be informed if problems are encountered. When the pupil is being manoeuvred in the wheelchair, care is taken to ensure that routes are not blocked and that the chair can be moved easily without causing additional injury. Seating is arranged to provide adequate space in class/other locations for comfort and movement so that routes are not blocked and the wheelchair can be manoeuvred easily Doorways comply with disabled access. 			No further action required.

		<ul style="list-style-type: none">• Checks are made whether the work area used by the person using the wheel chair is adequately comfortable i.e. are all desks and benches the correct height• The pupil will use the wheelchair during lessons. If classroom seating is to be used by the pupil the wheelchair will be stored safely and located so that routes are not blocked• Disabled toilets are made available to the person using a wheelchair, if required• Arrangements for coming to school and collection are discussed and recorded.• Where a school trip is arrange a risk assessment will be undertaken	
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Appendix D

RISK ASSESSMENT PROFORMA



Name:
 Dept :
 Date of Assessment :
 Assessed by:
 SECTION 1

What Is The Task/Activity or Environment You Are Assessing?	What Hazards Are Present or May Be Generated?	Who Is affected or exposed to hazards?	What Degree of Injury Can be Expected (Risk Rating Matrix Table 1)?	What Precautions are Already in Place to Either Eliminate or Reduce The Risk of an Accident Happening (Existing Controls)?	What Likelihood/ Probability is there of an Accident accruing? Risk Rating Matrix Table 1)?	What is The Risk Rating (See Note Below & Risk Rating Matrix table 2)?
Toileting procedure	Falling out of chair on to tiled floor when transferring from wheelchair to toilet.	Name of student School Staff	Minor Injury Major Injury Permanent Disability Death	Manual handling ??? Procedure needs to be discussed and agreed with student Student drives with care in and around corridors. Staff working with student supervise Social times- i.e. at lunch and break times	Possible Possible Possible Possible Possible	Low / (Medium) risk Low risk Low risk Low risk Low risk
Self-propelled wheelchair used in a school building	People walking People running People seated Furniture					
Transferring from wheelchair to class chair i.e. Use of crutches	School property			Staff working with student, help to evaluate and negotiate the environment safely.	Remote	Medium
Falling from chair when not strapped in				Staff will ensure that student follows the correct health and safety procedures when using a wheelchair i.e. Belt/strap to be used when in motion.	Remote	Medium

NOTE: If the risk rating is either unacceptable, High or Medium proceed to section 2. If the risk rating is Low no further action is required.

RISK ASSESSMENT ACTION PLAN



Name:

Dept:

Date of Assessment:

Assessed by:

What is the Hazard You Need to control?	What Additional Precautions do you need to Either Eliminate the risks or to Reduce the risk to: At Least the MEDIUM RISK RATING or Ideally the LOW RISK RATING .	Who is Responsible For Implementing These Controls?	When Are These Controls to be Implemented (Date)?	When Were these controls Implemented (Date)?
<p>Toileting procedure</p> <p>Self-propelled wheelchair use in a school building</p> <p>Falling from chair when not strapped in.</p>	<p>Ensure agreed procedure is followed at all times –use of larger toilets with wheelchair symbol displayed i.e. Staff toilets</p> <p>Make sure that all staff and students are aware of wheelchair in the academy/lessons.</p> <p>Make sure the school is fully accessible to wheelchairs; no hazards in the way. i.e. bins, tables, chairs, equipment</p> <p>Make sure student waits until heavy people traffic is less in corridors. Leave 5 minutes early for clear access.</p> <p>All staff who work with student to be aware of all procedures in the academy i.e. Fire/ Lockdown</p> <p>This included precautionary approaches to avoid student being able to fall from the chair.</p>	<p>School Staff</p> <p>School Staff</p>		

RISK ASSESSMENT MATRIX

(Notes To aid Completion of the Risk Assessment Format)

Table 1

Degree of Injury	Meaning	Likelihood/Probability	Meaning
Fatal	Loss of life / life threatening injuries	Likely / Frequent	Occurs repeatedly / event only to be expected
Major Injury or Permanent Disability	Serious Injuries such as major loss of blood, fractures, dislocations, debilitating injuries and ill health likely to result in absence from work	Probable	Not surprised / will occur several times
Minor Injury	Minor cuts, abrasions and muscle strains requiring first aid but nothing more, no absence from work	Possible	Could occur sometimes
No Injury	No injury but could easily lead to property damage / loss.	Remote	Unlikely, though conceivable
		Improbable	So unlikely that probability is close to zero

Table 2

Risk Rating – Degree of Injury by Likelihood / Probability					
	Likely	Probable	Possible	Remote	Improbable
Fatal	Unacceptable risk	Unacceptable risk	High risk	Medium risk	Low risk
Major Injury or Permanent Disability	Unacceptable risk	High risk	Medium risk	Low risk	Low risk
Minor Injury	High risk	Medium risk	Low risk	Low risk	Low risk
No Injury	Medium risk	Medium risk	Low risk	Low risk	Low risk

Table 3

Action Required : Key To Ranking	
UNACCEPTABLE RISK	STOP ACTIVITY! Action MUST be taken as soon as possible to reduce the risks and before activity is allowed to continue.
HIGH RISK	Reasonable steps MUST be taken to reduce the risks. Implement additional controls to make it safer.
MEDIUM RISK	Risk to be reduced if the benefits outweigh the costs. If it is easy and the cost to make it safer is not prohibitive – do it! To be MONITORED.
LOW RISK	Risk is regarded as acceptable. The risk is no more than is likely to be encountered in normal life. To be MONITORED

Appendix E

Personal Mobility Support Plan: Name

Date plan started:

Predicted end date:

Peer support provided by:

USE OF THE LIFT at JCA

- Students are not permitted to use the lift on their own.
- Keys are held by Building Services, SEN, Technology and Science.
- Keys will not be handed out to students.
- A student needing to use the lift will be accompanied by a member of staff who will let them into the lift. The member of staff will meet the student when the lift has reached its destination.
- Only one student should use the lift at a time
- Members of staff using the lift should inform another member of staff when they are about to use the lift.

DO NOT ALLOW STUDENTS TO GET INTO THE LIFT WITH THEIR FRIENDS.

Student & agreed peers will need to leave lessons 5-10 mins early to avoid corridor crowd. They will also arrive up to 10 mins late due to practicalities of lift use.

Emergency Evacuation Plan

In the event that you are upstairs when the fire alarm is sounded you should **not** attempt to use the lift. After the main crowd of students has passed, you must make your way to the nearest available stairwell where you have two choices:

- A. Wait until an Evac Assistant arrives, who will then help you down the stairs in an Evac Chair
- B. Make your own way down the stairs yourself (once the main flow of people has passed them). You can either attempt this yourself or wait for the Evac Assistant to arrive who can make sure you do not slip/stumble.

Teacher – please ensure you are also within the fire protected stair well and carry wheelchair/crutches down for the student if safe to do so. Then please make your way to the hardcourt area in silence.

If you are in the Cabot Eye when the alarm sounds – please make your way to the top of the driveway just as it bends to the right but away from the main building.

If you happen to be on the large astro or bottom field when the alarm sounds – please make your way to the large astro and stand with staff.

If this is a temporary arrangement and you no longer need to follow this procedure – please ensure Kate Knight is informed when you no longer have any mobility impairment. If you are unsure about any of the above – please speak to Kate Knight ASAP.

A PEEP should consider all buildings/areas the individual commonly works in, visits or uses. Therefore, it may be necessary to complete a separate PEEP for each area.

Name:	
Contact details:	
Building/area PEEP applicable to:	Bristol Brunel Academy

Impact of disability on emergency evacuation

How may the individual’s disability (e.g. mobility, hearing, sight, communication etc) impact on their safe evacuation?

Awareness

How will the individual be made aware of the need to evacuate the building?
Primary method is the usual emergency evacuation alarm system installed at Bristol Brunel Academy. This system comprises of sounders in all rooms and communal areas. Strobe lights are also installed within the sounders. An emergency tannoy system is also available.

Assistance

Identify those people who will provide assistance and the nature of the assistance.		
<ul style="list-style-type: none"> You should identify both the primary assistant and those who will provide back up cover during absence e.g. holiday, sickness etc. An adequate number will be required to ensure assistance is available at all times. 		
Name	Nature of assistance	Contact details

Equipment

What equipment will be provided to assist with the evacuation and who is responsible for maintaining this?

Procedure

Detail the evacuation procedure including safe routes to be taken, beginning from when the alarm first sounds
If the Fire Alarm sounds during a lesson, break or lunch time a member of staff will alert the student of the need to evacuate the building or move to a place of safety. If in a lesson on the ground floor or lower ground floor, the

student's teacher will escort them to and then out of the nearest exit, out to the fire assembly point on the MUGA and report to the post 16 team.

If on the first or second floor then the member of staff will accompany the student to the disabled refuge nearest to her location. The student will follow the procedure of using the 'red call box' situated at the stairwell (near lift entrance-Disabled Refuge) and press once. This will show the student's location and alert Skanska and the fire service. The student will also be able to speak to them through this call box. N.B. the member of staff is not permitted to stay with the student at this stage.

Relevant Parties

	Name	Signature	Date
PEEP owner (the individual):			
PEEP assessor:			
Assistants:			

Distribution List

Dave Stiddard Skanska
 John Garland Business Manager BBA
 Lyndsey Sheardown
 Jennie Frampton
 Leanne Dunbavand
 Kate Knight

Guidance on completing a Personal Emergency Evacuation Plan (PEEP)

When is a PEEP required?

A PEEP should be completed whenever an individual has a disability that would affect their safe evacuation in the event of an emergency. This would include short-term injuries that would affect a person's ability to self-evacuate. Its purpose is to provide a detailed, step-by-step and comprehensive plan that documents the procedures and equipment in place for ensuring that person is able to safely evacuate a building if needed.

The PEEP should consider all buildings/areas the individual commonly works, visits or uses and therefore it may be necessary to complete a separate PEEP for each area.

What should be documented?

The PEEP form provides the main headings needing to be considered. Guidance on what to incorporate under these headings, as well as the various methods of evacuation, is included in the Fire Guidance document.

However, additional questions that may require further consideration include, for example:

- Whether the means of raising the alarm is consistent with individual needs e.g. can they hear the alarm?
- Is the individual aware how to, and are they able to, raise the alarm?
- Is there adequate cover if an assistant is out of office and how this will be co-ordinated?
- Is the assistant physically able to provide the support e.g. to transfer from wheelchair to evacuation chair?
- Have they received any necessary training?
- Is signage adequate when considering the individual's needs?
- Can escape route doors be easily opened?

How should the form be completed?

The PEEP form should be completed in co-ordination with the individual it relates to. However, before finalising/signing it off, all involved parties, including those providing assistance, fire marshals, the Estates & Facilities Manager and the Health and Safety Adviser should be given the opportunity to comment.

Information, instruction and training needs

As well as the need to provide information and instruction on escape routes and procedures etc, further practical training may also be required for example in the use of any equipment provided e.g. evacuation chairs, communication devices etc. These training and refresher training requirements should form part of the PEEP.

The PEEP should be signed by and distributed to all involved parties following completion to show that it has been received and that individual responsibilities are understood.

The PEEP forms part of the overall Fire Evacuation Plan and should therefore be incorporated into any fire drills that are undertaken. Any issues identified following a fire drill should be fed back to the Estates & Facilities Manager.

Reviewing the PEEP

The PEEP should be reviewed as and when all other aspects of fire evacuation arrangements are reviewed but also when:

- The PEEP is believed to be no longer valid e.g. following a poorly executed fire drill.
- There are any concerns (the individual, assistant, fire marshal, fire officer etc).
- There are changes in the individual's health etc.
- Annually.

Further information

Sources of further information include:

- Fire Guidance document.
- Health and Safety Advisers.
- Local Fire Officers.

Appendix G



City Academy Bristol

Name
Job Title or class year
Staff / Student or Pupil / Visitor
(If appropriate)

LOCATION

1. Where are you based for most of the time?

If appropriate, please name the building, the floor and the room number.

2. Do you routinely use more than one location in this building?

YES NO

If you feel it is necessary please provide further details below.

AWARENESS OF EMERGENCY EVACUATION PROCEDURES

3. Are you, or the individual, aware of the emergency evacuation procedures which operate in the building(s) you attend?

YES NO

4. Do you, or the individual, require written emergency evacuation procedures?

YES NO

4a Are written emergency procedures to be supported by British Sign Language interpretation?

YES NO

4b Do you, or the individual, require the emergency evacuation procedures to be in Braille?

YES NO

4c Do you, or the individual, require the emergency evacuation procedure to be on tape?

YES NO

4d Do you, or the individual, require the emergency evacuation procedures to be in large print?

YES NO

5. Are the signs which mark emergency routes and exits clear enough?

YES NO

EMERGENCY ALARM

6. Can the fire alarm(s) be heard in the school?

YES NO DON'T KNOW

7. Could you, or the individual raise the alarm if you discovered a fire?

YES NO DON'T KNOW

ASSISTANCE

8. Do you, or the individual need assistance to get out of the school in an emergency?

YES NO DON'T KNOW

If NO please go to Question 12

9. Is anyone designated to assist you to get out in an emergency? (often known as a buddy)

YES NO DON'T KNOW

If NO please go to Question 11.

If YES give name(s) and location(s)

10. Is the arrangement with your assistant(s)/buddy a formal arrangement?

(A formal arrangement is an arrangement specified for them by the Principal.)

YES NO DON'T KNOW

10a Are you, or the individual always in easy contact with those designated to help you?

YES NO DON'T KNOW

11. In an emergency, could you contact the person(s) in charge of evacuating the building(s) in which you work and tell them where you were located?

YES NO DON'T KNOW

GETTING OUT

12. Can you move quickly in the event of an emergency?

YES NO DON'T KNOW

13. Can you manage stairs with assistance?

YES NO

If you feel it is necessary please provide further details below.

14. Are you a wheelchair user?

YES

NO

Thank you for completing this questionnaire.

The information you have given us will help us to meet any needs for information or assistance you may have.

PERSONAL EMERGENCY EVACUATION PLAN FOR

Name _____

Department or class year _____

School _____

The disabled person is informed of a fire evacuation by:

existing alarm system

pager device

visual alarm system

Other (please specify) _____

MARSHALL ASSISTANCE POINTS:

The following places have been designated as points for marshals to help people out of the building in case of an emergency:

Top of the stairs in each village

Top of the stairs by Discovery / Reception

Do you understand where the marshal assistance points are?

YES

NO

METHODS OF ASSISTANCE:

(eg: Transfer procedures, methods of guidance, etc.)

EQUIPMENT PROVIDED (including means of communication):

EVACUATION PROCEDURE:

(A step by step account beginning from the first alarm)

SAFE ROUTE(S):

EXAMPLE

METHODS OF ASSISTANCE:

(eg: Transfer procedures, methods of guidance, etc.)

- Penny or Jason will collect Sarah's walking sticks situated in the coat cupboard
- Penny or Jason or another team member will help Sarah by accompanying her to the nearest escape route and wait in the space at the head of the stairs for other people to evacuate first.
- Penny or Jason or other team member will position themselves beside or just in front of her whilst she make's her way down the stairs at her own pace.
- Penny / Jason or other team member will carry Sarah's very light-weight wheel chair down stairs

EQUIPMENT PROVIDED (including means of communication):

- Walking stick/s will be required and should be kept at an easily accessible location close to my workstation.
- Wheelchair will be required if a full evacuation is necessary and I have to travel a long distance to a place of safety. Either Sarah's own which will be carried down by a team member or one provided by Facilities Management will be suitable.
- Penny or Jason will have mobile phones / two way walkie-talkies to communicate with the headteacher / fire marshal / facilities manager.

EVACUATION PROCEDURE:

(A step by step account beginning from the first alarm)

- Penny or Jason will meet me at my desk.
- Reserve helpers are Other team members
- Penny or Jason will collect Sarah's walking sticks situated in the coat cupboard
- When it is safe to do so Sarah will step out of her wheelchair and Penny or Jason or other team member will position themselves beside or just in front of her whilst she make's her way down the stairs at her own pace.
- Penny or Jason or other team member will carry Sarah's very light-weight wheel chair down stairs
- When reaching the ground floor Sarah will move into her wheel chair and make her way to the Fire Assembly point at the rear of the school.
- If the Fire and Rescue Service arrive before her at main reception the fire coordinator will advise the Fire and Rescue Service which route we take.

SAFE ROUTE(S):

- The best stairway for Sarah if applicable is Stairway 3 or 4, but any can be used.
- When reaching the ground floor Sarah will move into her wheel chair and make her way to the Fire Assembly point at the rear of the school.

EMERGENCY EGRESS QUESTIONNAIRE FOR DISABLED PERSON

This questionnaire is intended to be completed by the disabled person or their parent / carer in conjunction with, or with appropriate support from a school teacher / headteacher. Please provide as much information to enable the school to develop a suitable plan.

Once developed the Plan will be the intended means of escape in the event of an emergency (including drills). If the practice drills identifies concerns in the implementation of the evacuation, then please contact the schools office, bursar or headteacher for assistance in finding suitable solutions.

1. Why you should fill in the form

The school has a legal responsibility to protect you from fire risks and ensure your health and safety at work. The PEEP will be developed based on the information you provide.

2. What will happen when you have completed the form?

You will be provided with any additional information necessary about the emergency egress procedures in the building(s) you attend.

If you need assistance, the "Personal Emergency Evacuation Plan" will specify what type of assistance you need. There may be some buildings where safe evacuation cannot yet be provided without alterations to the building/structure. In these cases you will have to be patient whilst the solutions are considered and developed.

Personal Emergency Evacuation Plan (PEEP)

Aim

The aim of a Personal Emergency Evacuation Plan (PEEP) is to provide people who cannot get themselves out of a building unaided with the necessary information to be able to manage their escape to a place of safety and to give departments the necessary information so as to ensure that the correct level of assistance is always available.

Responsibilities

It is the responsibility of school to talk to disabled staff, students, parents and carers to identify whether they require any assistance in the event of an emergency. If a member of staff or a student requires assistance the Emergency Egress Questionnaire should be completed (see below). This should be completed by a school teacher / headteacher with appropriate support from the disabled person or their parent / carer.

Writing the PEEP

From the information gathered in the questionnaire, a Personal Emergency Evacuation Plan (PEEP) should be developed. Advice and support for writing the PEEP is available from the PCS Enterprises Safety Office

(Tel: 01934529355.)

Evacuation in an Emergency

Assisting wheelchair users down stairs

Where disabled persons are located above the ground floor there are a number of considerations. In all the following cases the PCS Enterprises Safety Office will be able to give more advice with identifying refuges and/or evacuation lifts.

a) Temporary Refuges -

A refuge is a designated temporary safe space where disabled people can wait for assistance. It is an area that is both separated from a fire by fire resisting construction and provides a safe route to final exit e.g. the head of a

protected stairway - where there is sufficient space. The provision of a refuge will permit a staged evacuation to be implemented. A refuge area must be clearly signed and should be of sufficient size to accommodate both people using it as a refuge and any people passing through on their way out of the building.

Refuges should only be defined after consultation with the schools 'responsible person', as the requirements for fire separation and structure are very specific.

b) Lifts -

Most lifts cannot be used in an emergency. Any lift used for the evacuation of disabled people should be either a "fire-fighting lift" or an "evacuation lift." Schools will be able to provide information if and in what circumstances a lift may be used in the event of a fire. This information should also be available from the lift engineering company.

c) Safe Routes -

A PEEP should contain details of the escape route(s) the disabled person will be expected to use. Clear unobstructed gangways and floor layouts should be considered at the planning stage.

It is especially important to ensure that locks, doors and other devices are all able to be operated by the evacuating persons.

It is also necessary to ensure that there are (as much as possible) alternative routes and that the routes are not excessively long.

Deaf, Hearing and Visually Impaired persons.

Generally, most deaf people working alongside hearing colleagues / students will not require special equipment, providing they have been made aware of what to do in the event of a fire. They will be able to see and understand the behaviour of those around them.

However, deaf or hearing impaired persons working alone may need an alternative method of being alerted to an emergency. For example many alarm systems have visual indicators in the form of a flashing light, or vibrating pager systems can be used.

Points for consideration.

Fire Safety Signs. – People with impaired vision or colour perception may experience difficulty in seeing or recognising fire safety signs. Fire safety signs should be sufficiently large and well designed with a good, clear typeface and sited so that they can be seen easily and are readily distinguishable.

Familiar with escape routes – Staff/students with impaired vision should be familiarised with escape routes, especially those that are not in general use.

Evacuation of a Premise. – In an evacuation of a building, a sighted person should lead those members of staff with impaired vision to safety. It is recommended that a sighted person should lead, inviting the other person to grasp their elbow, as this will enable the person being assisted to walk half a step behind and thereby gain information about doors and steps etc. Similar assistance should be offered to guide dog owners, with the owner retaining control of their dog.

A normally sighted person should remain with staff with impaired vision until the emergency is over.

Good lighting and the use of simple colour contrasts can also help visually impaired people find their way around.

Advice about this can be obtained from the Royal National Institute for the Blind, the National Federation of the Blind of the United Kingdom.

Training

To be effective, any egress plan depends on the ability of staff to respond efficiently. Staff will therefore receive instructions, practical demonstrations and training appropriate to their responsibilities. This may include some or all of the following elements:

Fire drills for staff and students.

Specific training for Fire Wardens

Specific training of Evac Chairs

Specific training in the use of Fire Extinguishers etc.

Appendix H

CAB Risk Assessment - Medical

Description of situation/issue/activity to be assessed: Medical conditions Department: medical		Person(s) carrying out risk assessment: Date of assessment :		
What are the hazards? <i>What are the issues or concerns?</i>	Who can be harmed and how? <i>Think of all the different groups of staff, pupils, members of the public etc.</i>	What are you already doing? List what is already in place to reduce the likelihood of harm or make harm any less serious.	Risk level	Further Action Required: How will you put the assessment into action? <i>You may have outstanding issues. If so prioritise; say what needs to be done, by when and by whom.</i>
Diabetes	Pupils/staff/visitors Hypo (low blood sugar level) Hyper (high blood sugar levels)	Care plan in place for each student. Staff to be aware of signs and symptoms as listed on care plan Student to have insulin with them and can self-administer Snacks to be available at all times Student not to be left isolated Emergency contact numbers to be with staff Hypo Kit to be carried by student Student to check BS levels in medical room. Levels to be recorded by first aider. If involved in offsite activities care plan must be carried by lead staff. Risk assessment must also be carried out. Emergency contact numbers to be with staff	medium	Parent to be aware that students must have hypo kit or can be sent home from school Parents responsible for medication and hypo kit
Epilepsy	Pupils/staff/visitor Risk of seizure and injuries that could be caused by a seizure	Care plan to be in place for each student. Staff to be aware of condition. Please read care plans. Do not leave student isolated. Careful observation of student by staff, If seizure occurs it must be timed. If more than 5 minutes call 999 If involved in offsite activities care plan must be carried by lead staff. Risk assessment must also be carried out. Emergency contact numbers to be with staff.	medium	If meds taken in school parents must provide medication and ensure those supplied are in date
Allergies	Pupils/staff/visitors Risk of reaction to foods or to bee/wasp stings	Care plan to be in place for each student as required. Staff to be aware of any students with allergies and to read and understand care plan. Staff to be aware of signs of difficulty. Lead staff to carry epi-pen for students and know how to administer Student to be aware of food eaten if a food allergy is suffered. If involved in offsite activities care plan must be carried by lead staff. Risk assessment must also be carried out. Emergency contact numbers to be with staff.	high	Staff to know how to use epi-pen, If unsure ask for advice from medical room Parent to supply epi-pen for use in school, if epi-pen is not in school student can be sent home

Asthma	Pupil/staff/visitors Risk of breathing difficulties	Staff to be aware of asthma sufferers. Staff to be aware of signs of difficulty. Asthma sufferers have an inhaler and spacer if required. This should be carried at all times. If involved in offsite activities care plan must be carried by lead staff. Risk assessment must also be carried out. Emergency contact numbers to be with staff.	medium	Students should have inhaler with them. Emergency asthma kit to be kept in the medical room
Sickle Cell	Pupil/staff/visitors Risk of crisis to sickle cell sufferers	Staff to be aware of signs of difficulty, read care plan. Ensure student is adequately dressed for conditions. Check that student has plenty to drink and can access toilets. Have a supply of pain relief if parent/carer has given consent for its administration. First aider to record if any medication is taken. If involved in offsite activities care plan must be carried by lead staff. Risk assessment must also be carried out. Emergency contact numbers to be with staff.	low	Parents/carer to supply medication for pain relief if needed
ADHD	Pupil/staff/visitors	Staff to be aware of signs of ADHD. See students care plan. First Aider to oversee that medication is taken at the correct time as per care plan and to record what medication is taken. If involved in offsite activities care plan must be carried by lead staff. Risk assessment must also be carried out. Emergency contact numbers to be with staff.	low	Parent/carer to supply medication as prescribed by Doctor

Monitor and Review: How did the activity, task, project etc. go? Could it be improved, did an incident/situation occur? How did you deal with it? Add your note so that the activity, task, project can be improved next time.

Date of Review:

Assessment to be shared with: staff doing the task, activity

Date

Signature of person(s) undertaking the assessment:

Date

Signature of Head of Department/Headteacher/Principal:

Date

POST CONTROL RISK RATING

ACTION REQUIRED

VERY HIGH (VH) Strong likelihood of fatality / serious injury occurring	The activity must not take place at all. You must identify further controls to reduce the risk rating.
HIGH (H) Possibility of fatality/serious injury occurring	You must identify further controls to reduce the risk rating. Seek further advice, e.g. from your H&S Team / Business Manager
MEDIUM (M) Possibility of significant injury, or over 7 day absence occurring	If it is not possible to lower risk further, you will need to consider the risk against the benefit. Monitor risk assessments at this rating more regularly and closely.
LOW (L) Possibility of minor injury only	No further action required. Continue to monitor the risk.