



Liverpool College

Liverpool College Preparatory School

First Aid and Medicine Policy

2009

First Aid and Medicine Policy

Introduction

Liverpool College is committed to encouraging and promoting good health and to dealing efficiently and effectively with illnesses and emergencies that may arise while children are in our care.

This policy sets out Liverpool College's policy in respect of supporting pupils with medical needs in school.

Reference should also be made to:

Asthma Policy

Epilepsy Policy

Intimate Care Policy

Diabetes- '**Children with diabetes at school: What all staff need to know**' published by Diabetes UK

Requirements

Under the Every Child Matters Framework Liverpool College strives to ensure that all children attending the school are (i) healthy; (ii) stay safe; (iii) enjoy and achieve; (iv) make a positive contribution; and (v) achieve economic well-being.

This Policy is focussed on ensuring that children "stay safe" in accordance with obligations under the Every Children Matters Framework and sets out the procedures which Liverpool College Nursery and Pre Prep need to be aware of in order to promote good health and deal with illness and emergencies.

Meeting the Early Years Foundation Stage Legal Requirements

Safeguarding and promoting children's welfare – The provider must take necessary steps to safeguard and promote the welfare of children.

Providers must obtain necessary information in advance of a child being admitted to Liverpool College, including:

- emergency contact numbers
- special dietary requirements, preferences or food allergies
- special health requirements
- written parental permission to seek any necessary medical emergency advice or treatment in the future

Providers must promote the good health of children, take necessary steps to prevent the spread of infection, and take appropriate action when they are ill

Providers must:

- have effective systems to support individual children with medical needs
- keep written records of all prescribed medicines administered to children and inform parents
- obtain prior written permission for **each** and **every** medicine from parents before any medication is given

- keep prescribed medicines in a locked non-portable container and only named individuals should have access. A record should be kept for audit and safety purposes.
- notify OFSTED and local child protection agencies of any serious accident or injury to, serious illness, or death of a child whilst in their care and act on any advice given.
- have at least one person who has a current paediatric first aid certificate must be on the premises at all times when children are present and on outings.
- have a first aid box with appropriate content to meet the needs of children.
- keep a record of accidents and first aid treatment and inform parents of any accidents or injuries sustained by the child whilst in their care and of any first aid treatment given.
- discuss with parents the procedure for children who are ill or infectious.

Procedures

It is essential that parents inform staff of their child's medical needs prior to admission by completing the relevant section on the Pupil Detail Form and updating this information as necessary. All parents must also provide emergency contact details and state the names of persons who may collect their child from school on the pupil detail form, including contact numbers and other details. Parents must ensure they update these details as soon as any changes occur.

If a child has a condition which may be communicated to other children and staff in the school, it may be necessary to keep the child away from school until they are no longer infectious

Liverpool College Preparatory School First Aid Procedures

Please also refer to the 'Statutory Framework for the Early Years Foundation Stage' dfes 2007

What to do in the Event of an Accident

Pupils should be told to report accidents, straightaway, to a member of Staff.

Mrs Ashworth is the First Aid point in the Prep School and Mrs Squires is the First Aid point for the Pre Prep School. Any children who have had an accident or are feeling unwell should be referred to the school secretary who will decide upon the next course of action. The First Aid Officer, Helen Rigby, can be contacted from here. The First Aid Officer should assess **all** head/eye injuries. A record of any treatment will be kept in the First Aid Book, including the application of simple dressings.

Any pupil feeling unwell during the school day should speak to a member of staff. They will decide whether or not to take the child to the school secretary. The school secretary can then decide upon the next course of action. Pupil medical details and contact numbers are available in the school office.

Accident Forms should be completed in the following instances:

- Accident requiring parents to collect child.
- All Head Injuries.
- Suspected broken limbs.
- Accidents that may be Health & Safety related (Green Accident Forms are available from the office)

If the pupil's condition is considered serious, Staff **should not hesitate** to call for help

from the Emergency Services (ring 9 - 999 for ambulance). The Head/Deputy or senior member of staff should also be notified as soon as practicable. Parents should be contacted and informed of the situation and the name of the hospital their child is travelling to.

Emergency Numbers

First Aid Officer	Dial 7243494	Maj. D.Pickett
Prep School Secretary	Ext 233	Mrs Ashworth
Pre Prep Secretary	Ext 243	Mrs Squires
Head of Prep School	Ext 261	Stephen Buglass
Deputy	Ext231	Gordon Kendall
Head of Pre Prep	Ext 240	Gail Gannon
Ambulance	Dial 9 for outside line then 999	

All of the staff in the Nursery, Pre Prep and Prep School received First Aid training in April 2007. Basic First Aid may be given by any member of staff acting as a responsible parent would.

First Aid Kits are kept in the following places:

Prep School Office (front of building) Sports Offices
Art Room (Prep) emergency kit
Science Room (Prep) emergency kit
Music Room Emergency kit to follow
Prep School Common Room (in kitchen area)
Nursery Department (Godwyn House building)
Two portable kits are available for use on school trips

These procedures will be displayed in the Common Room and all classrooms

First Aid Training

Mrs Gannon, Mrs Squires, Mrs Warbrick and Mrs Mc Guire have all completed the First Aid Paediatric Training in September 2008. There must be at least one person with a current paediatric first aid certificate on the premises at all times when children are present and on outings.

All of the staff in the Nursery, Pre Prep and Prep School received First Aid training in April 2007. Basic First Aid may be given by any member of staff acting as a responsible parent would.

First Aid Kits

Basic First Aid kits are available. They are easily identifiable and must be kept in a clean dry area. They are checked on a regular basis to ensure the contents are there, in date and the packaging is undamaged.

The kit should as a minimum contain:

- 10 adhesive dressings (plasters) of assorted sizes
- 3 medium sterile dressings
- 1 large sterile dressing
- 3 small sterile dressings
- 1 extra large sterile eye patch
- 2 triangular bandages
- 6 safety pins
- Disposable latex gloves
- 2 small plastic bags- for disposable of soiled wipes and dressings
- 1 guidance card and contents list

Once an item has been used it should be replaced as soon as possible once the

emergency is over. Every time the first aid kit is used the event should be recorded in the accident book. A letter is sent to parents regarding any First Aid incident and teachers are advised to speak to them about any First Aid incidents that have arisen.

Administering Medicine

There are frequent occasions where children need to have medicines at school, usually temporarily whilst they complete a course of treatment but sometimes as a longer term health measure.

Wherever possible, children who are prescribed medication should receive their dose at home. However, if a child must complete a course of medication parents are required to complete a Request for storage and administration of medicine form (Appendix 1) prior to any medication being given. All medicines must be provided by the parent/carer in the pharmacist's original container clearly labelled with the contents, child's name, dosage and timing of administration, date of issue and expiry. The Pre Prep and Prep School Secretaries must check the accuracy of the name and date. A child must not carry medicine into school as parents must sign the consent form and it is the responsibility of the parent/guardian to collect the medicine at the end of each day. All medicines are kept in the locked storage cupboard in the Pre Prep office unless they need to be kept in the refrigerator. These medicines will be placed in a suitable additional sealed container e.g. Tupperware box and clearly marked 'medicine'. Mrs Squires, Mrs Gannon or Mrs Warbrick in the Pre Prep and Mrs Ashworth and Mr Buglass may administer medicine and must date, time and sign the Medication record (Appendix 2) to acknowledge that the medicine has been given. If for any reason a child refuses to take their medication, staff will not attempt to force them to do so against their wishes, and their parent/carer will be notified.

A separate Request form must be completed for each medicine or subsequent bout of illness. If a pupil requires medication on a school trip, the lead teacher on the trip will hold the medicine and administer as required and an individual risk assessment considering the child's medical needs, medication requirements, physical needs, emergency treatment etc. will be conducted.

Parents/ Carers should be aware there is no contractual obligation for teachers or head teachers to administer medication.

Long Term Health Care Needs

Parents must inform Liverpool College of any long term health issues prior to the child joining the school and update staff immediately of any changes.

Training by the relevant Health Service will be necessary to formulate a carefully designed individual health care plan to meet the needs of the individual child. The Head of Pre Prep will seek staff that are willing to undertake the necessary training to enable them to act in emergencies or administer treatment in potentially life threatening situations where there is no alternative, e.g. using an Epi-pen or inserting a suppository.

Asthma

It is vital that children have immediate access to their inhalers. Therefore children will be encouraged to carry their inhalers with them. In the case of Pre Prep and Prep children this will be when parents, doctors and class teachers agree they are mature enough to do this. Inhalers for these children should be kept in the classroom. Parents will be asked to supply school with a labelled spare inhaler to be kept in the school office. School staff are not required to administer medication to children except in an emergency. However, many are happy to do this in accordance with school policy. Staff will allow children to take their own

medication when needed. Every classroom has a notice reminding staff of procedure to follow if an asthma attack strikes clearly displayed (Appendix 5) and a list of children currently in the school suffering from Asthma (Appendix (6)

Sun Protection

Liverpool College staff are aware of the dangers posed to children by over exposure to the sun. In hot weather parents/ carers are required to provide sunscreen for their child, clearly labelled with their child's name. Children are encouraged to apply their own sun protection regularly although staff are willing to apply sun screen if required, once prior permission has been given by the parent/carer. Children in the Foundation Stage are also required to wear a legionnaire's cap when playing outside, which can be bought from the school shop. Staff will also encourage children to drink water frequently; school water bottles are also available from the school shop.



Liverpool College

Appendices

- (1) Request for Storage and Administration of Medicine Form**
- (2) Administration of Medicine Check List**
- (3) Pre Prep Medical List April 2009**
- (4) Asthma Policy**
- (5) Asthma Attack Policy**
- (6) Intimate Care Policy**
- (7) Head Injury Letter to Parents**
- (8) First Aid Treatment Letter to Parents**
- (9) Children with diabetes at school (What all staff need to know)**
published by Diabetes UK

Appendix I

Request for storage and administration of medicines

Prescribed medicines should be in a container labelled (by pharmacist) with name of pupil, of medication and instructions for use. Non-prescription medicine should be in the original container with manufacturer instructions.

In order for staff to administer or supervise your child with his/her medication, the following details need to be completed by parent/guardian.

If there are any changes in medication or dosages, the school needs to be notified immediately.

It is the responsibility of the child to come to the staff for medication. Although staff will endeavour to give medication at stated times, this cannot always be guaranteed. The College will not take responsibility for any missed doses of medication for any reason.

Pupil's name: Form:

Condition for which medicine has been prescribed:

.....
.....

Name of medication as stated on container

Dosage time to be given

Any special precautions

.....

Possible side effects

.....

Contact telephone number

I would like my child to be given his/her medication as required. I confirm that the dose to be given is not their **1st** or **2nd** of the course and that the first two doses caused no adverse effect.

I accept that this is a service which the school is not obliged to take.

Signed:

.....

Parent/ guardian

Date:

Appendix 3

CLASS	CHILD	MEDICAL CONDITION ALLERGY /	DIETERY REQUIRMENTS	FURTHER REQUESTS

Appendix 4



Asthma Policy for Liverpool College Prep School

Aims of Asthma Policy

1. To provide effective care based on the national agreed guidelines (BTS 97)
2. To achieve measurable health gains
3. To enable staff to manage emergency situations.

Definition of Asthma

Asthma is a condition that affects the small tubes of the lungs, which carry air in and out of the lungs. Symptoms of asthma include coughing, wheezing, shortness of breath and tightness in the chest.

Children with asthma have airways that are almost always inflamed. These airways can react badly when someone with asthma has a cold or viral infection or they come into contact with an asthma trigger factor.

A trigger factor is anything that causes the symptoms of asthma to appear.

Main trigger factors are as follows:

1. Exercise
2. Tobacco smoke
3. Allergies such as house dust mite, pollen
4. Animal fur and bird's feathers
5. Stress and laughter

Everyone will have triggers individual to himself or herself. It is important that children are aware of their triggers and take precautions.

When a person with asthma comes into contact with a trigger factor the following happens:

1. Lining of the airway swells
2. Secretes mucus
3. Airways start to tighten

These three things together combine causing the narrowing of the airway, and therefore making it difficult to breathe normally, resulting in symptoms of cough, wheeze, tight chest and shortness of breath and this is known as an asthma attack. At this time a dose of reliever is required.

Asthma is a variable condition and can range from mild cough or wheeze to more severe symptoms. Some children will have time off school due to asthma or disturbed sleep.

Asthma Medication

Asthma medication is usually given in the form of inhalers and these are usually split into two groups :

1. Reliever Inhalers

These inhalers are usually blue in colour. This is the one a child needs to take when asthma symptoms appear. They work very quickly to relax the muscles around the airway to open the airway and allow the airflow to improve.

Relievers need to be available at all times.

If the symptoms are mild then a child may only have a reliever inhaler. However, if they need inhalers more than once a day then they will probably have a preventer inhaler as well.

2. Preventer Inhalers

There are many different types of preventer inhalers and they are usually coloured brown, white, orange or grey, but the most commonly used is the brown. There are usually steroid based but some are cromoglycate based. However, the latter is not commonly used.

Steroid based inhalers should be taken morning and evening even when the child's asthma seems well controlled. As these inhalers help reduce inflammation in the airways and stops them being twitchy and work over a long period of time. Using these inhalers will reduce the number and frequency of acute attacks. They would not usually be needed in school.

3. Steroid Tablets

These should not be found in the school environment. These are taken in high doses and if the asthma is very bad. Under these circumstances it would be better for the child to be at home and not in school.

Medication in the School Environment

It is vital that children have immediate access to their inhalers. Therefore children will be encouraged to carry their inhalers with them. In the case of Pre Prep and Prep children this will be when parents, doctors and class teachers agree they are mature enough to do this. Inhalers for these children should be kept in the classroom. Parents will be asked to supply school with a labelled spare inhaler to be kept in the school office. School staff are not required to administer medication to children except in an emergency. However, many are happy to do this in accordance with school policy. Staff will allow children to take their own medication when needed.

Record Keeping

Medical forms are to be sent out at the beginning of the year to all pupils asking about medical conditions. The information held on the SIMS database will be amended accordingly and a printout kept on display in the office and staff room.

PE and School Sports

Physical education and sport are an essential part of school life and children with asthma will be encouraged to reach their sporting potential. Staff will be aware of those children with asthma and they will be reminded to take their inhalers before sports / exercise.

Making School Asthma Friendly

The College will ensure, as far as possible, that all children understand asthma. This can be done through the PSHE programme.

Recognition of Asthma

- Difficulty in breathing
- Wheezing
- Difficulty speaking
- Grey/blue skin
- Dry tickly cough

Action

- 1. Make the casualty comfortable**
 - Keep calm and reassure the casualty
 - Help him/her into a position which they find most comfortable; sitting forward slightly is usually best
 - Tell him / her to take slow deep breaths
- 2. Let casualty use inhaler**
 - Help the casualty to find his / her reliever inhaler (usually blue)
 - Allow the casualty to use the inhaler, it should take effect in minutes
 - **DO NOT ADMINISTER THE INHALER TO THE CASUALTY YOURSELF – THIS MUST BE DONE BY THE CASUALTY**
- 3. Send for school first aider**
 - Dial “0” on internal phone and ask for a first aider to be sent to the casualty’s location.
- 4. Encourage casualty to breathe slowly**
 - If the attack eases within 5 – 10 minutes, encourage the casualty to take another dose from their inhaler.

IF THE INHALER HAS NO EFFECT AFTER 5 – 10 MINUTES DIAL 999 AND ASK FOR AN AMBULANCE

DO NOT make the casualty lie down

DO NOT try to use a preventer inhaler (often brown) to help an asthma attack

DO NOT let the casualty use any other inhaler other than the casualty's own

Appendix 5



Liverpool College

LIVERPOOL COLLEGE PREPARATORY SCHOOL

Asthma Attack Policy

Recognition of Asthma

- Difficulty in breathing
- Wheezing
- Difficulty speaking
- Grey/blue skin
- Dry tickly cough

Action

5. **Make the casualty comfortable**
 - Keep calm and reassure the casualty
 - Help him/her into a position which they find most comfortable; sitting forward slightly is usually best
 - Tell him / her to take slow deep breaths
6. **Let casualty use inhaler**
 - Help the casualty to find his / her reliever inhaler (usually blue)
 - Allow the casualty to use the inhaler, it should take effect in minutes
 - **DO NOT ADMINISTER THE INHALER TO THE CASUALTY YOURSELF – THIS MUST BE DONE BY THE CASUALTY**
7. **Send for school first aider**
 - i. See Mrs Squires in the first instance.
 - If Mrs Squires is not available, dial “0” on internal phone and ask for a first aider to be sent to the casualty’s location.
8. **Encourage casualty to breathe slowly**
 - If the attack eases within 5 – 10 minutes, encourage the casualty to take another dose from their inhaler.

IF THE INHALER HAS NO EFFECT AFTER 5 – 10 MINUTES DIAL 999 AND ASK FOR AN AMBULANCE

DO NOT make the casualty lie down

DO NOT try to use a preventer inhaler (often brown) to help an asthma attack

DO NOT let the casualty use any other inhaler other than the casualty’s own



Liverpool College

Appendix 6

Intimate Care Policy

Introduction

Intimate care is any care which involves washing, touching or carrying out an invasive procedure (such as cleaning up a pupil after they have soiled themselves) to intimate personal areas. In Nursery and Pre Prep most cases of such care will involve cleaning for hygiene purposes as part of a staff member's duty of care. In the case of a specific procedure only a person suitably trained and assessed as competent should undertake the procedure.

The issue of intimate care is a sensitive one and will require staff to be respectful of the child's needs. The child's dignity should always be preserved with a high level of privacy, choice and control. There shall be high awareness of child protection issues. Staff behaviour must be open to scrutiny and staff must work in partnership with parents/carers to provide continuity of care to children wherever possible.

Liverpool College is committed to ensuring that all staff responsible for the intimate care of children will undertake their duties in a professional manner at all times. We recognise that there is a need to treat all children with respect when intimate care is given. No child should be attended to in a way that causes distress or pain.

Our approach to best practice

The management of all children with intimate care needs will be carefully planned. The child who requires intimate care is treated with respect at all times; the child's welfare and dignity is of paramount importance.

Staff who provide intimate care are trained to do so and are fully aware of best practice. Apparatus will be provided to assist with children who need special arrangements following assessment from physiotherapist/ occupational therapist as required.

Staff will be supported to adapt their practice in relation to the needs of individual children taking into account developmental changes. The child will be supported to achieve the highest level of autonomy that is possible given their age and abilities. Staff will encourage each child to do as much for him/herself as he/she can. This may mean, for example, giving the child responsibility for washing themselves.

Individual intimate care plans will be drawn up for particular children as appropriate to suit the circumstances of the child.

Each child's right to privacy will be respected. Careful consideration will be given to each child's situation to determine how many carers might need to be present when a child is toileted. Where possible one child will be catered for by one adult unless there is a sound reason for having more adults present. If this is the case, the reasons should be clearly documented.

Wherever possible the same child will not be cared for by the same adult on a regular basis; ideally there will be a rota of carers known to the child who will take turns in providing

care. This will ensure, as far as possible, that over-familiar relationships are discouraged from developing, whilst at the same time guarding against the care being carried out by a succession of completely different carers. If a child has a statement of needs and this includes support for toileting issues then the carer will be responsible for this task.

Wherever possible staff should only care intimately for an individual of the same sex. However, in certain circumstances this principle may need to be waived, for example, female staff supporting boys in Nursery and Pre Prep, as no male staff are available.

Intimate care arrangements will be discussed with parents/carers on a regular basis and recorded on the child's care plan. The needs and wishes of children and parents will be taken into account wherever possible within the constraints of staffing and equal opportunities legislation.

Child Protection Issues

Liverpool College Safeguarding and Protecting Children Policy and procedures will be adhered to.

All children will be taught personal safety skills carefully matched to their level of development and understanding.

If a member of staff has any concerns about physical changes in a child's presentation, e.g. marks, bruises, soreness etc. s/he will immediately report concerns to the Head of Pre Prep/ designated person for child protection.

If a child becomes distressed or unhappy about being cared for by a particular member of staff, the matter will be looked into and outcomes recorded. Parents/carers will be contacted at the earliest opportunity as part of this process in order to reach a resolution. Staffing schedules will be altered until the issue(s) are resolved so that the child's needs remain paramount. Further advice will be taken from outside agencies if necessary.

If a child makes an allegation against a member of staff, all necessary procedures will be followed as per Liverpool College Safeguarding and Protecting Children Policy.

Children wearing nappies

This would only be in exceptional circumstances as Liverpool College Admission Policy states children must be toilet trained before joining the Nursery department.

Staff may have concerns regarding Child Protection issues when they are asked by parents to change a child who is still wearing nappies. An agreement form for parents to sign- outlining who will be responsible, within the school, for changing the child and when and where this will be carried out will be completed. Thus ensuring staff and parents are aware of all the issues surrounding this task right from the outset.

Changing facilities

Children who have long - term incontinence will require specially adapted facilities. The dignity and privacy of the child should be of paramount concern. An area, which can be

made private by the use of a screen, is acceptable. Consideration should be given to the sighting of this area from a health and safety aspect. The area should not be situated in a thoroughfare.

Equipment Provision

Parents have a role to play when their child is still wearing nappies and have a responsibility to provide nappies, disposal bags, wipes, changing mat etc.

Liverpool College is responsible for providing gloves, plastic aprons, a bin and liners to dispose of any waste.

Health and Safety

Staff should always wear an apron and gloves when dealing with a child who is bleeding or soiled or when changing a soiled nappy. Any soiled waste should be placed in a polythene waste disposal bag, which can be sealed. This bag should then be placed in a bin (complete with a liner) which is specifically designated for the disposal of such waste. The bin should be emptied on a weekly basis and it can be collected as part of the usual refuse collection service as this waste is not classed as clinical waste.

Special needs

Children with special needs have the same rights to safety and privacy when receiving intimate care. Additional vulnerabilities that may arise from a physical disability or learning difficulty must be considered with regard to individual teaching and care plans for each child. Agreements between the child, those with parental responsibility and Liverpool College should be easily understood and recorded.

Regardless of age and ability, the views and/or emotional responses of children with special needs should be actively sought in regular reviews of these arrangements.

Physical Contact

All staff engaged in the care and education of children and young people need to exercise caution in the use of physical contact.

Staff will work in culture of 'limited touch' and when physical contact is made with pupils this will be in response to the pupil's needs at the time, will be of limited duration and will be appropriate given their age, stage of development and background.

Staff should be aware that even well intentioned physical contact might be misconstrued directly by the child, an observer or by anyone the action is described to. Staff must therefore always be prepared to justify actions and accept that all physical contact will be open to scrutiny.

Physical contact which is repeated with an individual child is likely to raise questions unless the justification for this is formally agreed by the child, Liverpool College and those with parental responsibility.

Children with special needs may require more physical contact to assist their everyday learning. The general culture of 'limited touch' will be adapted where appropriate to the individual requirements of each child. The arrangements must be understood and agreed by all concerned, justified in terms of the child's needs, consistently applied and open to scrutiny. Wherever possible, consultation with colleagues should take place where any

deviation from the arrangements is anticipated. Any deviation and the justification for it should be documented and reported.

Extra caution may be required where a child has suffered previous abuse or neglect. In the child's view, physical contact might be associated with such experiences and lead to staff being vulnerable to allegations of abuse. Additionally, many such children are extremely needy and seek out inappropriate physical contact. In such circumstances staff should deter the child without causing them a negative experience. Ensuring that a witness is present will help to protect staff from such allegations.

Restraint

There may be occasions where it is necessary for staff to restrain children physically to prevent them from inflicting damage on either themselves, others or property. In such cases only the minimum force necessary should be used for the minimum length of time required for the child to regain self-control.

In all cases of restraint the incident must be documented and reported. Staff must be fully aware of Liverpool College Policy on Restraint. Under no circumstances would it be permissible to use physical force as a form of punishment, to modify behaviour, or to make a pupil comply with an instruction. Physical force of this nature can, and is likely to, constitute a criminal offence.

Pupils in distress

There may be occasions when a distressed pupil needs comfort and reassurance that may include physical touch such as a caring parent would give. Staff must remain self-aware at all times to ensure that their contact is not threatening or intrusive and not subject to misinterpretation.

Judgement will need to take account of the circumstances of a pupil's distress, their age, the extent and cause of the distress. Unless the child needs an immediate response, staff should consider whether they are the most appropriate person to respond. Particular care must be taken in instances which involve the same pupil over a period of time.

First Aid and Intimate Care

Staff who administer first aid should ensure wherever possible that another adult or other children are present. The pupil's dignity must always be considered and where contact of a more intimate nature is required (e.g. assisting with toileting or the removal of wet/soiled clothing), another member of staff should be in the vicinity and should be made aware of the task being undertaken.

Physical Education and other skills coaching

Some staff are likely to come into physical contact with pupils from time to time in the course of their duties when participating in games, demonstrating an exercise or the use of equipment.

Staff should be aware of the limits within which such contact should properly take place and of the possibility of misinterpretation.

Where it is anticipated that a pupil might be prone to misinterpret any such contact, alternatives should be considered, perhaps involving another member of staff or a less vulnerable pupil in the demonstration.

Changing clothes

Young people are entitled to respect and privacy when changing clothes. However, there must be the required level of supervision to safeguard young people with regard to health and safety considerations. The child will be supported to achieve the highest level of autonomy that is possible given their age and abilities. Staff will encourage each child to do as much for him/herself as he/she can. This may mean, for example, giving the child responsibility for dressing themselves. Staff should avoid any physical contact when children are in a state of undress and avoid any visually intrusive behaviour.

Given the vulnerabilities of the situation, it is strongly recommended that when supervising children in a state of undress, another member of staff is present. However, this may not always be possible and therefore staff need to be vigilant about their own conduct.

Out of school trips, clubs etc.

Staff should take particular care when supervising pupils in the less formal atmosphere of an out of school trip or after-school activity. Although more informal relationships in such circumstances tend to be usual, the standard of behaviour expected of staff will be no different from the behaviour expected within school. Staff involved in such activities should also be familiar with Liverpool College Policy and all LA Guidance regarding out of school activities.

If staff come into contact with pupils whilst off duty, they must behave as though in their professional role and not give conflicting messages regarding their own conduct.

Staff should not place themselves in a position where they are in a vehicle, house or other venue alone with a child.

Photography, videos and similar creative arts

Staff should be aware of the potential for such mediums of teaching to be used for the wrong purposes. Additionally, children who have been previously abused in this way may feel threatened by the legitimate use of photography, filming etc. The potential for founded and unfounded allegations of abuse requires that careful consideration be given to the organisation of these activities.

Liverpool College has a clear policy and protocols for the taking and use of images and of photographic equipment.

Consent to participating in these activities should be sought from the child and those with parental responsibility and staff should remain sensitive to those children who appear particularly uncomfortable with the activity.

All material produced should be viewed for acceptability by another member of staff. Its circulation should be in accordance with the schools 'Use of Images' policy, and relevant arrangements with parents.

Appendix 7



Liverpool College

Date:

HEAD INJURY

Name:

Time Incident Occurred:

Your child received a bump to their head today – details below:-

This does not appear to be serious but it is not always possible to be certain.

They might have a slight headache – PLEASE DO NOT give any painkillers.

If your child should experience severe or prolonged headaches, dizziness, vomiting, double vision, excessive drowsiness, or any change to behaviour, or indeed you are concerned in any way, please contact your local hospital, walk-in-centre, G.P., or NHS Direct immediately.

It may be prudent to supervise your child's bath or shower today.

Signed: _____

Appendix 8

Headmistress Pre-Prep and Nursery Mrs G. Gannon
ggannon@liverpoolcollege.o
rg.uk

Date:

FIRST AID TREATMENT – *small cuts/bruises etc.*

Child's name:

Time incident occurred:

Details of incident:

Signed: _____