



## First Aid, Medical and Intimate Care Policy

<b>SCOPE:</b>	Academy Policy
<b>AUTHOR/ORIGINATOR:</b>	Bayside Academy
<b>NAME OF RESPONSIBLE DIRECTOR/PRINCIPAL:</b>	Matt Vernon, Principal Alex Prout, Sector Director
<b>APPROVING COMMITTEE:</b>	Academy Committee
<b>STATUTORY BASIS:</b>	Statutory Policy
<b>REQUIREMENT TO PUBLISH ON WEBSITE:</b>	Yes
<b>DATE RATIFIED:</b>	November 2022
<b>DATE DISTRIBUTED TO STAFF:</b>	November 2022

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## **1. Introduction**

This policy outlines Bayside Academy's responsibility to provide adequate and appropriate first-aid to pupils, staff, parents and visitors and the procedures in place to meet that responsibility. This policy applies to all young people in the Academy.

## **2. Aims**

To identify the first-aid needs in line with the Management of Health and Safety at Work Regulations 1992 and 1999.

To ensure that first aid provision is available at all times while pupils and staff are on academy premises, and also off the academy premises whilst on academy visits.

We aim to ensure that our policy is in line with the DFE Guidance on First Aid for Schools –

## **3. Objectives**

To appoint the appropriate number of suitably trained people as Appointed Persons and First Aiders to meet the needs of the Academy.

To provide relevant training and ensure monitoring of the training needs.

To provide sufficient and appropriate resources and facilities.

To make the Academy's first-aid arrangements available for staff and parents on request.

To keep accident records and to report to the HSE as required under the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 1995.

All relevant staff will be made aware of the young person's condition.

Risk assessments for school visits, holidays and other school activities outside of the normal timetable will be completed prior to the event.

Monitor individual healthcare plans.

Parents/Carers are requested to inform the Academy should any aspects of the pupils Healthcare plan change. Whilst the Academy wishes to support your child effectively, there may be occasions The Academy are unable to, consultations with Parents/Carers and/or any relevant agencies will be available.

## **4. Provision**

The Academy is a low-risk environment, but will consider the needs of all staff and pupils at all times, within different places in the Academy and during different activities in deciding on the appropriate provision. In particular they should consider:

Off-site trips

Off-site Physical Educational

School trips

Design and Technology, Food Technology and Art rooms

Out-of-hours provision, for example clubs/events

Arrangements will be made to ensure that the required level of cover of both first aiders and appointed persons is available at all times when people are on academy premises.

## **5. First Aiders**

The recommended number of certified first-aiders is one per 100 young people/staff. There are first-aiders based in each year group as well as PE staff, and the Inclusion Team.

## **6. Qualifications & Training**

First aiders hold a valid certificate of competence, issued by an approved organisation. These are either 3 year 'First aid at work' qualifications, or 1 day Emergency First Aid qualifications. First Aiders undertake appropriate refresher training. The academy also has 3 members of staff trained as Paediatric First Aiders, with each member of staff being based within the Lower School.

## **7. First Aid Materials, Equipment and Facilities**

The lead person must ensure that the appropriate amount of first-aid containers according to the risk assessment of the site is available. All first aid containers must be marked with a white cross on a green background and are generally kept near to hand-washing facilities. If a first aid box is running low on stock the first aiders who use this box will inform the lead first aider as soon as possible so it can be re-stocked. Responsibility for checking and re-stocking the first-aid containers is that of the Lead First-aiders.

The school mini-buses must carry a first-aid container and these first aid containers must accompany teachers off-site with young people. Spare stock is kept by the Lead First Aider.

First aid kits are found at the following locations:

- EYFS
- Staffroom

- First Aid Room
- Cookery Room
- Kitchen

## **8. Identification and Treatment of pupils with particular medical conditions**

### *Pupils with long-term medical needs*

Pupils with medical needs entering the Academy from local primary schools will usually be identified through discussions with the Reception teacher through the Academy Transition process. Such information will be checked with the parent by the Pupil Support team, to ensure appropriate records are kept and appropriate provision can be made.

Parents are requested to approach the Academy with any information that they feel the Academy will need to care for individual pupils. The parent will be required to complete a Medical Statement form to identify any medical needs. This may require endorsement from the pupil's General Practitioner. Where appropriate a written health care plan will be devised, involving parents and relevant healthcare professionals.

Parents are responsible for informing the Academy of medical issues that arise during the pupil's time in the Academy. The Academy would like to have any relevant healthcare information if possible, before the start of any term or at the earliest time possible; this will ensure a smooth transition into the Academy.

The Academy requires the following healthcare information:

The medical condition, its triggers, signs, symptoms and treatments

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, travel time between lessons.

Specific support for the pupil'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, (some children will be able to take responsibility for their own health needs), including in emergencies. If a child is self-managing their medication, this should be clearly stated with appropriate arrangements for monitoring.

Written permission from Parents for medication to be administered by a member of staff, or self-administered by the pupil during school hours. However, in the case of Paracetamol or Ibuprofen the Academy does have a supply of these and will administer them to pupils when needed and permission will always be sought over the phone unless written permission has already been given.

What to do in an emergency, including whom to contact, and contingency arrangements.

## 9. Medicines in the Academy

The pupils class teacher, phase leader and office staff should be informed of any medication brought into the Academy at any time. At this point Parents are asked to complete a medical declaration for the administering of medication form (see appendix 2). These are kept in a file in the main office.

Information regarding any prescribed medication should be made available to the pupil's class teacher and the main office, a copy of medical declaration for the administering of medication form (see appendix 2) will be made available to the staff, if applicable.

In the event of any special form of administration of medication being required, the parent must contact the Academy so that arrangements can be made for this to occur.

No pupils will be given medicine without parental consent, a copy of medical declaration for the administering of medication form (see appendix 2) will be made available to the staff, if applicable.

When administering medicines staff should check the pupil's name, prescribed dose, expiry date and any further instructions. If in doubt, staff will not administer the medicines. If staff have any concerns they will raise them with the Principal or phase leader who in turn will bring them to the attention of the parent and/or health professional attached to the school.

If a pupil refuses their medicine staff will not force them, but will inform parents immediately, and note this in the records. Parents may be requested to attend the Academy to give the medicine. If refusal to take the medicine results in an emergency the Academy will put emergency procedures into practice.

The trained First Aider will liaise regularly with the SENCO to discuss any short/long term medical needs of children, and to assess any training needs which may be required. The First Aider will cascade this information to appropriate staff.

### **Storage of medicines**

Any regular medicines are named and kept in a locked cabinet within the main office, with the exception of antibiotics which are stored in the fridge. Medicines dispensed are kept in a separate book. For young people with asthma, inhalers/spare inhalers are kept in classrooms.

Inhalers will be sent home to be cleaned (responsibility of the parent) when appropriate.

Maintaining Medical / Accident records

## 10. Accident records

Statutory accident records: The principal or designated lead must ensure that readily accessible accident records, written or electronic, are kept for a minimum of three years.

The designated person must ensure that a record is kept of any first aid treatment given by first-aiders or appointed persons. This should include:

The date, time and place of accident / incident.

The name, year and school of the injured or ill person.

Details of their injury/illness and what first aid was given.

What happened to the person immediately afterwards.

Name and signature of the first aider or person dealing with the incident.

The designated person must have in place procedures for ensuring that parents are informed of significant incidents

### **Monitoring**

Accident records can be used to help the Principle/designated person and Inclusion Lead identify trends and areas for improvement. They also could help to identify training or other needs and may be useful for insurance or investigative purposes.

The Principle/designated person should establish a regular review and analysis of accident records.

## **11. Medical records**

Any sick young people will be seen in the first instance by the Lead First-aider in the medical room for assessment. If they feel it is necessary to send a young person home the parent or primary carer will be contacted and the young person collected by a responsible person. In ALL instances, an incident form will be filled in and put into the young person's file (see appendix 1).

Written permission will be obtained for each and every medicine to be given to our young people. Parents/carers will be informed of every incident/accident and of any first aid applied, either via a phone call or a slip given to the young person to take home.

## **12. Illness in academy**

If a pupil becomes ill in a lesson and the teacher feels that medical treatment is required, the pupil should be sent to medical room or main office, accompanied by an adult or another pupil.

The Academy has a strict policy that no medication will be given orally or externally unless permission has been given by the parent. Parents will be contacted depending upon the nature of the medical problem.

If the teacher feels that the pupil is too ill or injured to be moved, then a designated First Aid member of staff should be called via the main office. They will then contact a First Aider. First Aid should be administered, as appropriate. If it is thought that follow-up treatment is required, the parent will be contacted or a letter sent home with the pupil. In all instances of general first aid a pupil takes home a first aid slip outlining the first aid that has taken place so that parents/carers are informed and aware.

In more serious cases, where hospital attention is deemed necessary, the Academy will contact parents, who will be expected to take their child to hospital.

In an emergency, an ambulance must be called and the parent contacted by the Academy. In the absence of a parent, a member of staff must accompany the pupil to the hospital and remain there until the parent arrives.

If a parent cannot be contacted, the Academy will act in loco parentis and give permission for any emergency treatment.

## **12. Hygiene/Infection Control**

Basic hygiene procedures must be followed by staff. Single-use disposable gloves must be worn when treatment involves blood or other body fluids. Care should be taken when disposing of dressings or equipment. ALL items with body fluids on them for example gloves, aprons, wipes, tissues, etc. are to be disposed of in the large yellow bin in the medical room. Never put them in a waste paper basket.

In relation to hygiene procedures for spillage of body fluids, every first-aid box has a bio-hazard pack for the disposal of body fluids.

## **13. Risk Assessment**

A risk assessment (see appendix 3) is completed when a pupil arrives in school with a broken limb that is in plaster/sling, or the pupil is using crutches. Strategies are put in place for and where necessary no physical activity for example dance/ Physical Education should be undertaken. Staff are made aware of these planned controls and the action plan. The pupil is also informed of what to do and where to go in the event of the fire alarm being activated.

## **14. Off-premises visits**

The Academy believes that all pupils are entitled to participate fully in activities associated with the Academy and will attempt at all times to accommodate pupils with medical needs. However, consideration must be given to the level of responsibility that staff can be expected to accept, a risk assessment will be completed prior to any event.

### **Policy on specific medical issues**



The Academy welcomes all pupils and encourages them to participate fully in all activities.

The Academy will advise staff on the practical aspects of management of:

- i Asthma attacks
- ii Diabetes
- iii Epilepsy
- iv An Anaphylactic Reaction
- v Any additional Healthcare information will be shared if the Academy feel appropriate.

The Academy will keep a record of pupils who may require such treatment.

The Academy expects all parents whose children may require such treatment to ensure that appropriate medication has been logged with the Academy together with clear guidance on the usage of the medication, failure to follow procedures or have the correct signed forms may result in the child being unable to receive the required medication.

## **15. Reporting Accidents**

Statutory requirements: under the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 1995 (RIDDOR), some extreme accidents must be reported to the HSE. The Health and safety officer must keep a record of any reportable injury, disease or dangerous occurrence. This must include: the date and method of reporting; the date, time and place of the event; personal details of those involved and a brief description of the nature of the event or disease. This record can be combined with other accident records. If deemed necessary by the first-aider, parents will be informed of an accident either by telephone or via an incident slip sent home with the Young Person.

The following accidents must be reported to the HSE:-

Involving employees or self-employed people working on the premises:-

Accidents resulting in death or major injury (including as a result of physical violence).

Accidents which prevent the injured person from doing their normal work for more than three days.

For definitions, see HSC/E guidance on RIDDOR 1995, and information on Reporting School

Accidents Involving pupils and visitors:

Accidents resulting in the person being killed, or being taken from the site of the accident to hospital and the accident arises out of or in connection with work. i.e. if it relates to

Any academy activity, both on or off the premises

The way the academy activity has been organised and managed

Equipment, machinery or substances

The design or condition of the premises

HSE must be notified of fatal and major injuries and dangerous occurrences without delay via their online form. The Principal is responsible for ensuring this happens. The Principal or designated person must complete the RIDDOR Form online.

## **16. Re-assessment of first aid provision**

As part of the School's monitoring and evaluation procedures:

The Academy shall review the first-aid needs following any changes to staff, building/site, activities, off-site facilities, etc.

The Admin Lead monitors the number of trained first aiders, alerts them to the need for refresher courses and organizes their training sessions.

The Lead first-aider checks the contents of the first-aid boxes monthly and re-stocks as appropriate for that department.

## **17. Intimate Care**

### **Principles**

Bayside Academy is committed to ensuring that all staff responsible for the intimate care of pupils will undertake their duties in a professional manner at all times. It is acknowledged that these adults are in a position of great trust.

All pupils at Bayside Academy have the right to be safe and be treated with dignity, respect and privacy at all times so as to enable them to access all aspects of the Bayside Academy.

This policy sets out clear principles and guidelines on supporting intimate care with specific reference to toileting. It should be considered in line with our Safeguarding Policy, Health and Safety Policies and Administering of Medicines policy.

This policy supports the safeguarding and welfare requirements of the Disability Discrimination Act 2005: Bayside Academy will ensure that:

No pupil's physical, mental or sensory impairment will have an adverse effect on their ability to take part in day to day activities.

No pupil with a named condition that affects personal development will be discriminated against

No pupil who is delayed in achieving continence will be refused admission

No pupil will be sent home or have to wait for their parents/carer due to incontinence

Adjustments will be made for any pupil who has delayed incontinence

### **Definition**

Intimate care can be defined as an activity which meets the personal care needs of a pupil. Intimate personal care includes hands-on physical care in personal hygiene, and physical presence or observation during such activities. Intimate personal care tasks can include:

Body bathing other than to arms, face and legs below the knee.

Toileting, wiping and care in the genital and anal areas.

Dressing and undressing.

Application of medical treatment, other than to arms, face and legs below the knee

Supporting with the changing of sanitary protection

## **18. Toileting and Intimate Care Policy**

### **Intimate Care Tasks**

This refers to any tasks that involve the dressing and undressing, washing including intimate parts, helping someone use the toilet, changing pads / nappies or carrying out a procedure that requires direct or indirect contact to an intimate personal area.

Partnership with Parents/Carers – Staff/ Pupil's significant member of staff at Bayside Academy works in partnership with parents/carers to provide care appropriate to the needs of the individual pupil and together will produce a care plan. The care plan will set out:

#### What care is required

Number of staff needed to carry out the task (if more than one person is required, reason will be documented)

#### Additional equipment required

Pupil's preferred means of communication (e.g. visual, verbal). Agree terminology for parts of the body and bodily functions

Pupil's level of ability i.e. what tasks they are able to do by themselves

Acknowledge and respect for any cultural or religious sensitivities related to aspects of intimate care

Be regularly monitored and reviewed in accordance with the pupil's development

Parents/Carers are asked to supply the following (delete as appropriate):-

Spare pad / nappies

Wipes, creams, etc.

Spare Clothes

Spare underwear

### Best Practice

When intimate care is given, the member of staff explains fully each task that is carried out and the reason for it. Staff encourage pupils to do as much independently as they can, lots of praise and encouragement will be given to the pupil when they achieve this.

All staff in the Academy must follow the procedures and advice outlined when carrying out intimate care of pupils.

Ensure they are aware of the Safeguarding Policy and Procedures in place within the Academy. If concerned about a pupil's actions or comments whilst carrying out intimate care, this should be discussed with the Academy's designated person for safeguarding.

Use the nature of the incident / care required, and knowledge of the pupil to make a judgement on how many adults should be involved in intimate care. In some cases it may be advisable to have two adults in attendance, particularly depending on the gender of the pupil. This could also be in cases where the pupil is vulnerable or where knowledge of the pupil or family indicates there could be difficulties / allegations made.

If possible a pupil should be assisted / supervised in a disabled toilet to allow for privacy / supervision.

Pupils should always be encouraged to carry out intimate care as independently as possible.

Consider the dignity of the pupil and allow them to make a decision on how they would like to be assisted. Ask the following if relevant:

Would you like some help?

Would you like me to help you?

What would you like me to help you with?

Would you like me to come with you and wait outside the door in case you need any help?

If the pupil requires assistance with intimate care regularly, a care plan should be in place which is agreed and signed by their parent. Two or three members of staff should be identified who will carry out this care.

When unplanned intimate care is required, a second member of staff (e.g. class teacher or teaching assistant) should be informed of what is happening and if necessary assist.

All equipment needed for use during unplanned intimate care will be kept in the Medical room. This will contain gloves, wipes, bags for putting soiled clothing in and sanitary pads. If any of these items are used or are at risk of expiration it is the responsibility of the Lead First Aider to replenish these resources. Spare underwear and clothing will also be kept in the Medical room. The supplies in the medical room will be monitored and replenished as needed by the Lead First Aider.

If it is suspected that the pupil has soiled themselves and it is denied by the pupil, the matter should be referred to the parent for advice. They should either come into the Academy to assist the pupil or take them home and return them to school once the pupil has been able to change.

If a pupil has been assisted with intimate care which is not planned, a parent must be contacted as soon as possible to inform them of what has happened and how the pupil was assisted. This should be recorded on MyConcern by each member of staff carrying out the care.

Routine intimate care will be outlined and evidenced in the care plan.

Confidentiality should be maintained at all times between pupil, the Academy and parent/carer.

## **19. Safeguarding**

Staff are trained on the signs and symptoms of pupil abuse in line with Dorset Safeguarding Pupil's Board guidelines and are aware of the DFES booklet 'What to do if you think a pupil is being abused' and will follow the guidance given. If a member of staff is concerned about any physical or emotional changes, such as marks, bruises, soreness, distress etc. they will inform the Academy's Designated Safeguarding Lead immediately. The Safeguarding Policy will then be implemented.

Should a pupil become unhappy about being cared for by a particular member of staff, the Academy's designated person for safeguarding will look into the situation and record any findings. These will be discussed with the pupil's parents/carers in order to resolve the problem. If necessary the Academy's designated person for safeguarding will seek advice from other agencies. (Please remember that you need parental permission to talk to any agency about a specifically named pupil.) If a pupil makes an allegation against a member of staff, the procedure set out in the Safeguarding Policy will be followed.

## **20. Dealing with body fluids**

Urine, faeces, blood and vomit will be cleaned up immediately and disposed of safely by use of our Medical waste bin in the medical room and disposed of by PHS Clinical Waste

Company. When dealing with body fluids, site staff wear protective clothing (disposal plastic gloves and aprons) wash themselves thoroughly afterward. Soiled pupil's clothing will be bagged to go home or placed in our Medical waste bin in the medical room and disposed of by PHS Clinical Waste Company – staff will not rinse it. Pupils will be kept away from the affected area until the incident has been completely dealt with.

All staff maintain high standards of personal hygiene, and will take all practicable steps to prevent and control the spread of infection.

This policy aims to manage risks associated with toileting and intimate care needs and ensures that employees do not work outside the remit of their responsibilities set out in this policy.

## **21. Policy Review**

This policy will be reviewed by the Academy Leadership team as part of the Academy annual review process.

This policy will be actively promoted and implemented throughout the Academy.

## 22. Appendix 1 – Incident form (double sided)

### INCIDENT FORM

Dear Parent/Carer of .....

Class: .....

Date: ...../...../.....

Your child was seen by a First Aider in school today.

#### ! IMPORTANT !

If the injury involves your child's head and there seems to be no symptoms of concussion, you should monitor and observe your child for any possible delayed reaction for the next 24 hours. You must seek medical advice if any of the following symptoms appear:

Blurred Vision

Drowsiness

Nausea or vomiting

Severe headache

Confusion

Bleeding from ears / nose

Unresponsiveness

Slurred speech

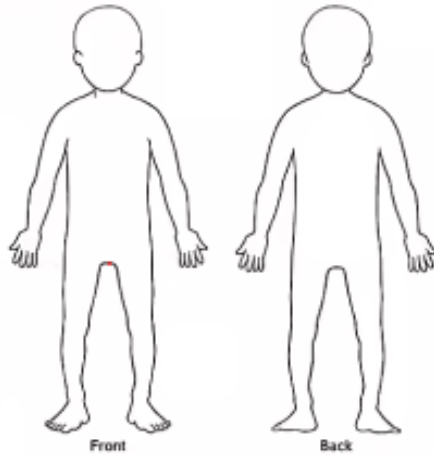
Clumsy, staggering or dizziness

Dear Parent/Carer of .....

Class: .....

Date: ...../...../.....

Your Child has sustained an injury to his/her:



Head	Face	Arm
Right	Forehead	Right
Left	Lip/Chin	Left
Back	Eye Area	Upper
Front		Lower

Body	Leg	Foot
Right	Right	Right
Left	Left	Left
Upper	Upper	
Lower	Lower	

This Happened during:

Morning Break	Lunchtime	Afternoon Break	PE	Class
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Breakfast Club

Afterschool Club

Any other details:

We have treated your child's injury BUT should you become concerned about their condition, please seek medical advice.

Yours faithfully

..... (FIRST AIDER)



## 22. Appendix 2 – Medical declaration for the administering of medication

To: Principal

My child has been diagnosed as suffering from .....

They considered fit for school but requires the following prescription medication to be administered during school hours.

### DETAILS OF PUPIL

Surname .....

Forname(s) .....

D.O.B. .... Class .....

### MEDICATION

Name/Type of Medication (as described on container) .....

Date dispensed ..... Expiry date .....

For how long will your child take this medication? .....

### FULL DIRECTIONS FOR USE

Dosage and method .....

Timing (eg lunch time) .....

Special precautions (if any) .....

Side Effects (if any) .....

Self Administration .....

Procedures to take in an Emergency .....

### CONTACT DETAILS

Name ..... Relationship to Pupil .....

Daytime Tel No .....

Address .....

I understand that I must deliver the medicine personally to the school office and accept that this is a service that the school is not obliged to undertake.

Date ..... Signature(s) .....

# Risk Assessment Form

Risk Assessment for:.....

House/Year:.....

Reason for Assessment:.....

Head of House:.....

Those at Risk Who might be harmed and how?	Risk Factor Low, Medium of High	Exiting controls What is being done already?	Planned Controls What further action is necessary?	Action Plan How will the assessment be put into action?

Name:.....

Assessor:.....

Signature:.....

Signature:.....

Date:.....

Date:.....

**In case of Fire Alarm activating:**

If you are upstairs, make your way to Balcony Fire Exit or Refuge Point and wait.

If you are downstairs, Make your way to the nearest Fire Exit as in usual evacuation.

## 24. References

Supporting Pupils with Medical Needs: a good practice guide. Department for Education, (2014)

<https://www.gov.uk/government/publications/supporting-pupils-at-school-with-medical-conditions>

SEND code of practice: 0 to 25 years. Department for Education, (2014)

DfEE Circular 14/96 “Supporting Pupils with Medical Needs in School”

### **Related Documents**

DfES unpriced documents can be ordered from DfES Publications. Tel: 0845 6022260. Email: [dfes@prolog.uk.com](mailto:dfes@prolog.uk.com). Please quote the publication reference when ordering.

*Code of Practice for Schools – Disability Discrimination Act 1995: Part 4* (Disability Rights Commission, 2002). Ref: COPSH. <http://www.drc-gb.org/thelaw/practice.asp>  
Order: Disability Rights Commission Tel: 08457 622 633.

*Drugs: Guidance for Schools* (DfES, 2004) Ref: DfES/0092/2004  
<http://www.teachernet.gov.uk/drugs/>

*Guidance on First Aid for Schools: a good practice guide* (DfES, 1998)  
Ref: GFAS98. <http://www.teachernet.gov.uk/firstaid>

*Health and Safety: Responsibilities and Powers* (DfES, 2001)  
Ref: DfES/0803/2001  
<http://www.teachernet.gov.uk/responsibilities/>

*Health and Safety of Pupils on Education Visits: a good practice guide* (DfES, 1998) Ref: HSPV. <http://www.teachernet.gov.uk/visits/>. Also three part supplement: *Part 1 - Standards for LEAs in Overseeing Educational Visits* (DfES, 2002) REF: DfES/0564/2002; *Part 2 - Standards for Adventure* (DfES, 2002) REF: DfES/0565/2002; *Part 3 - Handbook for Group Leaders* (DfES, 2002) REF: DfES /0566/2002.

*Home to school travel for pupils requiring special arrangements* (DfES, 2004)  
Ref: LEA/0261/2004  
<http://www.teachernet.gov.uk/wholeschool/sen/sentransport/>

*Improving Attendance and Behaviour: Guidance on Exclusion from Schools and Pupil Referral Units* (DfES, 2004) Ref: DfES/0354/2004  
<http://www.teachernet.gov.uk/exclusion>

*Insurance – A guide for schools* (DfES, 2003) Ref: DfES/0256/2003  
<http://www.teachernet.gov.uk/management/atoz/i/insurance/index.cfm?code=keyd>

*School Admissions Code of Practice* (DfES, 2003) Ref: DfES/0256/2003

<http://www.dfes.gov.uk/sacode/>

*Special Educational Needs Code of Practice* (DfES, 2001) Ref: DfES/0581/2001

<http://www.teachernet.gov.uk/teachinginengland/detail.cfm?id=390>

*Standards for School Premises* (DfEE, 2000) Ref: DFEE/0029/2000

<http://www.teachernet.gov.uk/sbregulatoryinformation>

*Work Related Learning and the Law* (DfES,2004) Ref: DfES/0475/2004

<http://www.dfes.gov.uk/qualifications/document.cfm?sID=2>

### **Department of Health (including joint publications)**

*Guidance on infection control in schools and nurseries* (Department of Health/Department for Education and Employment/Public Health Laboratory Service, 1999) Download only from: Wired for Health website <http://www.wiredforhealth.gov.uk/doc.php?docid=7199>

*National Service Framework for Children, Young People and Maternity Services: Medicines for Children and Young People*

Website: <http://www.dh.gov.uk/healthtopics> (click on 'Children's services').

Order: DH Publications Tel: 08701 555 455.

### **Ofsted**

*Inspecting schools – Handbook for inspecting nursery and primary schools* Ref: HMI 1359; *Inspecting schools – Handbook for inspecting secondary schools* Ref: HMI 1360; *Inspecting schools – Handbook for inspecting special schools and pupil referral units* Ref: HMI 1361. All Ofsted 2003. Priced documents. Order: The Stationery Office, tel: 0870 600 5522. Or view online at <http://www.ofsted.gov.uk/schools>

*LEA Framework 2004 - Support for health and safety, welfare and child protection* (Ofsted, 2004) Website only:

<http://www.ofsted.gov.uk/lea/index.cfm?fuseaction=inspectionGuidance>