

CISB HEALTH & SAFETY POLICY Policy No: CISB005
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SECTION ONE: General safety, security & emergency preparedness

All CISB staff (teaching and non-teaching) must be vigilant and on the lookout for any potential dangers or threats to students. Damaged or dangerous items or facilities within the school grounds must be reported to the appropriate Academic Office immediately.

All entrances to the campus are monitored by our security personnel who will ask for identification from any individual who enters the campus. We operate a closed-campus from 7:50 am until 3.35 pm for students, meaning that students are not to leave campus during this time unless escorted by a parent/guardian or teacher with prior consent.

All staff members must wear their staff ID card on their lanyard in order to enter the campus and will wear it at all times while on campus.

All students must wear their student ID card on their lanyard in order to enter the campus and will wear it at all times while on campus.

All parents must wear their parent ID card on their lanyard in order to enter the campus and will wear it at all times while on campus.

All visitors must wear their visitor ID card on their lanyard in order to enter the campus and will wear it at all times while on campus.

Security cameras are installed throughout the campus, both inside and outside the school building. If an incident occurs, members of the CISB Senior Leadership Team can access footage to assist in an investigation.

SECTION TWO: Accidents

2.1 Accident Prevention

All CISB staff (teaching and non-teaching) and students are responsible for creating and maintaining a safe environment for all. All the staff work collectively to minimize the chances of accidents in and around the campus. *'Prevention'* is always better than the *'cure'*.

- i) Bags and other objects should not block the hallways. All items should be cleared immediately. School bags/coats are taken to the front desk by the individual who sees them.
- ii) Any spillages should be alerted to cleaning staff and cleaned as soon as possible. The affected area should be indicated with a caution sign and cleaned/dried as soon as possible.
- iii) Wet mopping of stairways, halls and classrooms should not occur during the school day.
- iv) Broken furniture, faulty electronic items should be reported to P&F as soon as possible.

2.2 Preparing for accidents

2.2.1 At the beginning of every school year, CISB ensures first aid training for staff, prioritising sports coaches, PHE/PSPE, Science and Design teachers, TAs and then other staff on a cyclical two-year basis.

2.2.2 The Nurses Offices are located in room W108.

2.2.3 First Aid kits are available in nurses office, the MSHS academic office, PSES academic office, PSES Library, MSHS Library, Science and Design technology labs.

2.2.4. Every year a group of teachers undergoes first-aid training, to include PHE Teachers, Sports coaches, Design teachers, and other teachers and TAs.

2.3 Minor accidents

Minor accidents are incidents such as falls or others that lead to a sprain, minor bruising, a small cut or minor discomfort

Immediate actions

2.3.1 In the event of a minor accident, the student should be checked to see what the symptoms are.

2.3.2 The student should be taken to the nurse by another student.

2.3.3 The staff member involved should advise the nurse that the student is on the way and the nature of the injury

2.3.4 The staff member involved should ensure that the parents have been advised and asked whether they would like a hospital check

2.3.5 **Administer first aid.** Staff members trained in first aid should clean and dress minor wounds using the first aid kits available in classrooms and common areas.

Reporting a minor accident:

2.3.6 Inform the school nurse, or the nearest responsible adult.

2.3.7 After a minor accident, as soon as possible on the same day, the person who witnessed and or reported the accident should complete an **Incident Report** detailing:

Who was involved?

When did it happen?

What happened?

Where did it happen?

What action was taken at the scene and by whom?

What action was taken afterwards and by whom?

The completed **Accident Report** should be sent to the relevant **MSHS or PSES Leadership (Principal or Vice Principal)** as soon as possible. Keep a copy of this report for school records in the Health and Safety log.

2.3.9 Notify the student's parents or guardians, explaining the nature of the injury and the first aid administered.

2.3.10 Monitoring:

Monitor the injured party for any changes in their condition.

Allow the student to rest in the school infirmary or a designated quiet area if necessary.

Review the circumstances of the accident to determine if additional safety measures are needed to prevent future incidents.

2.4 Serious accidents:

Serious accident constitutes anything from a broken limb, a serious head injury clearly life-threatening injury or similar.

Immediate actions in the event of a serious accident

2.4.1

- a. ALWAYS call for help immediately.
- b. School nurse
- c. Send out a general alert for anyone with First Aid experience.
- d. School leadership (principal/vice principal)

2.4.2 DO NOT leave the injured person alone.

2.4.3 Secure the scene.

2.4.4 Only trained personnel have authority to use the **Defibrillators** .
If they are required, **Defibrillators** are located in the following locations:

- Gym A
- W 115
- The Lobby
- Outside of the weight room
- Next to Storage room W 105

Reporting a serious accident

2.4.5 The person who witnessed or had knowledge of the serious accident when it occurred should please complete an **Accident Report** detailing:

Who was involved?

When did it happen?

What happened?

Where did it happen?

What action was taken at the scene and by whom?

What action was taken afterwards and by whom?

Witnesses must be consulted

All relevant information recorded on the Incident Report.

2.4.6 The Incident Report should be shared to the relevant MSHS or PSES Leadership (Principal or Vice Principal) and the Head of School as quickly as possible on the SAME DAY.

2.4.7 The staff member reporting the incident must also fill the form requesting CCTV footage to be authorised by the Head of School, Principal or Vice Principal.

2.4.8 CCTV footage must be consulted by the Head of School, Principal or Vice Principal to verify the exact nature of what happened.

2.4.9 Parents/Guardians must be notified as soon as possible.

2.4.10 Parents/Guardians must be notified BEFORE a student is taken to hospital by the school nurse.

2.4.2.7 The student must be accompanied to the hospital by either their parent/guardian or a staff member.

SECTION THREE: Substances, tobacco and alcohol

3.1 Alcohol

3.1.1 Students can neither consume nor be in possession of all alcohol, tobacco or all related products.

3.1.2 Alcohol is sometimes served under controlled conditions at staff and/or parent events. No students may be served alcohol or consume alcohol at such events.

3.2 CISB is a NON-SMOKING CAMPUS

There are no-smoking signs posted on the entrance to the campus and throughout the campus and school buildings.

3.3.1. This policy applies to all visitors, teachers and students on campus. In-line with national and international guidelines, visitors, staff and students should not smoke within 100m of the school entrance.

3.3.2. This policy also applies to all CISB students on all school trips, excursions, field trips, sporting competitions, on the school buses etc.

3.4 Substances

All illegal and controlled substances are not permitted on the campus. Possession of any such substances will result in immediate dismissal.

All infractions will be dealt with according to the relevant policy.

SECTION FOUR: School Buses

4.1 ALL school buses are owned and maintained by CISB. All drivers are trained, certified and insured.

4.1.2 The school carries out regular safety checks of buses and safety equipment.

4.1.3 The school carries out regular safety drills involving school bus Evacuations

4.1.4 All buses travel with an ayi

4.1.5 Buses arrive on campus between 7:50 and 8:05

4.1.6 Buses depart campus after lessons at 3:45

4.1.7 The late school bus will depart campus at 4:45

4.2 Student behavior on buses

Behaviour expectations for students are the same on school buses as on campus. Any student who does not meet CISB behaviour expectations on a school bus must be reported immediately to the PSES or MSHS Vice Principal or Principal and dealt with according to standard school procedures.

Traveling on the school bus is not an automatic right . Students who have been found to repeatedly act in a manner that is inconsistent with CISB expectations may lose this privilege.

4.2.1 Consistent Expectations: All expectations for student behavior, disciplinary procedures, and conduct guidelines outlined in the school's general policy are equally applicable during school-related transportation.

4.2.2 Responsibility: Students are expected to conduct themselves in a manner that is respectful to both peers and adults, adhering to the principles of safety, respect, and responsibility at all times.

4.2.3 Role of Bus Drivers and Monitors: Bus drivers and bus monitors are authorized to enforce school rules during transit. They are trained to manage minor disciplinary issues and to report more serious incidents to school administration for further action.

4.2.4 Disciplinary Actions: Consequences for violations of bussing rules will mirror those of similar infractions occurring within the school premises, ranging from verbal warnings to more severe disciplinary measures, depending on the nature of the violation.

4.2.5 Monitoring and Reporting: Continuous monitoring will be conducted, and all incidents or breaches of conduct will be reported, documented, and handled according to the established school disciplinary procedures.

SECTION FIVE: Food allergies

5.1 Identification and Documentation

Student Disclosure: Parents/guardians are required to notify the school of any known food allergies on enrollment or as soon as a diagnosis is made.

Documentation of specific allergens, symptoms of a reaction, and emergency response actions will be made available to CISB staff and cafeteria staff.

5.2 Prevention and Accommodation

5.2.1 *Allergen Avoidance*: The school will implement reasonable accommodations to avoid exposure to specific allergens in the classroom and during school-sponsored activities.

5.2.2 *Food Handling*: Training on safe food handling practices will be provided for school staff involved in the preparation and distribution of meals.

5.2.3 *Communication*: Information about practices for food preparation and service will be clearly communicated to all students, staff, and visitors.

5.3 In the event of an allergic reaction

5.4.1 *Immediate Action*: In the event of an allergic reaction, staff must contact the school nurse for immediate action. This may include the administration of antihistamines or epinephrine auto-injectors.

5.4.2 *Emergency Services*: Call emergency medical services immediately if a severe reaction occurs or if there is any doubt about the severity of the reaction.

5.4 Responsibilities

5.4.1 *CISB Responsibility*: CISB admissions office will update student allergies and health needs annually and update as needed. All incidents of allergic reactions will be documented and reviewed to

identify possible changes in Health and Safety policy or practice(s) to better protect students.

5.4.2 Parent/Guardian Responsibility: Parents/guardians are responsible for providing detailed medical information regarding their child's food allergies and updating the school with any changes to their child's health status.

5.4.3 Student Responsibility: Older students are encouraged to understand their allergies, recognize symptoms, and communicate openly with staff and peers about their needs.

SECTION SIX: Student supervision

6.1 Before school hours

6.2 During school hours

6.2.1 During scheduled lessons

Teachers and TAs scheduled are responsible for the supervision and safety of students in their care in their scheduled lessons.

6.2.2 In an around the campus in the shared spaces, corridors etc.

Outside of scheduled lessons in classrooms, all Teachers and TAs and staff share the responsibility for the supervision and safety of students in and around the school building and campus,

6.2.2 Breaks, Lunchtimes

Teachers and TAs scheduled on Break and Lunchtime Duty are responsible for the supervision and safety of students in their care.

6.3 School Building after Hours

Classes end at 3:30pm for PSES students and 3:35pm for MSHS students.
Office hours, ASAs and regular coaching ends at 4:45pm.

6.3.1 ALL students must leave campus by 5:30pm unless supervised by a CISB staff member.

6.3.2 Students may wait in the lobby area for hire cars or family to arrive.

SECTION SEVEN : EMERGENCY EVACUATION

7.1 Emergency Preparedness

Emergency plans have been developed to assist administration and staff in responding to on-site and local emergency situations. It is understood that no one can fully anticipate all of the actions required to deal with an emergency situation, but that best judgement is required when confronted with unique emergency situations. The administration will act in the best interests of students and staff where policy direction is not clear.

These plans are based on the priority of the safety of CISB students. Once safely under the care and custody of their parents/guardians, the school is not responsible for taking further action for students.

Additionally, the school undertakes to provide assistance for staff in the event of an emergency, if appropriate. Generally, the school is not responsible for assisting locally hired staff once they have returned to their residences off campus.

7.2 All existing and new staff and students will be familiarized with the Fire Evacuations and Lock-down drills, which will be held every school year.

7.2.1 Fire Evacuation 'Walk-through'

At the start of each school year, there will be at least one designated '*walk-through*' of the Fire Evacuation procedure. The date and time will be notified in advance to all staff and students.

7.2.3 Fire Evacuation 'Drill'

After a walk-through has been held and the results analyzed, a 'drill' will be held within a period of no more than two weeks. As drill should be an authentic reflection of an emergency situation, the date and time will NOT be notified in advance.

7.3 Teachers are to inform their students of these practices and procedures in detail at the start of the school year. Students in the younger grades should practice going to their designated place in the safe zone before a drill or actual emergency.

7.3.1 Each classroom is provided with emergency evacuation and lock-down procedures.

7.3.2 Evacuation routes are posted in every classroom as well as in the corridors.

7.3.3 Elevators are never to be used during an evacuation.

7.4 Fire Evacuation Procedures:

7.4.1 The Fire Alarm sounds: This sound different from a regular class Bell and all staff and students will be familiarized with this sound in advance. Fire Alarm activation buttons are located throughout the school.

7.4.2 Teachers make sure all students exit their classroom in an orderly fashion, in silence. Students must leave all books, bags and belongings in the classroom.

7.4.3 Everyone walks briskly (strictly no running) to the sports field in silence, following the designated emergency exit route posted in each classroom to the Emergency Evacuation Area. This is the school sports field. The teacher must be the last person to leave the classroom and the door should be closed.

7.4.4 Once on the Emergency Evacuation Area, students and staff should face away from the school building (towards Landmark) to avoid potential broken glass and/or debris in the case of an explosion.

7.4.5 Signs are posted throughout the school indicating where the exits are located. Use common sense and critical thinking to evaluate the situation if an unusual circumstance is present and use the safest stairwell to exit the building as quickly as possible.

7.4.6 The elevator must not be used during an evacuation.

7.4.7 Teachers should ensure that students who may not be able to exit the building on their own such as those who are injured or impaired have support to exit the building.

7.4.8 Teachers designated as ‘sweepers’ are required to check all locations on their designated floors, including bathrooms, classrooms, storage spaces, etc., to ensure that all students, staff and guests have evacuated.

7.4.9 Sweepers are then required to report to their grade level Vice Principal when they exit the building.

7.4.10 Each Homeroom Teacher/Advisor should bring the roster of his/her students and his/her Red and Green Indicator signs to the Emergency Evacuation Area. (Note: Extra Red and Green signs will be stored in the ES and MSHS Academic Offices and brought out to the Emergency Evacuation Area by the staff in the event of an evacuation).

7.4.11 It is essential to maintain silence throughout the evacuation, communicating only when necessary.

7.4.12 The Emergency Evacuation Area. For Nursery to PreK4 students is the tennis court. Students will line up by HR class at their designated Emergency Pole. HR teachers should ensure that students know their Emergency Pole Number (number can be found in Weekly).

7.4.13 Kindergarten to Grade 12 students will line up by HR class/Advisory on the Emergency Evacuation Area (sports field) at their designated Emergency Pole. HR/Advisory teachers should ensure that students know their Emergency Pole Number.

7.4.14 All non-HR teacher and non-academic staff are assigned an Emergency Pole.

7.4.15 HR/Advisory teachers take attendance and hold up an indicator sign.

GREEN = ALL Present

RED = Someone Missing or a Problem Exists

7.4.16 PSES & MSHS Administrators check the Red/Green Indicators and troubleshoot next steps.

7.4.17 Administrators, Head of School and Department Directors confer. The all clear is given when ready to re-enter the building.

7.4.18 Students return to class in an orderly manner based on HR/Advisory teachers’ directions.

7.5 Implementation of Secure Campus Protocol – Lock Down

7.5.1 The decision to implement Lockdown procedures will be made by the school principal or designated authority in response to a threat or situation that may jeopardize the safety of the school community.

7.5.2 Anyone who notices an intruder on campus or any other reason for the school to go into lock-down should notify the Academic Office & Senior Leadership.

7.5.3 The school's security guards will handle the threat if it is an intruder or other security matter. The local police will be contacted by security or the school administration if necessary.

7.6 Lock Down Procedures

7.6.1 Once the decision has been made to implement a Lock-down, a pre-arranged coded announcement will be made over the school's intercom system. The specific code and its meaning will be known to staff (and students?) through prior training and drills.

7.6.2 Ignore the fire alarm if it sounds. If the building need to be evacuated, an announcement will be made.

7.6.3 All teachers, staff, students and visitors not in a classroom at time of the emergency should seek immediate shelter in a safe place nearest to their location. Students should be told ahead of time that if they are in a washroom, to go immediately to the nearest classroom that is not locked.

7.6.4 Check the hallway outside your classroom/immediate work area. If there are students or other staff present, bring them immediately into your classroom.

7.6.5 Lock the classroom door(s) and cover the vision panels with paper.

7.6.6 Teachers make sure all students take cover under their desks or against the interior wall of their classroom and lock all doors (both locks as shown

below). Students should be hidden out of sight as much as possible and protected from flying glass or debris.

7.6.7 Everyone should maintain silence and remain still throughout the emergency, communicating only when necessary.

7.6.8 Teachers should have their cell phones available with the ringer on silent for receiving communication from the administration. If books are available for students to read, that may be an option to help keep them calm.

7.6.9 Advise the students that there is some type of emergency but you are not certain what it is. Project a calm attitude to help students remain calm. Reassure students that they are safe and that you are in charge.

7.6.10 Take attendance and prepare a list of missing students and extra students in the room. When possible, send this list via WeChat to Administrators/Academic Office.

7.6.11 If there is a phone in the classroom, do not use it to call out. Lines must be kept open, unless there is an emergency situation in the classroom.

7.6.12 Ignore any fire alarm activation. The school will not be evacuated using this method. Announcements will be made over the public announcement system.

7.6.13 When or if students are moved from the classroom, assist them in moving as quietly and quickly as possible.

7.6.14 Remain in the room until the end of the lockdown is announced. Do not release any students until the pre-arranged coded announcement to indicate the all-clear has been announced over the school's intercom system.

7.6.15 Following any lock-down emergency, a new pre-arranged coded announcement will be released to all staff.

7.6.16 After the lockdown is lifted, students may be released to their parents or other authorized adults.

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APPENDIX A: CHICKENPOX

The following guidelines are provided to prevent the spread of infection—chickenpox, amongst CISB students, staff and extended school community. Medical research information states that chickenpox is a common childhood infectious disease, which has a long incubation period of between 10-21 days. The person is infectious before the blisters break out and maybe so until all of the spots have disappeared and the crusts have fallen off.

In the case of chickenpox being diagnosed by one of our health nurses and/or with the information being provided by a colleague to our health nurse, the following procedures will be immediately initiated:

1. The students' parents/guardians will be contacted and the child will be sent home. If the information was provided to us and the child is already at home then he/she would remain there.
2. The students' parents/guardians will be asked to take their daughter/son to their medical healthcare provider for confirmation of the diagnosis.
3. The student(s) will be excluded from school and school events until the crusts of the blisters have fallen off and the blisters are no longer weeping.
4. A specific information letter, containing advice about chickenpox will be sent home with the infected student regarding incubation periods, symptoms and exclusion periods.
5. An alert letter will be sent home to all parents/guardians who have a child in the class with the infected student. This letter will contain information on what symptoms to look for, exclusion time and incubation periods.
6. Any student who has been excluded from school due to chickenpox must be cleared by our school health nurse and/or provide a medical clearance form from their healthcare provider to our nurse.
7. Chickenpox is classified as a level 1-Low Risk in the School Communicable Disease Guidelines; therefore all normal cleaning of the school continues.

APPENDIX B ADMINISTERING ADRENALINE IN SCHOOL

The “POLICY” is provided to ensure that the administration of adrenaline for students whom have an allergic reaction and need to carry an Epi-Pen is conducted safely within stated guidelines. The key point is that the staff member is not prescribing drug therapy; this has already been determined by the students’ own medical practitioner.

This “POLICY” applies to all students at CISB who have been identified by their parents/guardians on the school health questionnaire as requiring the use of an Epi-pen due to a history of severe allergic reactions [anaphylaxis].

1.0 PROCEDURES

1. Staff is only able to administer an Epi-pen once they have been trained by the school health nurse and deemed competent with the administration of the Epi-pen.
2. Competency refers to attending a training session, practicing with the trainer Epi-pen and completing the questions section of the training manual.
3. The school health nurse will keep up-to-date records of staff competent in the administration of Epi-pens and approach staff when retraining is required.
4. Staff who have been certified as competent in the administration of an Epi-pen will have this effective for one school calendar year. Staff will be required to attend a refresher course at the start of each new school year.
5. Parental/guardian consent needs to be given for the school to allow trained staff to administer adrenaline in the event of an anaphylactic reaction.
6. Epi-pens need to be prescribed by a doctor to be used in the event of an allergic reaction.
7. Every student who has an Epi-pen prescription, will have an individual action plan that has been agreed upon by their parents/guardians.

8. When to administer the Epi-pen is based upon clear guidelines within the student's individual action plan.
9. Two Epi-pens must be available for use. An Epi-pen will be kept by the individual. [refer to the Safe Administration of Medicines Policy] A spare will be kept within the health clinic in a non-locked cabinet.
10. Only the person whom the Epi-pen has been prescribed for may be given this specific Epi-pen. No other Epi-pen can be used!
11. Disposal of any sharp objects, such as needles that have been contaminated with bodily fluids must be disposed of in designated bins ensuring a non-touch technique is used. Needles are never to be reused!

APPENDIX C CONTACT WITH BODY FLUIDS

The “POLICY” is provided to ensure that bodily fluids are managed to prevent accidental exposure of potentially infectious agents.

The “POLICY” and procedures applies to all students and staff at the Canadian International School of Beijing.

1.0 PROCEDURES

1. The term bodily fluids includes blood, feces, vomitus, respiratory secretions, urine, drainage from scrapes and cuts and semen. Decontamination refers to the use of physical chemical means to remove, inactivate or destroy potential infectious agents.
2. All bodily fluids should be considered to contain potentially infectious agents.
3. Direct contact with bodily fluids should always be avoided.
4. In all cases, disposable gloves must be used as protection from such contacts. Gloves must be removed and appropriately disposed of as soon as the period of contact has ended and hands subsequently should be thoroughly washed using soap and water. Disposable gloves must not be washed or used in contact with multiple persons.
5. If unanticipated contact with bodily fluids occurs, the area should always be immediately washed with soap and water.
6. Surfaces contaminated with bodily fluids should be decontaminated with a solution of one [1] part bleach to ten [10] parts of water. Gloves must always be worn during the process of decontamination.
7. Materials used in treating bodily fluids, either during direct health care or during the cleaning of the environment should be stored in such a manner to prevent odour, leakage, or health hazards. This is to accomplished by using two polyethylene bags or equivalent material bags, ensuring that the same are tied individually.
8. Disposal of any sharps, such as needles that have been contaminated with bodily fluids need to be placed immediately into a

designated bin, ensuring a non-touch technique is used. Sharps are never to be reused under any circumstance.

9. Super absorbent powder should be used for large spills of bodily fluids to aid in the assistance during the cleaning process.

This information regarding contact with bodily fluids should be translated and all our cleaning staff made aware of the appropriate procedures.

APPENDIX D PEDICULOSIS-HEAD LICE INFESTATION

This school “POLICY” is provided to outline the roles and responsibilities of CISB school community members in joint efforts to control head lice.

The “POLICY” applies to all students at CISB and their parents/guardians as we work in a cooperative and collaborate manner to assist families to manage head lice effectively.

1.0 PROCEDURES

1. Preventative measures—At the beginning of the school year, each principal will provide information to parents/guardians on head lice and the need for the parents/guardians to conduct thorough, periodic “head checks” of their child[ren] for lice and/or nits. CISB, as a school, may conduct parent/guardian information sessions or distribute literature on the identification and treatment of head lice.

2. The school health nurse will ensure that cursory head checks are done at school if there is a suspicion of head lice infestation; this however will not absolve parents/guardians of the responsibility to conduct more thorough checks at home.

3. Upon discovering the presence of head lice in school or being notified by a parent/guardian of a student[s] being infested with head lice, the school health nurse, in consultation with the appropriate principal will decide whether to inform:

[1]-the parents/guardians of children who have been exposed to the presence of head lice in the school; or all parents/guardians, or some parents of the children who have been exposed to the presence of head lice in the school, or

[2]-the parents/guardians of the entire school population

4. Once the decision to inform has been made, the appropriate school principal will communicate to parents/guardians that this is not an emergency situation. He/she will ensure that all parents/guardians written information on the identification and treatment of head lice.

5. The infected student[s] will be excluded from attending school until the condition is treated.

6. The school health nurse, after having re-inspected the child and being satisfied that head lice are not present will re-admit the child to school. The parents/guardians may also choose to provide the school with a doctor's note indicating their daughter/son is lice and nit free.

This information should be translated and all our cleaning staff made aware of the appropriate procedures.

APPENDIX E SAFE USE OF MEDICATION

The “POLICY” is provided to ensure for the safe administration of medical treatment as it pertains to a child at CISB.

The “POLICY” applies to all students at CISB and their parents/guardians as stated in the enrolment agreement and health questionnaire. The “POLICY” also identifies the school’s responsibility.

1.0 PROCEDURES

1.1.1

Parents must supply medical information on each child. It is the parent’s responsibility to keep the school informed of any changes including contact numbers. The medical information forms are kept in the medical room in a locked cabinet to protect confidentiality. Staff are informed on a “need to know” basis to ensure for the best care of the child.

1.1.2

Non-prescription medicine, for example, analgesics, can be offered by the health nurse in the health clinic if appropriate. Consent to administer these medications must be obtained from an individual’s parents/guardians and held on file before any medications are given.

1.1.3

Prior written agreement from a child’s parents/guardians must be given before, prescribed medication can be given. The school has a form in place for the consent. This contains information on the name of the medication, dose, and method of administration, time and frequency of the medication.

1.1.4

Students are not allowed to carry any medication on them apart from asthma inhalers or Epi-pens. Medication must be kept in the school health clinic.

1.1.5

The school recommends that students with asthma or those who have a history of severe allergic reaction [anaphylaxis] carry their own medication with them at all times. In addition to this, our health clinic

has a locked medical cupboard where spare medication can be stored. The relevant form must be completed. All students who carry Epi-Pens must keep

a spare one in the health clinic where staff can access the same if needed. This spare Epi-pen is to be kept in an unlocked cabinet, easily identified.

1.1.6

Training in the managing someone who is suffering from an anaphylactic reaction will be provided on a regular basis [once per year]. This includes the use of the Epi-Pen if the casualty is unable to self-administer.

1.1.7

In cases of on-going medical needs, the student, their parents/guardians, and school health nurse will draw up an individual health plan. This can include details of a pupil's condition, special requirements, medication and side effects, what to do and who to contact in an emergency and the role of the school to assist the child. Information is passed on to relevant staff members. The school reserves the right to refuse to administer treatment.

1.1.8

If a student refuses to take their medication, they will not be forced to do so. The health nurse will inform the parents/guardians immediately and if appropriate call the emergency services.

1.1.9

All medication is logged in and out using pro-forma recording sheets and expiry dates are monitored. Any medication, which is administered at school, must be recorded under the student's information health clinic form.

1.1.10

Out of date medications are to be properly disposed and parents/guardians are to be notified of the same.

1.1.11

All medications, other than Inhalers and Epi-Pens that are to be carried on the person of students who require the same, are to be kept in the locked cabinet in our health clinic.