



# **First Aid, Medical & Intimate Care Policy**

**Adopted: January 2017**  
**Next review date: January 2020**

This policy outlines LeAF Studio'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.

### **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 –

### **Objectives**

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

### **Provision**

The Academy is a low-risk environment, but will consider the needs of all staff and students 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

## **First aiders**

The recommended number of certified first-aiders is one per 100 young people/staff. There are first-aiders based in the reception, MSC and in additional various areas across the academy as needed.

## **Qualifications and Training**

First aiders hold a valid certificate of competence, issued by an organisation approved by the Health and Safety at Work Executive (HSE). These are either 3 year 'First aid at work' qualifications, or 1 day Emergency First Aid qualifications. First Aiders undertake appropriate refresher training.

## **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-aider.

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 in the PSC.

## **First aid containers are found at the following locations:**

- Reception
- Staffroom
- MSC

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

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

Students with medical needs entering the Academy from schools will usually be identified through discussions with the relevant Lead from previous school through the Academy Transition process. Such information will be checked with the parent by the Pastoral Lead, 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 students. The parent will be required to complete a Medical Statement form to identify any medical needs. This may require endorsement from the student'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 student'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 exams, 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 students 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.

### ***Medicines in the Academy***

The students Tutor, Reception and Pastoral Lead 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 self-administering of medication form (see appendix 2). These are kept in a file in the reception.

Information regarding any prescribed medication should be made available to the student's Tutor and reception, 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 students under the age of 16 will be given medicine without their parent's written 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 student'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 Assistant Vice Principal who in turn will bring them to the attention of the parent and/or health professional attached to the school.

If a student 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 first-aid cabinet within the reception area, with the exception of antibiotics which are stored in the fridge in the staffroom. Medicines dispensed are kept in a separate book. For young people with asthma, inhalers/spare inhalers are kept in the medical room, with easy access in the case of an emergency.

In severe cases of asthma, inhalers should be kept in the locked first-aid cabinet and on the students' person.

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

#### *Maintaining Medical / Accident records*

##### 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 Principal/designated person and Family Liaison Officer/SENCO 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 Principal/designated person should establish a regular review and analysis of accident records.

## **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).

It is the Academy policy that when a young person has either been physically sick or had Diarrhoea he or she must be kept at home for 24 hours from the last incident.

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.

## **Illness in the Academy**

If a student becomes ill in a lesson and the teacher feels that medical treatment is required, the student should be sent to reception who is first aid trained, accompanied by another student if necessary.

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 student is too ill or injured to be moved, then a designated First Aid member of staff should be called via reception. 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 student. In all instances of general first aid a student 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 student 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.

### **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 appropriately in the yellow bin provided. 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.

### **Risk Assessment**

A risk assessment (see appendix 3) is completed when a student arrives in school with a broken limb that is in plaster/sling, or the student is using crutches. Strategies are put in place for example, students using crutches can have access to the Academy lift if it is felt appropriate 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 student is also informed of what to do and where to go in the event of the fire alarm being activated.

### **Off-premises visits**

The Academy believes that all students are entitled to participate fully in activities associated with the Academy and will attempt at all times to accommodate students 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 students 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 students 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.

## **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 by telephone and be followed up in writing within 10 days on HSE form 2508. The Principal is responsible for ensuring this happens. The Principal or designated person must complete the RIDDOR Form attached to this policy and email/fax it. It can also be completed on-line. The e-mail address is [riddor@natbrit.com](mailto:riddor@natbrit.com). To report an incident over the telephone, call 0845 300 99 23 (Monday to Friday 8.30am to 5.00pm).

### **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 lead first-aider 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.

## **Intimate Care**

### **Principles**

LeAF Studio is committed to ensuring that all staff responsible for the intimate care of students 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 students at LeAF Studio 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 LeAF Studio.

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: LeAF Studio will ensure that:

- No student's physical, mental or sensory impairment will have an adverse effect on their ability to take part in day to day activities.
- No student with a named condition that affects personal development will be discriminated against
- No student who is delayed in achieving continence will be refused admission
- No student will be sent home or have to wait for their parents/carer due to incontinence
- Adjustments will be made for any student who has delayed incontinence

### **Definition**

Intimate care can be defined as an activity which meets the personal care needs of a student. 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

## **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/ Student’s significant member of staff at LeAF Studio works in partnership with parents/carers to provide care appropriate to the needs of the individual student 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
- Student’s preferred means of communication (e.g. visual, verbal). Agree terminology for parts of the body and bodily functions
- Student’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 student’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 student to do as much independently as they can, lots of praise and encouragement will be given to the student when they achieve this.

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

1. Ensure they are aware of the Safeguarding Policy and Procedures in place within the Academy. If concerned about a student’s actions or comments whilst carrying out intimate care, this should be discussed with the Academy’s designated person for safeguarding (Beth Curtis in the first instance or Nadine Lapskas).
2. Use the nature of the incident / care required, and knowledge of the student 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 student. This could also be in cases where the student is vulnerable or where knowledge of the student or family indicates there could be difficulties / allegations made.
3. If possible a student should be assisted / supervised in a disabled toilet to allow for privacy / supervision.

4. Students should always be encouraged to carry out intimate care as independently as possible.
5. Consider the dignity of the student 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?

6. If the student 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. They should be the same gender as the student requiring assistance and they should ensure that this care is shared so that the student is not always assisted by the same person.
7. 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.
8. 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 Receptionist to replenish these resources. Spare underwear and clothing will also be available. The supplies will be monitored and replenished as needed.
9. If it is suspected that the student has soiled themselves and it is denied by the student, the matter should be referred to the parent for advice. They should either come into the Academy to assist the student or take them home and return them to school once the student has been able to change.
10. If a student 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 student was assisted. This should be recorded on SIMs system by the member of staff carrying out the care.
11. Routine intimate care will be outlined and evidenced in the care plan.
12. Confidentiality should be maintained at all times between student, the Academy and parent/ carer.

### **Safeguarding**

Staff are trained on the signs and symptoms so student abuse which in line with Dorset Safeguarding Student's Board guidelines and are aware of the DFES booklet 'What to do if

you think a student 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 person for safeguarding (Beth Curtis in the first instance or Nadine Lapskas) immediately. The Safeguarding Policy will then be implemented.

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

### **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 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 student's clothing will be bagged to go home or placed in our Medical waste bin and disposed of by PHS Clinical Waste Company – staff will not rinse it. Students 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.

### **Policy Review**

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

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

### **Policy Review**

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

This policy will be reviewed and submitted to the Academy Ambitions Trust (AAT) Priority Support Group (Governing Body) for review every 2 years. This will allow the Priority Support Group to assess its implementation and effectiveness.

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





## Self-Administer Medication Permission Form

Student: \_\_\_\_\_ Date: \_\_\_\_\_

This letter confirms that the above-named student is a current patient and is being treated for (i.e., health condition): \_\_\_\_\_  
\_\_\_\_\_

I agree that the student is responsible and capable of self-administration of the following medications at school (please check those that apply):

*\*\*The medications must remain in their original container(s) with the prescribing information intact.*

I, the parent/guardian of \_\_\_\_\_ agree that my child is responsible and capable of self-administration of the above medication(s). I accept full responsibility and liability for my child carrying and self-administering this medication(s).

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

I, \_\_\_\_\_ (student) agree that I am being given permission by my healthcare provider, my parent(s)/guardian, and my school to carry and take my own above-named medication(s) as needed. I will keep the permitted medication in the pastoral support centre. I will not share with or give my medication to anyone. I will not take my medication for any reason except as prescribed. I understand that my parent(s) and I accept full responsibility for taking my own medication as prescribed above.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Pastoral Lead Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# 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.

## **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>