



Supporting pupils at school with Medical Conditions.

Policy status

Statutory

At Parkend Primary School, we have a duty to ensure arrangements are in place to support pupils with medical conditions. The aim of this policy is to ensure that all pupils with medical conditions, in terms of both physical and mental health, receive appropriate support to allow them to play a full and active role in school life, remain healthy, have full access to education (including school trips and PE), and achieve their academic potential.

The school believes it is important that parents of pupils with medical conditions feel confident that the school provides effective support for their children's medical conditions, and that pupil's feel safe in the school environment.

Some pupils with medical conditions may be classed as disabled under the definition set out in the Equality Act 2010. The school has a duty to comply with the Act in all such cases.

In addition, some pupils with medical conditions may also have SEND and have an EHC plan collating their health, social and SEND provision. For these pupils, the school's compliance with the DfE's 'Special educational needs and disability code of practice: 0 to 25 years' and the school's Special Educational Needs and Disabilities (SEND) Policy will ensure compliance with legal duties.

To ensure that the needs of our pupils with medical conditions are fully understood and effectively supported, we consult with health and social care professionals, pupils and their parents.

This policy has been developed in line with the Department for Education's guidance released in Dec 2015 - "Supporting pupils at school with medical conditions".

As well as the following relevant legislation and guidance including, but not limited to:

- Children and Families Act 2014
- Education Act 2002
- Education Act 1996
- Children Act 1989
- Equality Act 2010
- DfE (2015) 'Special educational needs and disability code of practice: 0-25 years'
- DfE (2022) 'First aid in schools, early years and further education'

Admissions

Admissions will be managed in line with the school's Admissions Policy.

No child will be denied admission to the school or prevented from taking up a school place because arrangements for their medical condition have not been made; a child may only be refused admission if it would be detrimental to the health of the child to admit them into the school setting.

The school will not ask, or use any supplementary forms that ask, for details about a child's medical condition during the admission process.

Pupils' medical needs may be broadly summarised as being of three types:

(a) Short-term affecting their participation in school activities whilst they are on a course of medication.

(b) Long-term potentially limiting their access to education and requiring extra care and support (deemed special medical needs).

Most children will at some time have short-term medical needs, perhaps entailing finishing a course of medicine such as antibiotics.

(c) Pupils who may very rarely require medication to be given in an Emergency. Where the pupil has not previously been known to have a medical condition and the medical emergency arises "out of the blue".

Key Points from DfE Guidance - Supporting Pupils at School with Medical Conditions - December 2015:

- Pupils at school with medical conditions should be properly supported so that they have full access to education, including school trips and physical education.
- Governing bodies must ensure that arrangements are in place in schools to support pupils at school with medical conditions.
- Governing bodies should ensure that school leaders consult health and social care professionals, pupils and parents to ensure that the needs of children with medical conditions are effectively supported.

Roles and responsibilities

The governing board will be responsible for:

- Fulfilling its statutory duties under legislation.
- Ensuring that arrangements are in place to support pupils with medical conditions.
- Ensuring that pupils with medical conditions can access and enjoy the same opportunities as any other pupil at the school.
- Working with the LA, health professionals, commissioners and support services to ensure that pupils with medical conditions receive a full education.
- Ensuring that, following long-term or frequent absence, pupils with medical conditions are reintegrated effectively.
- Ensuring that the focus is on the needs of each pupil and what support is required to support their individual needs.
- Instilling confidence in parents and pupils in the school's ability to provide effective support.
- Ensuring that all members of staff are properly trained to provide the necessary support and are able to access information and other teaching support materials as needed.

- Ensuring that no prospective pupils are denied admission to the school because arrangements for their medical conditions have not been made.
- Ensuring that pupils' health is not put at unnecessary risk. As a result, the Governing board holds the right to not accept a pupil into school at times where it would be detrimental to the health of that pupil or others to do so, such as where the child has an infectious disease.
- Ensuring that policies, plans, procedures and systems are properly and effectively implemented.

The Executive Headteacher will be responsible for:

- The overall implementation of this policy.
- Ensuring that this policy is effectively implemented with stakeholders.
- Ensuring that all staff are aware of this policy and understand their role in its implementation.
- Ensuring that a sufficient number of staff are trained and available to implement this policy and deliver against all Individual Healthcare Plans (IHPs), including in emergency situations.
- Considering recruitment needs for the specific purpose of ensuring pupils with medical conditions are properly supported.
- Having overall responsibility for the development of IHPs (Individual Health Care Plan) where applicable.
- Ensuring that staff are appropriately insured and aware of the insurance arrangements. Contacting the school nurse where a pupil with a medical condition requires support that has not yet been identified.

Parents Responsibility:

The parents of a pupil at Parkend Primary School have a responsibility to:

- Tell the school if their child has a medical condition.
- Ensure the school has a complete and up-to-date Individual Health Care Plan for their child, where applicable.
- Carrying out any agreed actions contained in the IHP.
- Ensuring that they, or another nominated adult, are contactable at all times.
- Inform the school about the medication their child requires while taking part in visits, outings or field trips and other out-of-school activities.
- Tell the school before the child returns about any changes to their child's medication, what they take, when and how much.
- Inform the school before the child returns of any changes to their child's condition.
- Ensure their child's medication and medical devices are labelled with their child's full name.
- Provide the school with appropriate spare medication labelled with their child's full name.
- Ensure medication is within expiry dates.
- Ensure their child has regular reviews about their condition with their doctor or specialist healthcare professional.

Pupils will be responsible for:

- Being fully involved in discussions about their medical support needs, where applicable.
- Contributing to the development of their IHP, if they have one.
- Being sensitive to the needs of pupils with medical conditions.

School staff will be responsible for:

- Providing support to pupils with medical conditions, where requested, including the administering of medicines, but are not required to do so.
- Taking into account the needs of pupils with medical conditions in their lessons when deciding whether or not to volunteer to administer medication.
- Receiving sufficient training and achieve the required level of competency before taking responsibility for supporting pupils with medical conditions.
- Knowing what to do and responding accordingly when they become aware that a pupil with a medical condition needs help.

IHPs – Individual Health Plans

The school, healthcare professionals and parents agree, based on evidence, whether an IHP will be required for a pupil, or whether it would be *inappropriate or disproportionate* to their level of need. If no consensus can be reached, the Executive Headteacher will make the final decision. The school, parents and a relevant healthcare professional will work in partnership to create and review IHPs. Where appropriate, the pupil will also be involved in the process.

IHPs will include the following information:

- The medical condition, along with its triggers, symptoms, signs and treatments
- The pupil's needs, including medication (dosages, side effects and storage), other treatments, facilities, equipment, access to food and drink (where this is used to manage a condition), dietary requirements, and environmental issues
- The support needed for the pupil's educational, social and emotional needs
- The level of support needed, including in emergencies
- Whether a child can self-manage their medication
- Who will provide the necessary support, including details of the expectations of the role and the training needs required, as well as who will confirm the supporting staff member's proficiency to carry out the role effectively
- Cover arrangements for when the named supporting staff member is unavailable
- Who needs to be made aware of the pupil's condition and the support required
- Arrangements for obtaining written permission from parents
- Separate arrangements or procedures required during school trips and activities
- Where confidentiality issues are raised by the parents or pupil, the designated individual to be entrusted with information about the pupil's medical condition
- What to do in an emergency, including contact details and contingency arrangements
- Where a pupil has an emergency healthcare plan prepared by their lead clinician, this will be used to inform the IHP.

IHPs will be easily accessible to those who need to refer to them, but confidentiality will be preserved. IHPs will be reviewed on at least an annual basis, or when a child's medical circumstances change, whichever is sooner.

Where a pupil has an EHC plan, the IHP will be linked to it or become part of it. Where a child has SEND but does not have an EHC plan, their SEND will be mentioned in their IHP.

Where a child is returning from a period of hospital education, alternative provision or home tuition, the school will work with the LA and education provider to ensure that their IHP identifies the support the child will need to reintegrate.

See Appendix 3 for IHP template

Staff training and support

- Any staff member providing support to a pupil with medical conditions will receive suitable training.
- A first-aid certificate will not constitute appropriate training for supporting pupils with medical conditions.
- Through training, staff will have the requisite competency and confidence to support pupils with medical conditions and fulfil the requirements set out in *IHPs*. Staff will understand the medical conditions they are asked to support, their implications, and any preventative measures that must be taken.
- Whole-school awareness training will be carried out on a yearly basis for all staff, and be included in the induction of new staff members.
- <https://www.ghc.nhs.uk/our-teams-and-services/school-nursing/awareness-sessions/> is used to update our whole school training.

Managing Medicines

Parents have the prime responsibility for their child's health and should provide schools with information about the child's medical condition. Medicines should only be taken to school when essential; that is where it would be detrimental to a child's health if the medicine were not administered during the school day.

Where clinically appropriate, parents should ask for medicines to be prescribed in dose frequencies which enable them to be taken outside school hours.

Medicines that are required to be taken three times a day do not need to be administered in school. A 'Parental Agreement for School to Administer Medicine' must be completed and given to the school. If this form is not received by the school, then the school cannot administer any medicines.

Medication that can be administered

The school will only administer medicines that are either taken orally in the form of a tablet, liquid or inhaled in the form of a spray and that are in the original packaging with the child's name shown on the pharmacist's label. If a child goes into an anaphylactic shock, staff are trained so epi-pens can also be used.

The school will not accept any medicine that have been taken out of the container as originally dispensed nor make any changes to dosages on parental instructions.

A child under 16 should never be given aspirin or medicines containing ibuprofen unless prescribed by a doctor.

No child will be given any prescription or non-prescription medicines without written parental consent except in exceptional circumstances.

Controlled drugs may only be taken on school premises by the individual to whom they have been prescribed.

Definitions:

"Medication" is defined as any prescribed or over the counter medicine.

"Prescription Medication" is defined as any drug or device prescribed by a doctor.

Administering Medication

Older children, whenever possible, should assume complete responsibility under the supervision of their parent from home. The 'Parental Consent Form' should be completed so that the school are aware of what medicines are being taken. This will be reflected in their IHP.

Records will be kept of all medicines administered to individual pupils, stating what, how and how much medicine was administered, when, and by whom. A record of side effects if presented will also be held.

Refusing Medication

If a child refuses to take medicine, staff will not force them to do so, but this will be noted and the parents informed at the end of the day. If a refusal to take medicine results in an emergency, the schools emergency procedure will be followed.

Storage and Return of Unused Medication

Most medication will be stored in the main office (inhalers are an exception as kept in class).

Any unused medicines / empty containers will be returned to the parents at the end of the day or course of treatment.

Managing Prescriptions on Trips and Outings

The school will consider what reasonable adjustments they can make to enable children with medical needs to participate fully and safely on visits. *In addition to a risk assessment*, advice will be sought from pupils, parents and relevant medical professionals. The school will arrange for adjustments to be made for all pupils to participate, except where evidence from a clinician, e.g. a GP, indicates that this is not possible. Staff supervising excursions should always be aware of any medical needs, and relevant emergency procedures.

Use of Emergency Salbutamol Inhalers in Schools

The protocol includes the following:

- Arrangements for the supply, storage, care, and disposal of the inhaler and spacers in line with the school's policy on supporting pupils with medication needs.
- Keeping a copy of the asthma register with the emergency inhaler.
- Having written parental consent for use of the emergency inhaler included as part of a child's medication plan.
- Ensuring that the emergency inhaler is only used by children with asthma with written parental consent for its use.
- Appropriate support and training for staff in the use of the emergency inhaler in line with the school's wider policy on supporting pupils with medication needs.
- Keeping a record of use of the emergency inhaler and informing parents or carers that their child has used the emergency inhaler.
See appendix 1 form 2 or use the link.
- <https://www.education-ni.gov.uk/sites/default/files/publications/de/asthma-guidance-updated-june-2015.pdf>

Use of emergency AAI's - Adrenaline Auto-Injector.

The protocol includes the following, on which this guidance provides advice:

- Parents are required to provide the school with up-to-date information relating to their children's allergies, as well as the necessary action to be taken in the event of an allergic reaction, such as any medication required.
- Arrangements for the supply, storage, care, and disposal of spare AAIs in line with Supporting Pupils with Medication Needs - Pupils who have prescribed AAI devices, and are aged seven or older, can keep their device in their possession. For pupils under the age of seven who have prescribed AAI devices, these will be stored in a suitably safe and central location; in this case, the school office.
- A register of pupils who have been prescribed an AAI (or where a doctor has provided a written plan recommending an AAI to be used in the event of anaphylaxis);
- Written consent from the pupil's parent/legal guardian for use of the spare AAIs, as part of a pupil's IHP;
- Ensuring that any spare AAI is used only in pupils where both medical authorisation and written parental/guardian consent have been provided;
- Appropriate support and training for staff who volunteer or are recruited for the purpose of supporting pupils with medication needs, in the use of the AAI in line with the school's wider policy on supporting pupils with medication needs. Keeping a record of use of any AAI(s) and informing parents or carers that their child has been administered an AAI and whether this was the school's spare AAI or the pupil's own device.

First Aid trained staff understand and are trained in what to do in an emergency for the most common serious medical conditions at this school

- First Aid trained staff are aware of the most common serious medical conditions at this school.
- Staff at Parkend Primary School understand their duty of care to pupils in the event of an emergency. In an emergency situation school staff are required under common law duty of care to act like any reasonably prudent parent. This may include administering medication.
- Action for staff to take in an emergency for asthma/epilepsy/anaphylaxis and diabetes is displayed in the Staff Room, Hall (inside cupboard doors), First Aid cupboard (inside door)
- See appendix 1 - form 1
- See appendix 1 - form 2
- See appendix 1 - form 3
- See appendix 1 - form 4

Emergency Procedures

In the event of an emergency the school will seek assistance either from the emergency services. If a pupil needs to be taken to hospital, a member of staff will remain with the child until their parents arrive.

In addition to the information provided within this Policy please refer to our Child Protection and Safeguarding Policies.

Complaints:

The details of how to make a complaint can be found in the Complaints Policy.

This policy operates in conjunction with the following school policies:

Admissions

Attendance and Absence Policy

Behaviour and Rewards

First Aid

Safeguarding / Child Protection

Health and Safety

Complaints

SEND

Disability / Equality

Drugs Policy

Policy Review

Written by: K.Burke and staff

Agreed by Governors: March 2023

Date for review: March 2025

Request for school to administer medication.

(Prescribed medicines only)

Parkend Primary School medicine administering form:

Name of child	
Date of birth	
Class / Year group	
Medical condition or illness	

Medicine

Name/type of medicine (as described on the container)	
Expiry date	
Dosage and method	
Timing	
Special precautions/other instructions	
Are there any side effects that the school/setting needs to know about?	
Self-administration – y/n	
Procedures to take in an emergency	

NB: Medicines must be in the original container as dispensed by the pharmacy

Contact Details

Name	
Daytime telephone no.	
Relationship to child	
Address	
I understand that I must deliver the medicine personally to	Add name of agreed member of staff

The above information is, to the best of my knowledge, accurate at the time of writing and I give consent to school/setting staff administering medicine in accordance with the school/setting policy. I will inform the school/setting immediately, in writing, if there is any change in dosage or frequency of the medication or if the medicine is stopped.

Signature(s)

Date

Parkend Primary School record of medicine administered to an individual child.

Name of child	
Date medicine provided by parent	
Group/class/form	
Quantity received	
Name and strength of medicine	
Expiry date	
Quantity returned and date	
Dose and frequency of medicine	

Staff signature _____

Signature of parent _____

Date	Time	Dose	Any Reaction	Signature of staff	Print name

Appendix 1 - Form 1

ALERT!

Asthma awareness for school staff

What to do in an asthma attack

- Keep calm.
- Encourage the child or young person to sit up and slightly forward.
- Make sure the child or young person takes two puffs of reliever inhaler (usually blue) immediately - preferably through a spacer.
- Ensure tight clothing is loosened.
- Reassure the child.

If there is no immediate improvement

- Continue to make sure the child or young person takes one puff of reliever inhaler every minute for five minutes or until their symptoms improve.

Call 999 / 112 or a doctor urgently if:

- The child or young person's symptoms do not improve in 5-10 minutes.
- The child or young person is too breathless or exhausted to talk.
- The child or young person's lips are blue.
- You are in doubt.

Ensure the child or young person takes one puff of their reliever inhaler every minute until the ambulance or doctor arrives.

It is essential for people who work with children and young people with asthma to know how to recognise the signs of an asthma attack and what to do if they have an asthma attack.

Common signs of an asthma attack are:

- Coughing
- shortness of breath
- wheezing
- tightness in the chest
- being unusually quiet
- difficulty speaking in full sentences
- sometimes younger children express feeling
- tight in the chest as a tummy ache.

After a minor asthma attack

- Minor attacks should not interrupt the involvement of a pupil with asthma in school.
- When the pupil feels better they can return to school activities.
- The parents/carers must always be told if their child has had an asthma attack.

Important things to remember in an asthma attack

- Never leave a pupil having an asthma attack.
- If the pupil does not have their inhaler and/or spacer with them, send another teacher or pupil to their classroom or assigned room to get their spare inhaler and/or spacer.
- In an emergency situation school staff are required under common law, duty of care, to act like any reasonably prudent parent.
- Reliever medicine is very safe. During an asthma attack do not worry about a pupil overdosing.
- Send another pupil to get another teacher/adult if an ambulance needs to be called.
- Contact the pupil's parents or carers immediately after calling the ambulance/doctor.
- A member of staff should always accompany a pupil taken to hospital by ambulance and stay with them until their parent or carer arrives.

Appendix 1 – Form 2 Epilepsy awareness for school staff

Complex partial seizures

Common symptoms

- The person is not aware of their surroundings or of what they are doing
- Plucking at their clothes
- Smacking their lips
- Swallowing repeatedly
- Wandering around

Call 999 / 112 for an ambulance if...

- You know it is the person's first seizure
- The seizure continues for more than five minutes
- The person is injured during the seizure
- You believe the person needs urgent medical attention
- A pupil has a risk assessment linked to epilepsy which says different (every time)

Do...

- Guide the person from danger
- Stay with the person until recovery is complete
- Be calmly reassuring

Don't...

- Restrain the person
- Act in a way that could frighten them, such as making abrupt movements or shouting at them
- Assume the person is aware of what is happening, or what has happened
- Give the person anything to eat or drink until they are fully recovered
- Attempt to bring them round
- Explain anything that they may have missed

Tonic-clonic seizures

Common symptoms:

- the person goes stiff,
- loss of consciousness
- falls to the floor

Do...

- Protect the person from injury (remove harmful objects from nearby)
- Cushion their head
- Look for an epilepsy identity card/identity jewellery
- Aid breathing by gently placing the person in the recovery position when the seizure has finished
- Stay with them until recovery is complete
- Be calmly reassuring

Don't...

- Restrain the person's movements
- Put anything in their mouth
- Try to move them unless they are in danger
- Give them anything to eat or drink until they are fully recovered
- Attempt to bring them round

Call 999 /112 for an ambulance if...

- You know it is the person's first seizure
- The seizure continues for more than five minutes
- One seizure follows another without the person regaining consciousness between seizures
- The person is injured
- You believe the person needs urgent medical treatment

Appendix 1 – Form 3- Anaphylaxis awareness for staff

ANAPHYLAXIS

Symptoms of allergic reactions:

Ear/Nose/Throat – Symptoms:

runny or blocked nose, itchy nose, sneezing, painful sinuses, headaches, post nasal drip, loss of sense of smell/taste, sore throat/swollen larynx (voice box), itchy mouth and/or throat and blocked ears.

Eye – Symptoms:

watery, itchy, prickly, red, swollen eyes. Allergic 'shiners' (dark areas under the eyes due to blocked sinuses).

Airway – Symptoms:

wheezy breathing, difficulty in breathing and or coughing (especially at night time).

Digestion:

swollen lips, tongue, itchy tongue, stomach ache, feeling sick, vomiting, constipation and or diarrhoea.

Skin:

Urticaria - wheals or hives-bumpy, itchy raised areas and or rashes.

Eczema -cracked, dry, weepy or broken skin. Red cheeks.

Angiodema - painful swelling of the deep layers of the skin.

Symptoms of Severe Reaction/ Anaphylaxis:

These could include any of the above together with:

- Difficulty in swallowing or speaking.
- Difficulty in breathing -severe asthma
- Swelling of the throat and mouth
- Hives anywhere on the body or generalized flushing of the skin
- Abdominal cramps, nausea and vomiting
- Sudden feeling of weakness (drop in blood pressure)
- Alterations in heart rate (fast Pulse)
- Sense of Impending doom (anxiety/panic)
- Collapse and unconsciousness

TREATMENT

Send a member of staff to the main office to collect the epipen and to ask main office to ring for an ambulance and parents.

If the student is conscious keep them in an upright position to aid breathing. If unconscious then place in recovery position.

If the student is conscious and alert ask them to self administer their epipen.

If the student is unconscious, trained member of staff to administer epipen as per training. Record time and amount given.

If no improvement within 5 minutes then 2nd epipen to be administered.

Keep used epipens and give to paramedics when they arrive.

Appendix 1 – Form 4

Diabetes awareness and treatment for staff

What is it?

Abnormal fluctuations in blood sugar can lead to someone with diabetes becoming unwell and, if untreated, losing consciousness.

There are two conditions associated with diabetes - hyperglycaemia (high blood sugar) and hypoglycaemia (low blood sugar).

Hypoglycaemia is the more common emergency which affects brain function and can lead to unconsciousness if untreated.

Signs and symptoms:

Hypoglycaemia:

- Hunger
- Feeling 'weak' and confused
- Sweating
- Dry, pale skin
- Shallow breathing

Hyperglycaemia:

- Thirst
- Vomiting
- Fruity/sweet breath
- Rapid, weak pulse

First aid aims

Hypoglycaemia:

- Raise blood sugar level as quickly as possible
- Get casualty to hospital, if necessary

Hyperglycaemia:

- Get casualty to hospital as soon as possible

Treatment

Hypoglycaemia:

- Sit casualty down
- If conscious, give them a sugary drink, chocolate or other sugary food
- If there's an improvement, offer more to eat or drink. Help the casualty to find their glucose testing kit to check their level. Advise them to rest and see their doctor as soon as possible.
- If consciousness is impaired, do not give them anything to eat or drink. Dial 999 for an ambulance

Hyperglycaemia:

Call 999/112 immediately

Further actions

If the casualty loses consciousness

- Open airway and check breathing
- Place them in recovery position
- Prepare to give resuscitation

Appendix 2

Other professional's roles and responsibilities

The school nurse will be responsible for:

- Notifying the school at the earliest opportunity when a pupil has been identified as having a medical condition which requires support in school.
- Supporting staff to implement IHPs and providing advice and training.
- Liaising with lead clinicians locally on appropriate support for pupils with medical conditions.

Clinical commissioning groups (CCGs) will be responsible for:

- Ensuring that commissioning is responsive to pupils' needs, and that health services are able to cooperate with schools supporting pupils with medical conditions.
- Making joint commissioning arrangements for EHC provision for pupils with SEND.
- Being responsive to LAs and schools looking to improve links between health services and schools.
- Providing clinical support for pupils who have long-term conditions and disabilities.
- Ensuring that commissioning arrangements provide the necessary ongoing support essential to ensuring the safety of vulnerable pupils.

Other healthcare professionals, including GPs and paediatricians, are responsible for:

- Notifying the school nurse when a child has been identified as having a medical condition that will require support at school.
- Providing advice on developing IHPs.
- Providing support in the school for children with particular conditions, e.g. asthma, diabetes and epilepsy, where required.

Providers of health services are responsible for cooperating with the school, including ensuring communication takes place, liaising with the school nurse and other healthcare professionals, and participating in local outreach training.

The LA will be responsible for:

- Commissioning school nurses for local schools.
- Promoting cooperation between relevant partners.
- Making joint commissioning arrangements for EHC provision for pupils with SEND.
- Providing support, advice, guidance, and suitable training for school staff, ensuring that IHPs can be effectively delivered.
- Working with the school to ensure that pupils with medical conditions can attend school full-time.

Where a pupil is away from school for 15 days or more (whether consecutively or across a school year), the LA has a duty to make alternative arrangements, as the pupil is unlikely to receive a suitable education in a mainstream school.

Appendix 3

Individual Healthcare Plan

Pupil's details

Pupil's name	
Group/class/form	
Date of birth	
Pupil's address	
Medical diagnosis of condition	
Date	
Review date	

Family contact information

Name	
Relationship to pupil	
Phone number	
Name	
Relationship to pupil	
Phone number	
Relationship to pupil	

Hospital contact

Name	
Phone number	

Pupil's GP

Name	
Phone number	

Who is responsible for providing support in school?

--

Pupil's medical needs and details of symptoms, signs, triggers, treatments, facilities, equipment or devices and environmental issues

--

Name of medication, dose and method of administration

--

Daily care requirements

--

Arrangements for school visits and trips

--

Other information
Describe what constitutes an emergency, and the action to take if this occurs
Responsible person in an emergency, state if different for off-site activities
Plan developed with
Staff training needed or undertaken – who, what, when: