ADMINISTRATION OF MEDICATION

Roles and Responsibilities: Parents/Carers

It is the responsibility of parents/carers to:

- Inform the school of their child’s medical needs
- Provide any medication in a container clearly labelled with the following:
  - The child’s name
  - Name of medicine
  - Dose and frequency of medication
  - Any special storage arrangements
- Collect and dispose of any medications held in school at the end of each term
- Ensure that medicines have NOT passed the expiry date.

Prescribed Medicines

- All medication must be in the original container.
- Where a child needs two or more prescribed medicines, each should be in a separate container.
- Medicines that have been taken out of the container as originally dispensed will not be accepted nor will the school make changes to dosages on parental instructions.
- Parents/Carers are encouraged to check with the prescriber if the medicines can be taken out of school hours eg: three times a day, could be morning, after school and at bedtime.

Non-Prescription Medicines

- Non-prescription medicines will not be given to a pupil unless there is a specific written permission from the parents/carer.
- A pupil under 16 will not be given Aspirin or medicines containing Ibuprofen unless prescribed by a doctor

Pupil Information

Long-Term Medical Needs

The school needs to know about any particular need before a child is admitted, or when a child first develops a medical need. An individual health care plan (IHCP) will be written, involving the parents/carer and relevant health professionals. THE INFORMATION MUST BE UPDATED AS AND WHEN REQUIRED AND AT LEAST ANNUALLY.
The information required should include:

- Details of child’s condition
- Special requirements e.g. dietary needs, pre-activity precautions
- Details of medication
- Any side effects of the medicines
- What constitutes an emergency
- What action to take in an emergency
- What not to do in the event of an emergency
- What to do and who to contact in an emergency
- The role that staff can play
- Allergies
- Name of GP/Consultants
- Cultural and religious views regarding medical care

**Administering Medication**

- We expect parents/carers to administer medication to their children at home.
- No medication will be administered without prior written permission from the parents/carers including written medical authority if the medicine needs to be altered (e.g. crushing of tablets).
- A Request to Administer Medication Form must be completed (See Form 3B)
- Staff members are not legally required to administer medicines or to supervise a pupil when taking medicine. This is a voluntary role.

Any member of staff giving medicines to a child should check:

- The child's name
- Prescribed dose
- Expiry date
- Written instructions provided by the prescriber on the label or contained (Adrenaline pens include manufacturer’s instructions)
- If in any doubt about procedure, staff should not administer the medicines but check with the parents/carer or a health professional.
- Written records must be kept – (See Forms 5 & 6)

The Headteacher will determine if medication is to be administered in school, and by whom, following consultation with staff. All medicine will normally be administered during breaks and lunchtimes. If, for medical reasons, medicine has to be taken during the day, arrangements will be made for the medicine to be administered at other prescribed times. Pupils will be told where their medication is kept and who will administer it.
Self-Management

Written permission from parents/carers will be required for pupils to self-administer medicine(s). A Request to Self-Administer Medication Form must be completed (see Form 7).

Refusing medication

If a child refuses to take their medication, no member of staff will force them to do so. Parents/carers will be informed as soon as possible. Refusal to take medication will be recorded and dated on the child’s record sheet. Reasons for refusal and any action then taken by the staff member will also be recorded.

Storing Medicines

For safety reasons, pupils are not allowed to carry medication. On arrival at school, all medication must be handed in to the relevant Administration Office, unless there is a prior agreement for the pupil to carry medication, eg. Asthma inhalers. All medicine will be logged onto the schools’ file.

Medication will be stored in locked cabinets in the Medical Room, with the key stored in an accessible but restricted place known to the relevant Administrative Officers. Once removed from the cabinet, medication should be administered immediately and never left unattended. All emergency medicines, eg: Asthma inhalers and adrenaline pens, should be readily available to children and not locked away.

Medicines requiring refrigeration will be kept in a refrigerator with restricted access.

Disposal of Medicines

Staff will not dispose of medicines. They should be collected by parents/carer. If parents/carer do not collect all medicines, they will be taken to a local pharmacy for safe disposal.

Emergency Procedures

Pupils should inform a member of staff of an emergency. All staff should know how to call the emergency services (See Form 1). The Headteacher will ensure that all members of staff are aware of the school’s planned emergency procedures in the event of medical needs.

- A first aider should be informed – see Health & Safety Policy.
- A member of staff will accompany a child taken to hospital by ambulance and stay until the parent/carer arrives except in exceptional circumstances.
- Staff should never take children to hospital in their own car.
Educational Visits

To enable, as far as possible all pupils to have access to all activities and areas of school life, a risk assessment will be undertaken to ensure the safety of all participants in educational visits. No decision about a child with medical needs attending/not attending a school visit will be taken without prior consultation with parents/carers.

- Staff supervising excursions should have copies of each pupil’s medical forms completed by their parents/carer.
- They should be aware of any medical need and relevant emergency procedures.
- A copy of any IHCP should also be taken on the visit. Risk assessments for such individual pupils may be necessary.

Sporting Activities

Any restrictions on a child’s ability to participate in PE should be recorded in their IHCP. Some children may need to take precautionary measures before or during an exercise and may need to be allowed immediate access to their medicines eg: Asthma inhalers. Staff supervising sporting activities should be aware of such children.

Records

Each time medication is given to a child, a member of staff, will complete and sign a record sheet, kept in the administration office. These sheets record the following:

- Name of pupil;
- Date and time of administration;
- Who supervised the administration;
- Name of medication;
- Dosage;
- A note of any side effects;
- If medicine has been altered for administration (e.g. crushing tablets) and authority for doing so;
Off-site Education or Work Experience

The school will ensure that placements are suitable for students with a particular medical condition. Copies of medical forms completed by the parent/carer will be given to IFP and college providers. Parents and pupils must give permission before relevant medical information is shared on a confidential basis with employers.

Residential Visits

Sufficient essential medicines and appropriate health care plans will be taken and controlled by the member of staff supervising the visit. If additional supervision is required for activities e.g. swimming, we may request the assistance of the parent/carer.

Training

Appropriate training will be given if a health care plan reveals the need for staff to have further information about a medical condition or specific training in administering a particular type of medicine or in dealing with emergencies.

Further details on Management of medicines and Practice Advice on Asthma, Epilepsy, Diabetes and Anaphylaxis can be found in the DfE Guidance Booklet – Managing Medicines in Schools and Early Years Settings, March 2005 – a copy is available in the Medical Room, each of the Progress Leaders’ Offices, Staff Room and the main school office.
EPILEPSY /FIRST AID FOR SEIZURES PROTOCOL

Policy Background

St Julie’s Catholic High school recognises that epilepsy is a common condition affecting many children and young people.

The school believes that every student with epilepsy has a right to participate fully in the curriculum and life of the school, including all outdoor activities and residential trips.

The school will keep a record of all the medical details of students with epilepsy and will keep parents updated with any issues it feels may affect the student.

The school ensures that all students and staff in the school understand epilepsy and do not discriminate against any students with the condition.

The school will ensure that an adequate number of staff are trained in first aid and will share information with them about any students diagnosed with epilepsy or displaying symptoms of epilepsy while undergoing tests before a diagnosis has been made.

The school will administer any medications agreed with parents and healthcare professionals as appropriate.

The school will work together with students, parents, staff, governors, educational psychologists and health professionals to ensure this policy is successfully implemented and maintained.

When a student is diagnosed

When a student with epilepsy joins St Julie’s Catholic High School or a current student is diagnosed with the condition or displays symptoms such as fitting before a diagnosis is made, the Progress leader or Key Stage Manager arranges a meeting with the student and the parents to establish how the pupil’s epilepsy may affect their school life. The school nurse will also be invited to the meeting.

The discussion will include the implications for:

- Learning
- Social development
- Out of school activities
- Any special arrangements the students may require, for example extra time in examinations.
- Emergency procedures and medication
With the student’s and parent’s permission, epilepsy will be addressed as a whole-school issue through assemblies and in the teaching of PSHE or citizenship lessons.

**Record keeping**

During the meeting agreements will be reached in order to complete the student’s Individual Healthcare Plan.

This document will include issues such as agreeing to:

- Administration and storage of medication
- Extent of medical intervention such as when to call an ambulance
- Possible triggers
- Any staff training needs.

This record will be agreed by the parents and the health professional, if present, and signed by the parents and Progress Leader or Key Stage Manager. This form will be kept safe and updated when necessary.

Staff will be notified of any changes in the student’s condition through regular staff briefings. This will make staff aware of any special requirements, such as seating the student facing the class teacher to help monitor if the student is having absence seizures and missing part of the lesson.

**Procedure in the Event of a seizure**

Staff and students need to keep calm, clear the immediate area and ensure the student experiencing a seizure is not in any danger of injury. Other students need to be evacuated from the immediate area.

A First Aider is to be called who will then be the designated person in charge of the care of the student. The First Aider is to be responsible for completing the log record of the seizure, which is to be kept with the student’s Healthcare Plan in the medical room.

Parents are to be contacted to inform them of every seizure experience by the student. In the case of severe attacks where an ambulance is called, parents are to be contacted immediately by the office staff.

An ambulance needs to be called if:

- It is the person's first seizure
- The seizure continues for more than five minutes
- The person is injured during the seizure
- The person needs urgent medical attention
In the case of less severe attacks where the student is deemed fit to return to lessons by the First Aider in charge, the First Aider is to inform the Key Stage Administration Assistant to contact the parents.

**Learning and behaviour**

St Julie’s Catholic High School recognises that students with epilepsy can have special educational needs because of their condition (*Special Educational Needs Code of Practice*). Following the initial meeting, staff will be asked to ensure the student is not falling behind in lessons. If this starts to happen the teacher will initially discuss the situation with the parents. If there is no improvement, then discussions should be held with the school’s special educational needs co-ordinator (SENCO) and school nurse.

If necessary, an Individual Educational Plan will be created and if the SENCO thinks it appropriate, the child may undergo an assessment by an educational or neuropsychologist to decide what further action may be necessary.

**School environment**

St Julie’s Catholic High School recognises the importance of having a school environment that supports the needs of students with epilepsy. A medical room is kept available and equipped with a bed in case a pupil needs supervised rest following a seizure.

If a student has a seizure in a classroom, corridor or dining room, very effort will be made to ensure the student’s dignity and safety. This may include moving other students to a different location or to a distance where privacy is maintained as far as possible; screening the students experiencing a seizure; covering the student from the waist down with a blanket in case of incontinence which can be experienced during a seizure.

**Examinations**

In order to effectively manage a possible seizure during examinations in large venues, account will be taken into the number and severity of seizures suffered by a student. In the case of students deemed likely to have a seizure, they will be seated in an appropriate position at the back of the venue so that they will have space, maximum privacy in order to maintain their dignity and have easier access to doorways should the need arise.

**Out of School Activities**

The school’s epilepsy policy applies equally within the school and at any outdoor activities organised by the school. This includes activities taking place on the school premises, and residential stays. Any concerns held by the student, parent or member of staff will be addressed at a meeting prior to the activity or stay taking place.
When Year 11 chooses work experience placements the parents and the school will need to inform the manager of the placement so they can be forewarned in case of seizures.

**First Aid for Seizures**

A first aider must be called by staff when a student experiences a seizure. The member of staff is responsible for ensuring a safe environment around the student which may necessitate moving furniture to avoid injury. Where possible the classroom or immediate area will need to be evacuated to maintain the dignity of the student and avoid upset to other students. This will depend on individual circumstances dependent on factors such as the age of the student; if it is safe to move other students if they will be unsupervised; location of the seizure.

Sometimes a child may become incontinent during their seizure. In case this happens, a blanket needs to be around them from the waist down when their seizure is finished to avoid potential embarrassment.

**Tonic-Clonic seizures**

The person goes stiff, loses consciousness and then falls to the ground. This is followed by jerking movements. A blue tinge around the mouth is likely. This is due to irregular breathing. Loss of bladder and/or bowel control may happen. After a minute or two the jerking movements should stop and consciousness may slowly return.

**Do...**

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

**Don't...**

- Restrain the person’s movements
- Put anything in the person’s 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 for an ambulance if...

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

**Complex partial seizures**
The person is not aware of their surroundings or what they are doing. They may pluck at their clothes, smack their lips, swallow repeatedly, and wander around.

**Do...**

- Guide the person from danger
- Stay with the person until recovery is complete
- Be calmly reassuring
- Explain anything that they may have missed

**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

Call 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
LOG OF SEIZURES

Name __________________________________________ Form ___________________

Duration of seizure ________________________________

Duration before student regained consciousness __________________________

Time and Location of seizure ____________________________________________

Additional comments ________________________________

Was an ambulance necessary? __________________________

Parents contacted by __________________________ at ______________________

Attending First Aider ____________________________________________

Signature __________________________ Date _____________________

Name __________________________________________ Form ___________________

Duration of seizure ________________________________

Duration before student regained consciousness __________________________

Time and Location of seizure __________________________________________

Additional comments ________________________________

Was an ambulance necessary? __________________________

Parents contacted by __________________________ at ______________________

Attending First Aider ____________________________________________

Signature __________________________ Date _____________________
INTIMATE CARE

Aims

St Julie’s Catholic High School is committed to providing an inclusive education to all students and understands that some students will need assistance in their intimate care. St Julie’s Catholic High School will ensure that appropriate care with trained staff will be available. The following principles will be followed, always appreciating that the issue of intimate care is a sensitive one, by its very nature.

• A student’s dignity will always be protected with a high level of privacy, choice and control

• Staff will be respectful of the student’s needs at all times and will provide intimate care sensitively and professionally

• Appropriate staff will have staff training in all areas of intimate care procedures, health and safety guidance and child protection

• Parents/carers will be consulted and their views respected in terms of the intimate care provided for their children. Procedures should be discussed with the family as part of educational planning for their child

• We will ensure that any child or young person at our school who requires intimate care will also have access to a wide and full curriculum reflecting their abilities and interests.

What constitutes intimate care

- Assisting students changing for PE
- Assisting students when on the toilet
- Ensuring changing of sanitary provision during menstruation
- Assisting students who have had accidents with continence
- Assisting students to shower

Students who require intimate care should be supported to achieve the highest level of independence possible, given their age and abilities. This may be a simple action, such as choosing the towel that is to be used, or cooperating with drying their hands. For students with medical needs and fewer learning difficulties, a higher level of independence should be achieved.
Intimate care plan

The parents/carers of any students requiring intimate care will meet with the student’s Progress Leader or Key Stage Manager. This meeting may also include the SENCO, school nurse and, if a care support assistant is being provide for a student with a Statement of SEN provision, they should also be present.

An intimate care plan in conjunction, as appropriate, with a healthcare plan, will be drawn up. The plan will be reviewed at least annually or according to the emerging needs of the young person and taking into account physical and sexual development and possible change in medical or physical therapies or approaches.

Staff training

Staff involved in providing intimate care to children and young people will themselves require careful support and management. This reflects the sensitivity and personal responsibility involved in carrying out such tasks on a regular basis.

It is required that staff will have had an enhanced CRB disclosure. They must also have received training in child protection and health and safety training in lifting and manual handling if necessary.

Further training reflecting the student’s medical history and condition or learning difficulties may be warranted to ensure best practice and full understanding of the care being given. In many cases, it will be advisable to ensure that two members of staff are present if a young person is being changed and internal medication is being administered. This may not always be possible.

Staff will be provided with the appropriate apparatus and equipment to carry out this task sensitively.

The privacy and dignity of the student is paramount at all times.

Record Keeping

Any intimate care procedures are to be logged. If any incidents in terms of accidents (however minor) take place during changing, these must be recorded immediately. If the child or young person expresses any discontent with the intimate care he or she is receiving, this should also be recorded and acted upon as quickly as possible.

Any discontent expressed by the student is to be reported via Line Managers and the Parent/Carer is to be informed so a meeting can take place to discuss any issues as a matter of urgency.
Child protection

If a member of staff has any concerns about physical changes which they notice whilst caring for a student, e.g., marks, bruises, soreness etc., he or she should immediately report concerns to the school Child Protection Officer. In addition, a written report must be made.

As noted above, if a child becomes distressed or unhappy about being cared for by a particular member of staff, this should be taken seriously. The child’s distress should be recorded, parents and carers should be contacted swiftly and a solution sought as a matter of urgency.

Out of School Activities

When school trips are being planned, the possibilities for students to be changed or cared for intimately will be considered and all reasonable steps taken to include the students in each activity. This will be demonstrated through the risk assessments for the activity.
RESTRAINT OF STUDENTS

Rationale

Teachers are entitled to use reasonable force to control or restrain students physically in the arrangements explained below. The powers of teachers and other staff on the use of reasonable force to restrain students are contained within Section 550A of the Education Act 1996. Those powers are described in the following guidance: DfEE Circular 10/98 and Welsh Office Circular 37 / 98; The Use of Force to Control or Restrain Students; and DfES ‘Guidance on the Use of Restrictive Physical Interventions for Staff Working with Children and Adults who Display Extreme Behaviour in Association with learning Disability and for Autistic Spectrum Disorders’ (July 2002).

Purposes

To strive to maintain the health, safety and well being of staff and students in line with the Government ‘Every Child Matters’ agenda.

Guidelines

You must not use physical force to punish students. Corporal punishment is banned in all schools. Force should not be used except in self-defence or an emergency, where a teacher might have to react quickly to prevent injury. You should be aware that your actions must be considered and appropriate; using excessive force in a situation where it is not appropriate can result in disciplinary action or criminal charges. The Education Act, 1997, added a section to the 1996 Act to clarify when teachers may use physical force to restrain a student. It allows teachers to use 'reasonable force' to prevent a student from:

- committing a criminal offence (or what would be a criminal offence if they were old enough);
- injuring themselves or others;
- damaging property;
- acting in a way that is counter to maintaining good order and discipline at the school.

The provisions of the Act do not just apply in the school itself. Circular 10/98 states that they apply whenever you have 'lawful control or charge of the student' (para. 10).

Circular 10/98 (para. 21) suggests reasonable physical interventions might be:

- physically interposing between students;
- blocking a student's path;
- holding;
- pushing or pulling;
- leading a student by the hand or arm;
- shepherding a student away by placing a hand in the centre of the back, or (in extreme circumstances) using more restrictive holds.
All staff involved in an incident requiring physical restraint will complete an incident report form available on ‘P’ Drive: Forms & Templates/Incident Report Form.

The school will record all incidents involving physical restraint in writing at the time including:

- The names of everyone involved, time and place and names of any other witnesses
- How the incident began and progressed with details of behaviour
- What everyone said, as near as possible
- What steps are taken to diffuse the situation
- The degree of physical restraint used, how applied and for how long
- The student’s response
- The outcome
- Details of any injury and of any damage to property
- Ensure all parents/carers are informed immediately, orally or in writing and give them a chance to discuss the incident

All staff at St Julie’s Catholic High School should not:

- Hold around the neck
- Restrict a student’s ability to breathe
- Slap
- Punch
- Kick
- Twist or force limbs against a joint
- Hold or pull by the hair or ear
- Hold facedown on the ground
- Touch in a way that might be considered indecent
- Use any other physical contact to be unreasonable

**Supplementary Advice**

- It may be better to diffuse than intervene
- Encourage the dispersal of all irrelevant parties
- Talk over episodes together, find out what you think might have been a good response in difficult situations
- Establish a culture of openness; don’t hide behind a notion of professionalism. It is unprofessional not to report incidents
On Breaking up a Fight

- Assess the situation
- Use verbal intervention where possible
- Disperse non-combatants: violence may thrive on witness
- Don’t put yourself at risk: alert colleagues, enlist their help
- Be calm, don’t take it personally
- Use physical restraint only if deemed necessary

Supportive Contact

There are times in a non-restraint context when physical contact between a student and a member of staff may be deemed to be appropriate. These situations will be in a caring context when students need reassurance and support.

It is important that the member of staff assesses the “reasonableness” of their actions taking the following into account:

- The age of the student
- The severity of the distress of the student
- The knowledge of the individual child the relationship that exists between the member of staff and the student

As with physical contact with students the level of contact used should be the minimum necessary to achieve the desired outcome.

Due care needs to be taken to ensure that this supportive contact is agreed and open with the circumstances in which this takes place are clear to all concerned.

The above assessments would equally apply to those situations that demand that a member of staff assist a child in their care.

WHO CAN USE REASONABLE FORCE?

i. All members of school staff have a legal power to use reasonable force\(^1\).

ii. This power applies to any member of staff at the school. It can also apply to people whom the Headteacher has temporarily put in charge of pupils.

\(^1\)Section 93, Education and Inspections Act 2006
SCHOOL TRAVEL PLAN


Introduction

St Julie’s Catholic High School has produced a Travel Plan to:

- Improve accessibility to school
- Improve relations with local residents
- Contribute to lowering Greenhouse gasses
- Reduce congestion
- Improve road safety
- Improve health through exercise
- Reduce numbers travelling by car
- Increase use of public transport system
- Encourage more people to walk all or part of the way

The main pedestrian and vehicular entrances to the school and the Sunflower Centre are on Speke Road. This is a very busy but not very wide main road so any parking severely restricts traffic flow and causes major congestion. This is exacerbated by the nearby traffic lights at the crossroads in Woolton Village.

Merseytravel School bus services section organise the contracting of bus companies for the routes identified as not adequately served by normal public buses. These school buses are for St Julie’s students and not for the general public but the students are charged the fare. These are:

Morning:
615 Childwall Valley Road/ Chelwood Ave to St Julie’s
666 Netherley to St Julie’s

Afternoon
615 St Julie’s to Chelwood Ave
666 St Julie’s to Netherley
661 St Julie’s to Garston

Most of the students travel to school by public bus with a lesser number being dropped off by Parents/Carers. A much smaller number walk to school. Most of the staff travels to school in their own vehicles. Some sixth formers travel to school by car but are not allowed to park on site.
School Details

Headteacher: Mr Tim Alderman
Staff: 66 Teaching and 78 Support Staff
Number of Students: 1214
Age Range: 11-19

Address
Speke Road
Woolton
Liverpool
L257TN
Telephone: 0151 428 6421
E-mail reception@st-julies.liverpool.sch.uk

St Julie’s High School
Objectives and Benefits

We want to see more students using public transport to school instead of being driven to school by a parent/carer, if they live too far away to walk or cycle.

We want as many students as possible to walk or cycle to school. We accept there is an underlying concern with parents regarding road safety.

We wish to work in partnership with the Local Authority and the Transport Authority to make more services available to cater for those students who are poorly served at the present and to meet the needs of the extended school day.

The school has purchased a mini bus to reduce the number of taxis used in collaboration activities with local schools and also to offer a safe service to the local primary schools.
Consultation and Whole School Involvement

Year Councillors will raise awareness and request suggestions, concerns etc. from their year groups, as well as encouraging participation in events and competitions. The Year Councillors will help in the organisation of these.

Teaching and support staff are to promote these events where possible with their form groups and in their subject lessons as well as participating themselves in events.

Staff in the Sunflower Centre encourage students and community users to discuss issues and help raise awareness as well as participating themselves in events.

The school council will continue to be actively involved in planning and developing the Travel Plan.

Walking Initiatives

The majority of students live too far away to walk the whole journey but the Year Councillors could explore the feasibility of meeting groups at identified areas on bus routes and groups dropped off by parents/carers to walk the last stage to school.

School Travel Situation and Problems

The following are the main issues concerning the school and students.

- Congestion at the school gate
- Parents parking on double yellow lines
- Students running across the road without awareness of danger
- Damage to edge of pavement from cars and buses
- Danger for students walking close to the road side
- Risks of tripping over cracked paving/kerbs
- Cars turning from the main road to the side road cut across the bottom of the drive
- Increased pollution when engines left running (especially buses)
- Traffic flow on main road severely restricted especially at the end of the day

Targets

Walking

We hope to increase the proportion of children walking to and from our school by 2% by July 2013

Car Use

We would like to reduce the proportion of children travelling to and from our school by car (one student per car) by 4% by July 2013
Public Transport

We would like to increase public transport use by our students by a further 2% by July 2013

Monitoring

The yearly modal split (‘hands up’) survey will be conducted with all students in October each year and updated into the travel plan. Other initiatives through the year will also be monitored as and when they occur.

Objectives and Initiatives Timetable

<table>
<thead>
<tr>
<th>Objectives</th>
<th>Initiatives</th>
<th>When</th>
<th>Who</th>
</tr>
</thead>
<tbody>
<tr>
<td>A) Promote the Travel Plan throughout the school and the Sunflower Centre</td>
<td>Themed Displays Inclusion in School Prospectus and on school website Parents evenings</td>
<td>Throughout the academic school year</td>
<td>Teaching and Support staff</td>
</tr>
<tr>
<td>B) To encourage more walking to and from school</td>
<td>Walk to school days . Road Safety Activities. Competitions/ Awards. Include Active Age groups.</td>
<td>Throughout the academic school year</td>
<td>Teaching and Support staff</td>
</tr>
<tr>
<td>C) To encourage more cycling</td>
<td>Investigate cycling opportunities</td>
<td>Ongoing</td>
<td>School Council</td>
</tr>
<tr>
<td>D) To have ongoing educational work on sustainable transport issues and Road Safety</td>
<td>Citizenship/PHSE and Geography. Road Safety curriculum work Modal Split Data Handling- Maths and IT Work with Merseytravel/ Travel Wise</td>
<td>Throughout the academic school year</td>
<td>PHSCE and Geography.</td>
</tr>
<tr>
<td>E) To encourage the use of public transport</td>
<td>Educational initiatives on appropriate use of public transport Information points Promote bus stop near school</td>
<td>Throughout the academic school year</td>
<td>School Council</td>
</tr>
<tr>
<td>F) Alleviate congestion around the Main Entrance</td>
<td>Prevention of parking at end of school day</td>
<td>Throughout the academic school year</td>
<td>Outside Agencies</td>
</tr>
</tbody>
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Creation By: Mrs L Locke 05.03.2009  Version 3.0
Reviewed without change by: Mrs L Locke 01-05-2012
To be formally approved by the Governors’ Policies Committee 21-05-2012
Review Date Summer Term 2014
Public Transport Schemes
Some of the bus routes used by many of our students also serve a number of other large secondary schools e.g. SFX, Childwall. Students travelling on these routes often have difficulty getting these buses as they are already full and will not stop. The route with the greatest difficulty in this respect is the 81.

We will work with Mersey Travel to the end of improving provision. The school works to encourage positive behaviour on public transport. We recognise that antisocial behaviour is a factor in discouraging parents from allowing their children to use public transport.

Curriculum Work
Each year group will have the opportunity to look at travel issues as part of the curriculum. This project was initially developed with Citizenship/PHSE, Geography and Maths.

Identification of Physical Improvements

Hard Factors

Repair to kerbstones
Prevent further damage by installing bollards
Provision of secure bicycle parking at the Sunflower Centre

Soft Factors

Display Boards
Posters
Leaflets
Monitoring, Evaluation and Review

Monitoring

The Pupil Progress Leaders are responsible for collating the data from the modal split survey and other initiatives as undertaken by the school. The Parent and Student questionnaire will be undertaken every three to four years unless a significant change in demographics requires it being undertaken sooner.

Evaluation

The Senior Leadership will assess any behavioural change over time. Monitoring will enable the school to assess the effectiveness and benefit of specific initiatives in enabling travel plan targets to be achieved. It will also allow the senior Leadership to consider expanding, adapting, developing, or stopping any initiative depending on the results achieved.

Review

A regular review of the whole Travel Plan will be conducted by the Head Teacher. This will enable the school to consider the successes, areas for improvement, any changes, and new initiatives and approaches for the travel Plan. The review will also allow for celebration of achievements and plan for the coming year(s).

The new yearly student intake will be given the opportunity to become involved in the ongoing Travel Plan process.

Since 2003 the school and its partners have worked together to ensure the completion of traffic calming measures on Speke Road and the provision of a pedestrian crossing. The school has used funding for sixth form students to provide a small number of secure cycle hoops. The vehicle entrance has been improved by the provision of raised paving to prevent cars cutting across into the side road.

Communication

We will keep the whole school up to date with our progress, successes and new initiatives via:

- Assemblies
- Newsletter
- School Travel Initiatives
- School Website
- Parents evenings

Links with Other School initiatives.
Our school travel plan links with elements and topics of the Eco-Schools (Transport) and Healthy Schools Initiatives and this will be developed wherever appropriate.