



Supporting Students at School with Medical Conditions

St. Julie's Catholic High School recognises that some students in school will have short or long-term medical conditions which require them to receive medication during the school day. The school is also aware of its statutory duties and has updated this policy in light of:

- The guidance document 'Supporting students at school with medical conditions' which came into force in September 2014 (updated August 2017)
- The Equality Act 2010.
- Regulation 5 of the School Premises (England) Regulations 2012
- Special educational needs and disability (SEND) code of practice
- Training delivered to relevant staff on the 'Safe Use of Medicines For Schools' [currently certifiable for two years]

The school aims to ensure that all children with medical conditions, in terms of both physical and mental health, are supported in school so that they can play a full and active role in school life, remain healthy and achieve their academic potential.

Roles and Responsibilities of Parents/Carers

It is the responsibility of parents/carers to:

- Inform the school of their child's medical needs before the student joins the school, or as soon as a new medical condition is diagnosed.
- Work with school staff to develop an Individual Health Care Plan (IHCP) for students with a long-term medical need, if it is determined by school staff that an IHCP is appropriate.
- Administer medication to their children at home wherever possible.
- Provide any medication in the manufacturer's box in which it was issued, placed in a container clearly labelled with the following:
 - o The child's name
 - o Name of medicine
 - o Dose and frequency of medication
 - o 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.

Administering Medication

- Medicine is only administered in school when it would be detrimental to a student's health of school attendance not to do so.

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- Where medication must be taken during the school day, students are encouraged to be responsible for managing their own medicines and procedures wherever possible, in discussion with parents. Written permission from parents/carers is required for students to self-administer medicine(s). A Request to Self-Administer Medication Form must be completed (see Form 7).
- When it is not appropriate for a student to self-manage their medication, relevant and appropriately trained staff help to administer medicines and manage procedures. Two members of staff must be present to witness and supervise the administration of medication.
- A Request to Administer Medication Form must be completed (See Form 3B)
- The Headteacher will determine if medication is to be administered in school, and by whom, following consultation with staff.
- Staff members are not legally required to administer medicines or to supervise a student when taking medicine. This is a voluntary role. Any staff involved in administering medication to a student should receive appropriate training, including an understanding of the student's specific medical condition. The school nurse can provide confirmation of staff competency to administer medication.
- No medication – including 'over the counter' medicines - is 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) and a Request to Administer Medication Form must be completed (See Form 3B). In exceptional circumstances, where the student has been prescribed medicine without the knowledge of the parent/carer, this medicine can be administered in school without parental permission but every effort but is made to encourage the student to involve their parent/carer while respecting the student's right to confidentiality.
- All medicine is normally 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.
- Students are told where their medication is kept and who will administer it.
- The school ensures that appropriate accommodation is readily available for the use of students who are self-administering medication or staff administering medication to students. This includes a washing and toilet facility, entirely separate from teaching accommodation.

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

- The student's name
- Prescribed dose
- Expiry date of the medication
- Written instructions provided by the prescriber on the label or container (Adrenaline pens include manufacturer's instructions)

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If in any doubt about procedure, staff do not administer the medicines but check with the parents/carer or a health professional.

A written record is kept in the First Aid Room each time medicine is administered to a student. This details:

- Name of student
- Date and time of administration
- Names of the two members of staff who supervised and witnessed the administration
- Name of medication
- Dosage
- Any side effects
- Whether the medicine has been altered for administration (e.g. crushing tablets) and authority for doing so.

If a student refuses to take medicine or carry out a necessary procedure, staff do not force them to do so, but inform parents so that alternative options can be considered. If an IHCP is in place for this student, they should follow the procedure detailed there. Refusal to take medication is recorded and dated on the child's record sheet and parents will be notified immediately by the member of staff administering the medications. Reasons for refusal and any action then taken by the staff member are also recorded and reported to parents. Where appropriate, the Safeguarding Team should also be notified via CPOMS using the 'Refusal of Medication' toggle within the SEND category.

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 is not accepted. The exception to this is insulin which may be stored in school within a pump or insulin pen rather than its original container.
- The school do not 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 e.g.: three times a day could be morning, after school and at bedtime.

Non-Prescription Medicines

- Non-prescription medicines is not given to a student unless there is specific written permission from the parent/carer.
- A student under 16 is not given aspirin or medicines containing ibuprofen unless prescribed by a doctor.

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Storing Medicines

- For safety reasons, students are not allowed to carry medication. On arrival at school, all medication must be handed in to the Main Office, unless there is a prior written agreement for the student to carry medication on their person.
- Medication is stored in a locked cupboard in the main office in an accessible but restricted place known to reception staff. Students know where their medication is kept.
- Medicines requiring refrigeration are kept in the office fridge. It is not locked but can only be accessed by staff with office access
- Once removed from the cabinet, medication should be administered immediately and never left unattended.
- Medication is always administered immediately and watched by staff – it is never left unattended.
- Pupils who require inhalers have one that is kept on their person and another that is stored in the office
- An up to date record of all medication stored in school must be kept and monitored by the Senior Secretary Office Manager
- Each medication is with a form completed and signed by parent(s) which is kept in it's own plastic wallet with the child's name

Disposal of Medicines

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

When a pupil is no longer receiving medication in school, this is to be recorded on the relevant paperwork and scanned into the student's file

These procedures will be monitored and reviewed by the Safeguarding Team on a termly basis, via inspection of records.

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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.
- The school liaises as necessary with health professionals including the Lead Safeguarding GPO for the city to work to ensure that no child is denied their right to an education
- An Individual Health Care Plan (IHCP) is written when deemed by school staff to be appropriate, involving the student, parents/carer and relevant health professionals. The information will be updated as and when required and at least annually.

The IHCP includes:

- Details of the student's condition, its triggers, signs and symptoms.
- Details of resulting needs including medication and other treatments, time, facilities, equipment, dietary requirements and environmental issues such as crowded corridors and travel time between lessons.
- Any side effects of the medicines.
- Details of any allergies the student may have.
- Details of any support needed for the student's educational, social and emotional needs, for example how absences will be managed, whether extra time will be required for examinations, use of rest periods or additional support to catch up with missed lessons, emotional support from Learning Support Advisors.
- Details of the level of support needed to meet the student's medical needs, including administering medication, and confirmation of written permission from parents and the Headteacher if medication is to be administered by staff or self-administered by the student during school hours (see 'Administration of Medication').
- Details of who will provide this support, their training needs, expectations of their role and confirmation of proficiency to provide support for the student's medical condition from a healthcare professional, and cover arrangements for when they are unavailable.
- Details of who in school needs to be aware of the student's condition and the support required.
- Arrangements and procedures that will be followed for school trips or other activities outside of the normal school timetable, which will ensure that the student can participate.
- Details of any Special Educational Needs the student may have.
- Name of GP/Consultants involved in the student's care.
- Cultural and religious views regarding medical care.
- Information on what constitutes an emergency for this student.

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- Action plan to be followed in an emergency, including whom to contact, and contingency arrangements. This is informed by a clinician's emergency healthcare plan, if one is in place for this student.

The aim of an IHCP is to assess and manage risks to the student's education, health and social well-being and minimise disruption. It is developed with the student's best interests in mind and includes a record of the student's views.

Educational Visits

To enable, as far as possible, all students 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 have copies of each student's medical forms completed by their parents/carer.
- Staff are aware of any medical need and relevant emergency procedures.
- A copy of any IHCP is also taken on the visit.
- Individual risk assessments are completed for any students with an IHCP or where it is deemed necessary by the Educational Visits Coordinator.

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 e.g. asthma inhalers.
- Staff supervising sporting activities should be aware of such children.

Emergency Procedures

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 of any medical emergency involving a student, visitor or member of staff, by calling 1111 or 1112 from any phone within the school – see Health & Safety Policy.

A member of staff normally accompanies a student taken to hospital by ambulance, unless a parent/carer is able to accompany. The member of staff will stay with the student until the parent/carer arrives, except in exceptional circumstances.

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Staff should never take a student to hospital in their own car.

Unacceptable practises:

Although school staff should use their discretion and judge each case on its merits with reference to the child's individual healthcare plan it is not generally acceptable practice to

- prevent children from easily accessing their inhalers and medication and administering their medication when and where necessary;
- assume that every child with the same condition requires the same treatment;
- ignore the views of the child or their parents; or ignore medical evidence or opinion (although this may be challenged);
- send children with medical conditions home frequently for reasons associated with their medical condition or prevent them from staying for normal school activities, including lunch, unless this is specified in their individual healthcare plans;
- if the child becomes ill, send them to the school office or medical room unaccompanied or with someone unsuitable;
- penalise children for their attendance record if their absences are related to their medical condition, e.g. hospital appointments;
- prevent pupils from drinking, eating or taking toilet or other breaks whenever they need to in order to manage their medical condition effectively;
- require parents, or otherwise make them feel obliged, to attend school to administer medication or provide medical support to their child, including with toileting issues. No parent should have to give up working because the school is failing to support their child's medical needs;
- prevent children from participating, or create unnecessary barriers to children participating in any aspect of school life, including school trips, e.g. by requiring parents to accompany the child.

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. The Governing Body recognises its duties and responsibilities in relation to the Disability Discrimination Act/Equality Act which requires that any child with an impairment that affects his/her ability to carry out normal day-to-day activities must not be discriminated against. Guidance has also been set out in "Supporting pupils at school with medical conditions: Statutory guidance for governing bodies of maintained schools and proprietors of academies in England".

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Definition

Intimate care is defined as any care which involves washing, touching or carrying out an invasive procedure that most children and young people carry out for themselves, but which some are unable to do. Disabled students may be unable to meet their own care needs for a variety of reasons and require regular support.

Principles

St Julie's Catholic High School ensure that appropriate care with trained staff will be available. The following principles are followed, always appreciating that the issue of intimate care is a sensitive one, by its very nature.

- A student's dignity is always protected with a high level of privacy, choice and control
- Staff are respectful of the student's needs at all times and provide intimate care sensitively and professionally
- Staff have appropriate training on a case by case basis of intimate care procedures, beyond the 'Key areas of risk' section of the school's Safeguarding and Child Protection policy
- Parents/carers are 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 ensure that any child or young person at our school who requires intimate care has access to a wide and full curriculum reflecting their abilities and interests.

Intimate care plan

The parents/carers of any students requiring intimate care meet with the student's Progress Leader or Head of School. This meeting also includes the SENCO, school nurse and, if a care support assistant is being provided 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, is drawn up. The plan is 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.

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Staff training

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

Recruitment and selection of staff to be involved in intimate care should be made following the usual Disclosure and Barring Service checks, equal opportunities and employment rights legislation. Personnel providing intimate care are in a position of great trust and responsibility, and the importance of their role in promoting personal development of students is invaluable. 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.

It is always advisable to ensure that two members of staff are present if a young person is being changed and internal medication is being administered.

Staff are 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 using the 'Intimate Care' toggle within the SEND category on CPOMS. 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.

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Safeguarding

The Governors and staff of St Julie's Catholic High School recognise that disabled children are particularly vulnerable to all forms of abuse. Child Protection and Multi-Agency Child Protection procedures will be adhered to at all times.

If a member of staff has any concerns about physical (unexplained marks, bruises or soreness for example) or emotional changes in a child's presentation s/he immediately reports concerns to the Designated Safeguarding Lead or another member of the Safeguarding Team by using CPOMS, in line with the guidance set out in the Safeguarding Policy.

If a child becomes distressed or unhappy about being cared for a particular member of staff, the matter is investigated at an appropriate level and outcomes recorded.

Parents/carers are contacted at the earliest opportunity as part of the process of reaching a resolution. Further advice is taken from partner agencies.

If a child makes an allegation about a member of staff this is investigated in accordance with agreed procedures.

Out of School Activities

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

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 keeps 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.

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The school ensures that an adequate number of staff are trained in first aid and shares 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 administers any medications agreed with parents and healthcare professionals as appropriate in accordance with the Administration of medicines procedures

The school works 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 student's epilepsy may affect their school life. The school nurse will also be invited to the meeting. Consideration will be given to whether an Individual Health Care Plan should be drawn up for this student.

With the student's and parent's permission, epilepsy is addressed as a whole-school issue through assemblies and in the teaching of PSHE or citizenship lessons.

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 Health Care Plan in the medical room.

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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. Following the initial meeting, staff are asked to ensure the student is not falling behind in lessons. If this starts to happen the teacher initially discusses the situation with the parents. If there is no improvement, then discussions are held with the SENCo and school nurse.

If necessary, an Individual Educational Plan is 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 First Aid room is kept available and equipped with a bed and toilet facilities in case a student needs supervised rest following a seizure.

If a student has a seizure in a classroom, corridor or dining room, every effort is 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.

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Examinations

In order to effectively manage a possible seizure during examinations in large venues, account is taken of the number and severity of seizures suffered by a student. In the case of students deemed likely to have a seizure, they are seated in an appropriate position at the back of the venue so that they 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.

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

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- One tonic-clonic 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 _____

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St. Julie's Catholic High School

WELFARE OF STUDENTS
SUPPORTING STUDENTS AT SCHOOL WITH MEDICAL CONDITIONS / RESTRAINT OF STUDENTS

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** _____

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RESTRAINT OF STUDENTS Rationale

All members of school staff have a legal power to use reasonable force. 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 students such as unpaid volunteers or parents accompanying students on a school organised visit. This power is taken from Section 93, Education and Inspections Act 2006 which supports other legislation such as :

- Section 550A of the Education Act 1996.
- Use of reasonable force: Advice for headteachers, staff and governing bodies, July 2013, DfE

Guidelines

1. The term 'reasonable force' covers the broad range of actions used by most teachers at some point in their career that involve a degree of physical contact with students.
2. Force is usually used either to control or restrain. This can range from guiding a student to safety by the arm through to more extreme circumstances such as breaking up a fight or where a student needs to be restrained to prevent violence or injury.
3. 'Reasonable in the circumstances' means using no more force than is needed.
4. As mentioned above, schools generally use force to control students and to restrain them. Control means either passive physical contact, such as standing between students or blocking a student's path, or active physical contact such as leading a student by the arm out of a classroom.
5. Restraint means to hold back physically or to bring a student under control. It is typically used in more extreme circumstances, for example when two students are fighting and refuse to separate without physical intervention.
6. School staff should always try to avoid acting in a way that might cause injury, but in extreme cases it may not always be possible to avoid injuring the student.

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 school staff 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.

Schools can use reasonable force to:

- remove disruptive children from the classroom or other area in school where they have refused to follow an instruction to do so;
- prevent a student behaving in a way that disrupts a school event or a school trip or visit;

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- prevent a student leaving the classroom where allowing the student to leave would risk their safety or lead to behaviour that disrupts the behaviour of others;
- prevent a student from attacking a member of staff or another student, or to stop a fight in school; and
- restrain a student at risk of harming themselves through physical outbursts

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 complete an incident report form available from the Safeguarding Team.

The school records on CPOMS 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

Steps should be taken by the appropriate person (Deputy Headteacher/Assistant Headteacher) to 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 or 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 deemed to be unreasonable

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Supplementary Advice

In addition to the general power to use reasonable force described above, headteachers and authorised staff can use such force as is reasonable given the circumstances to conduct a search for the following “prohibited items”, including but not limited to:

- knives and weapons
- alcohol
- illegal drugs
- stolen items
- tobacco and cigarette papers
- fireworks
- pornographic images
- any article that has been or is likely to be used to commit an offence, cause personal injury or damage to property.

Force cannot be used to search for items banned under the school rules.

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.

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