

Mapplewells Primary and Nursery School



Supporting Children at School with Medical Conditions and First Aid Policy

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This policy was written in accordance with Section 100 of the Children and Families Act 2014 legislation, which specifies that all schools need to make arrangements for supporting pupils at their schools with medical conditions. This is also supported in the Equality Act 2010.

1 Introduction

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

Parents of children with medical conditions are often concerned that their child's health will deteriorate when they attend school. This is because pupils with long-term and complex medical conditions may require on-going support, medicines or care while at school to help them manage their condition and keep them well. Others may require monitoring and interventions in emergency circumstances. It is also the case that children's health needs may change over time, in ways that cannot always be predicted, sometimes resulting in extended absences. It is therefore important that parents feel confident that schools will provide effective support for their child's medical condition and that pupils feel safe. In making decisions about the support they provide, schools should establish relationships with relevant local health services to help them. It is crucial that schools receive and fully consider advice from healthcare professionals and listen to and value the views of parents and pupils.

In addition to the educational impacts, there are social and emotional implications associated with medical conditions. Children may be self-conscious about their condition and some may be bullied or develop emotional disorders such as anxiety or depression around their medical condition. In particular, long-term absences due to health problems affect children's educational attainment, impact on their ability to integrate with their peers and affect their general wellbeing and emotional health. Reintegration back into school should be properly supported so that children with medical conditions fully engage with learning and do not fall behind when they are unable to attend. Short term and frequent absences, including those for appointments connected with a pupil's medical condition, (which can often be lengthy), also need to be effectively managed and appropriate support put in place to limit the impact on the child's educational attainment and emotional and general wellbeing.

Some children with medical conditions may be disabled. Where this is the case governing bodies must comply with their duties under the Equality Act 2010. Some may also have special educational needs (SEN) and may have a statement, or Education, Health and Care (EHC) plan which brings together health and social care needs, as well as their special educational provision. For children with SEN, this policy should be read in conjunction with the SEN code of practice

2 Procedures to be followed when notification is received that a pupil has a medical condition.

- Meeting to be arranged with the relevant staff and parents.
- A Health Care Plan to be written up with input from the parents.
- Health Care Plans to be signed off by a professional.
- Shared with all staff.
- Health Care Plan visible in relevant areas for staff to follow.

Schools do not have to wait for a formal diagnosis before providing support to pupils. In cases where a pupil's medical condition is unclear, or where there is a difference of opinion, judgements will be needed about what support to provide based on the available evidence.

This would normally involve some form of medical evidence and consultation with parents. Where evidence conflicts, some degree of challenge may be necessary to ensure that the right support can be put in place.

3.1 Individual healthcare plans

Parents or carers should provide the Head Teacher with sufficient information about their child's medical condition and treatment or special care needed at school. Arrangements can then be made, between the parents, Head teacher, Health and Safety Leader, school nurse and other relevant health professionals to ensure that the pupil's medical needs are managed well during their time in school. For pupils with significant needs, arrangements will be documented in a Health Care Plan. Health Care Plans are reviewed annually, (unless otherwise required) by parents/carers and school staff and are signed by a health care professional. Example Health Care Plan see appendix 1. This policy has been written in line with the *'Supporting pupils at school with medical conditions'* guidance.

3.2 Emergency Plan

All children who have a Health Care Plan also have an Emergency Plan. An Emergency Plan is to be shared with all staff and must be visible in the child's classroom. In the event that a supply teacher or unfamiliar adult is working with the identified child then they must be made aware of the Emergency Plans by School First Aiders. The Emergency Plans are updated annually (along with the Health Care Plans) or earlier if required. All Emergency Plans are shared with all staff as they are created or amended.

4 Roles and responsibilities

Supporting a child with a medical condition during school hours is not the sole responsibility of one person. A school's ability to provide effective support will depend to an appreciable extent on working cooperatively with other agencies. Partnership working between school staff, healthcare professionals (and where appropriate, social care professionals), local authorities, and parents and pupils will be critical. An essential requirement for any policy therefore will be to identify collaborative working arrangements between all those involved, showing how they will work in partnership to ensure that the needs of pupils with medical conditions are met effectively.

4.1 Governing bodies

must make arrangements to support pupils with medical conditions in school, including making sure that a policy for supporting pupils with medical conditions in school is developed and implemented. They should ensure that a pupil with medical conditions is supported to enable the fullest participation possible in all aspects of school life. Governing bodies should ensure that sufficient staff have received suitable training and are competent before they take on responsibility to support children with medical conditions. They should also ensure that any members of school staff who provide support to pupils with medical conditions are able to access information and other teaching support materials as needed.

4.2 Headteachers

should ensure that their school's policy is developed and effectively implemented with partners. This includes ensuring that all staff are aware of the policy for supporting pupils with

medical conditions and understand their role in its implementation. Headteachers should ensure that all staff who need to know are aware of the child's condition. They should also ensure that sufficient trained numbers of staff are available to implement the policy and deliver against all individual healthcare plans, including in contingency and emergency situations. This may involve recruiting a member of staff for this purpose. Headteachers have overall responsibility for the development of individual healthcare plans. They should also make sure that school staff are appropriately insured and are aware that they are insured to support pupils in this way. They should contact the school nursing service in the case of any child who has a medical condition that may require support at school, but who has not yet been brought to the attention of the school nurse.

4.3 School staff

any member of school staff may be asked to provide support to pupils with medical conditions, including the administering of medicines, although they cannot be required to do so. Although administering medicines is not part of teachers' professional duties, they should take into account the needs of pupils with medical conditions that they teach. School staff should receive sufficient and suitable training and achieve the necessary level of competency before they take on responsibility to support children with medical conditions. Any member of school staff should know what to do and respond accordingly when they become aware that a pupil with a medical condition needs help.

4.4 School nurses

every school has access to school nursing services. They are responsible for notifying the school when a child has been identified as having a medical condition which will require support in school. Wherever possible, they should do this before the child starts at the school. They would not usually have an extensive role in ensuring that schools are taking appropriate steps to support children with medical conditions, but may support staff on implementing a child's individual healthcare plan and provide advice and liaison, for example on training. School nurses can liaise with lead clinicians locally on appropriate support for the child and associated staff training needs – for example there are good models of local specialist nursing teams offering training to local school staff, hosted by a local school. Community nursing teams will also be a valuable potential resource for a school seeking advice and support in relation to children with a medical condition.

4.5 Other healthcare professionals, including GPs and paediatricians - should notify the school nurse when a child has been identified as having a medical condition that will require support at school. They may provide advice on developing healthcare plans. Specialist local health teams may be able to provide support in schools for children with particular conditions (eg asthma, diabetes).

4.6 Pupils

with medical conditions will often be best placed to provide information about how their condition affects them. They should be fully involved in discussions about their medical support needs and contribute as much as possible to the development of, and comply with, their individual healthcare plan. Other pupils will often be sensitive to the needs of those with medical conditions.

4.7 Parents/carers

should provide the school with sufficient and up-to-date information about their child's medical needs. They may in some cases be the first to notify the school that their child has a medical condition. Parents are key partners and should be involved in the development and review of their child's individual healthcare plan, and may be involved in its drafting. They should carry out any action they have agreed to as part of its implementation, eg provide medicines and equipment and ensure they or another nominated adult are contactable at all times.

4.8 Local Authorities

are commissioners of school nurses for maintained schools and academies. Under Section 10 of the Children Act 2004, they have a duty to promote cooperation between relevant partners such as governing bodies of maintained schools, proprietors of academies, clinical commissioning groups and NHS England, with a view to improving the well-being of children so far as relating to their physical and mental health, and their education, training and recreation. Local authorities should provide support, advice and guidance, including suitable training for school staff, to ensure that the support specified within individual healthcare plans can be delivered effectively. Local authorities should work with schools to support pupils with medical conditions to attend full time. Where pupils would not receive a suitable education in a mainstream school because of their health needs, the local authority has a duty to make other arrangements. Statutory guidance for local authorities sets out that they should be ready to make arrangements under this duty when it is clear that a child will be away from schools for 15 days or more because of health needs

(whether consecutive or cumulative across the school year)

4.9 Providers of health services

should co-operate with schools that are supporting children with a medical condition, including appropriate communication, liaison Local authorities must have regard to statutory guidance on the education of children unable to attend school because of health needs. Health services can provide valuable support, information, advice and guidance to schools, and their staff, to support children with medical conditions at school.

4.10 Clinical Commissioning Groups (CCGs)

commission other healthcare professionals such as specialist nurses. They should ensure that commissioning is responsive to children's needs, and that health services are able to co-operate with schools supporting children with medical conditions. They have a reciprocal duty to cooperate under Section 10 of the Children Act 2004 (as described above for local authorities). Clinical Commissioning Groups should be responsive to Local Authorities and schools seeking to strengthen links between health services and schools, and consider how to encourage health services in providing support and advice, (and can help with any potential issues or obstacles in relation to this). The local Health and Wellbeing Board will also provide a forum for local authorities and CCGs to consider with other partners, including locally elected representatives, how to strengthen links between education, health and care settings.

4.11 Ofsted

Their inspection framework places a clear emphasis on meeting the needs of disabled children and pupils with SEN, and considering the quality of teaching and the progress made by these pupils. Inspectors are already briefed to consider the needs of pupils with chronic or long-term medical conditions alongside these groups and to report on how well their needs are

being met. Schools are expected to have a policy dealing with medical needs and to be able to demonstrate that this is implemented effectively.

5 Staff training and support

The school ensures that staff who administer medicine are fully briefed in general procedures for medicines and that they receive appropriate training to administer specific medicines, for example, epipens, insulin. Training in the administration of specific medicines is arranged via the school nurse. Records are maintained of all training completed by staff in the Health and Safety Folder.

Training is reviewed regularly and updated as required.

6 The child's role in managing their own medical needs

After discussion with parents, children who are competent should be encouraged to take responsibility for managing their own medicines and procedures. This should be reflected within individual healthcare plans.

Wherever possible, children should be allowed to carry their own medicines and relevant devices or should be able to access their medicines for self-medication quickly and easily. Children who can take their medicines themselves or manage procedures may require an appropriate level of supervision. If it is not appropriate for a child to self-manage, then relevant staff should help to administer medicines and manage procedures for them.

If a child refuses to take medicine or carry out a necessary procedure, staff should not force them to do so, but follow the procedure agreed in the individual healthcare plan. Parents should be informed so that alternative options can be considered.

Children should be encouraged to

- administer their own medication wherever possible.
- take responsibility for their own inhalers.
- consult an adult when they need to about any problems concerning their condition.

7 Managing medicines on school premises

Staff do not have a statutory duty to give medicines or medical treatment, however prescribed medicines will be administered to enable the inclusion of pupils with medical needs and to enable regular attendance of all pupils. Furthermore, in an emergency all teachers and other staff in charge of children have a common law duty of care to act for the health and safety of a child in their care, this might mean giving medicines or medical care.

7.1 Storage and Access to Medicines

All medicines apart from emergency medicines (inhalers, epipens etc.) are kept in a locked store cupboard in the staffroom unless required to be kept in the fridge. Medicines are always stored in the original pharmacist's container. Pupils are told where their medication is stored and who holds the key. In the event that a pupil requires administration of an emergency medication that must be locked away, staff will be fully briefed on the procedures for obtaining the medication in an emergency.

Emergency medicines such as inhalers and epipens are either held by the pupil or kept in a clearly identified container in his/her classroom. Staff ensure that emergency medication is available to hand during outside PE lessons and that it is taken on educational visits.

Medicines that require refrigeration are kept in the staffroom fridge, clearly labelled in an airtight container. Children are not allowed access to the fridge.

7.2 Prescription Medicines

Medicine should only be brought to school when it is essential to administer it during the school day. In the vast majority of cases, doses of medicine can be arranged around the school day thus avoiding the need for medicine in school. Antibiotics for example are usually taken three times a day, so can be given with breakfast, on getting home from school and then at bedtime.

When school staff administer medicines, the parent must supply the medicine in the original pharmacist's container and give it to the appropriate member of staff and must complete a red permission form (Appendix 1). Only Designated First Aiders will administer medicine except on a residential when there will be an appointed person.

Any medication that is administered in school (except inhalers) is recorded on a whole school medicine tracker (appendix 5) and checked and countersigned prior to administration by another member of staff.

7.3 Non-prescription Medicines

Non-prescription medicines are not administered at school and pupils should not bring them to school for self-administration. Non-prescription travel sickness medication will be administered by staff providing they are supplied in the original packaging and accompanied by a red permission form (Appendix 1) to administer medicine. It must be suitable for the pupil's age. It must be supplied by the parent (not the school) and must be in its original packaging, with manufacturer's instructions included. Staff will check that the medicine has been administered without adverse effect to the child in the past and parents must certify this is the case – a note to this effect should be recorded on the consent form. The medication will be stored and administration recorded as for prescription medicines.

7.4 Asthma

The school recognises that asthma is a widespread, serious but controllable condition and the welcomes all pupils with asthma. All staff have a basic awareness of the condition and what to do in an emergency. Pupils are responsible for their own inhalers and are made aware of where they are kept and have access to them. Inhalers will be kept in the child's classroom in a container with a red permission slip (Appendix 2) and labelled with the child's name on. We encourage all children to participate in all areas of the school curriculum e.g. PE, After School Clubs and Residential visits.

8.1 First Aid

In accordance with regulations and guidance schools have a responsibility to ensure first aid provision for all employees appropriate to the needs of the staff. The Health and Safety at Work Act 1974 imposes duties to safeguard the health and safety of employees and others who may be affected by work activities, including pupils.

This guidance summarises the Health and Safety (First Aid) Regulations 1981 which required all employees including schools to provide adequate and appropriate equipment, facilities and personnel to enable first aid to be given to employees if they are ill or become ill at work. The regulations do not oblige employers to provide first aid for anyone other than their own staff, however, employers do have health and safety responsibilities towards non-employees.

Although there is no statutory requirement for schools to provide First Aid arrangements for pupils or other visitors to the school, common law provides a duty of care. Consequently, schools should make proper provision for non-employees including pupils, parents, governors, clients, contractors and other visitors. In the case of pupils the requirement to act 'in loco parentis' does extend to providing First Aid arrangements.

The school will regularly review its First Aid needs, particularly after changes, to ensure the provision continues to be adequate.

8.2 Definition of First Aid

The treatment of injury or illness suffered at work, whether or not caused by the work being undertaken, in order to save life and prevent conditions worsening plus the calling of the Ambulance Service when required. This definition does not include giving tablets or medicines.

8.3 First Aid Personnel

On Site

The management of Health and Safety at Work Regulations 1999 require employees to carry out suitable and sufficient risk assessments in order to identify and evaluate hazards, and devise and implement control measures

At Mapplewells Primary and Nursery School there are five designated qualified First Aiders. Mrs Victoria , Miss Megan Ryder, Miss Lauren Barnes, Mrs Judy Blewitt Miss Shelley Christie and Mrs Paula Smith who are appointed to administer first aid, look after first aid equipment and call an ambulance if necessary. All staff above are qualified paediatric first aiders.

All teaching staff and Teaching Assistants have attended a basic one day first aid course.

8.4 First Aid Boxes and Kits

At Mapplewells Primary and Nursery School we have first aid boxes situated in the school kitchen, staffroom, Foundation Stage 1, Year 2 classroom and Rainbow Room. All first aid boxes are marked with a white cross on a green background. The contents of the first aid boxes conform to Health and Safety Executive guidelines. Travelling first aid kits are also available in the staffroom for use on off site visits or in the school grounds.

The designated First Aiders are responsible for checking and replenishing first aid kits on a rota basis. Items of equipment must be disposed of if they are out of date or if the sterile wrapping is no longer intact.

8.5 Communication

All staff shall be made aware of the school's First Aid arrangements. New members of staff and those working on a temporary basis shall be given details of the arrangements for First Aid at the earliest available opportunity during their induction.

8.6 Personal Safety

Protective gloves and aprons must be made available and used at all times.

8.7 Transport of the Injured Person

Where it is necessary to go to hospital, persons with the following injuries/conditions must be transported by ambulance.

- Head and neck injuries
- Drowning incidents
- Suspected fractures
- Chest pain
- Severe bleeding
- Asthmatics who do not respond to treatment
- Epileptic seizures which are prolonged, or the person has not been known to suffer from this condition in the past
- Electric shock
- Severe burns and scolds
- Chest and abdominal injuries

It may be more appropriate to transport pupils with other injuries in staff or school vehicles. This can only be decided at the time with due consideration of all factors (e.g.) the type of injury, age of pupil, etc. Where pupils are transported in this way the school must ensure that the vehicle/driver carries appropriate insurance, i.e. that they have checked with their insurers that they are insured to transport pupils. The driver must ensure that the vehicle is roadworthy. It is important to ensure that another adult as well as the driver accompanies the child on the journey. The pupils must sit in the back of the vehicle on a booster seat if appropriate and wear the seat belt provided.

If the parent or guardian of the child cannot be contacted, a member of staff should accompany them into hospital because waiting for a parent to arrive could delay treatment. The member of staff should stay with the pupil at all times until relieved by the parent.

9.1 Record keeping

For legal reasons records of all medicines administered are kept at the school until the pupil leaves the school. This includes medicines administered by staff during all educational visits. All medicine that it administered in school is recorded on a whole school medicine tracker (appendix 5) each time it is given and it is signed off by the person giving it.

9.2 When a First Aider administers First Aid

they must make a note of the main details of the incidents in the first aid record book. In the event of an injury to the head, an incident slip (appendix 3) is sent home with the child with details of the injury. The member of staff dealing with the accident will inform the office and

the child's parent will be contacted by text and telephone as soon as possible. If the child has an accident and there is a visible mark, an incident note will be sent home. Where appropriate the details of the incident/ill health must be recorded in the Nottinghamshire County Council's Wellworker/ORSHENS – RIDDOR 1995.

9.3 Accident and Incident Reporting

In the event of an injury to the head, an incident slip (appendix 3) is sent home with the child with details of the injury. The accident or incident will be recorded in the accident book. The member of staff dealing with the accident will inform the office and the child's parent will be contacted by telephone immediately. If the child has an accident and there is a visible mark, an incident slip (Appendix 3) will be sent home. All injuries are audited each year, by the Health and Safety Leader.

10 Emergency procedures

In a medical emergency, first aid is given, an ambulance is called and parents/carers are notified. Should an emergency situation occur to a pupil who has a Health Care Plan, the emergency procedures detailed on the plan are followed and instructions for calling an ambulance are displayed prominently by the telephone in the school office.

11 Day trips, residential visits and sporting activities

11.1 Educational Visits

Staff will administer prescription medicines to pupils when required during educational visits. Parents should ensure to complete a consent form (appendix 2) and to supply a sufficient supply of medication in its pharmacist's container. Non-prescription medicines (apart from travel sickness medication) cannot be administered by staff and pupils must not carry them for self-administration. Hay fever remedies etc should therefore be provided, if necessary, on prescription.

Pupils with medical needs shall be included in educational visits as far as this is reasonably practicable. School staff will discuss any issues with parents and/or health professionals in suitable time so that extra measures (if appropriate) can be put in place for the visit.

11.2 Local Authority

The LA policy for Off Site Visits requires first aid provision for all off-site activities. At least one person, trained to an appropriate level based on risk assessment, should accompany each visit. Where the visit takes place in remote areas, as is often the case for Outdoor Education activities, a higher standard of training may be required. Details can be obtained from the Environmental Education Support Service on 0115 9535054. In remote off-site situations specialist evacuation arrangements may be necessary through emergency services.

11.3 Risk Assessments

For all off site visits a specific risk assessment is completed by the trip leader. The risk assessment includes risks to all pupils, as well as including specific risks to individual pupils. The assessment is shared with all staff attending the visit after it has been approved by the headteacher and registered on Evolve.

12 Unacceptable practice

- 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 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 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; or
- prevent children from participating, or create unnecessary barriers to children participating in any aspect of school life, including school trips, eg by requiring parents to accompany the child.

13 Liability and indemnity

Mapplewells Primary and Nursery School follows Nottinghamshire County Councils Insurance guidelines. Therefore Zurich insurance company offers cover up to the value of £50,000,000.

14 Complaints

Please refer to our 'Complaints Procedure Policy'.

Making a formal complaint to the Department for Education should only occur if it comes within scope of section 496/497 of the Education Act 1996 and after other attempts at resolution have been exhausted.

If a parent or carer has any concerns regarding the care or welfare of their child, an appointment can be made by them to speak to the SENCO and Class Teacher, who will be able to offer advice and support.



MAPPLEWELLS SCHOOL HEALTHCARE PLAN – Page 1

For school & off-site visits
 Procedures to be followed by non-medical staff

Name of pupil	
Date of birth	
Stated disability	
Class/year	
Date	
Review date	
Responsible persons in an emergency are First Aider (at work) or named person	

Contact information

Family contact 1		Family contact 2	
Name		Name	
Phone No. (Home)		Phone No. (Home)	
Phone No. (Work)		Phone No. (Work)	
Mobile No.		Mobile No.	
Relationship		Relationship	

I/We can confirm that the one of the above emergency contacts will be available at all times during the day.

Emergency Contact Details		
Name of clinic/hospital	Contact name & tel. no.	For condition

Where possible children are encouraged to administer their own medication, under the supervision of a School First Aider.

If your child refuses to take their identified medication then you will be contacted accordingly.

Accident Requiring First Aid or Medical Intervention.

1. First aider to assess situation and ask for relevant assistance; to follow the school's first aid protocols.
2. Delegated person to request an ambulance (if required) by telephoning emergency contact number (eg 999).
3. Inform parents.
4. Member of staff to travel to hospital (not the first aider on an offsite visit/residential, trip leader or designated person for medication) in accordance with school policy.

This Healthcare Plan has been written in agreement with:

Title	Print Name	Signature	Date
Parent/Carer*			
Pupil			
School Representative*			
Health Representative*			

***Essential signatures Form copied to:**

Agreed access to Healthcare Plan (Please note confidentiality)

This plan will be followed until circumstances change at which point a new plan should be drawn up and agreed. This plan should then be filed as a permanent record.

Condition requiring intervention	Signs or symptoms	First action	Initial medical interventions (inc. medication dosages, times etc)	Further medical interventions



Mapplewells Primary School
Medicine in School

Name of Child Class

I give permission for my child to be given the following prescribed medicine at school:

Name of Medicine

Dosage Time Number of Days

Storage instructions.....

- I can confirm that my child has had this medication before and has not had an adverse reaction.
- Where possible children are encouraged to administer their own medication, under the supervision of a School First Aider.
- If your child refuses to take their identified medication then you will be contacted accordingly.

Signed Parent / Carer Date

No: 0001

Year Group:

Your child had an **accident / incident** today

Date:

Dear Parent / Carer,

Child's Name: _____

Today your child has had an accident/incident at _____ a.m/p.m.

He / She has a:

- Bumped head
- Cut
- Bruise
- Graze

Other: _____

First aid administered:

- Antiseptic wipe
- Plaster
- Ice Pack
- Observation

Other: _____

What happened following the incident:

- Stayed at school
- Went home
- Hospital

Location of injury



FRONT/BACK

First aid administered by: _____ teaching staff / midday staff

Parent / Carer have been informed by telephone

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