

ABBOTS GREEN ACADEMY, part of the UNITY SCHOOLS PARTNERSHIP TRUST

Medication & First Aid Policy

Policy Date:	Autumn 2017	Responsibility:	Curriculum Committee
Date Approved by FGB:	29.11.17	Signed:	Paul Jay
Date of Review:	Autumn 2019		

Introduction

The Governing Body is committed to safeguarding and promoting the welfare of children and expects all staff, volunteers and visitors within school to share this commitment. There is no legal requirement for school staff to administer medication or to supervise a child doing so, however anyone caring for children has a common law of duty to act like any reasonable prudent parent to ensure that children are healthy and safe – this duty extends to administering medicine in exceptional circumstances and taking action in an emergency.

The aim of this policy is to ensure that children with medical conditions are properly supported to play a full and active role in school life achieving their academic potential; to reduce the risk of cross infection between children within school and to ensure that medication within school is stored and administered safely.

It is the Governing Body’s responsibility to ensure that arrangements are in place to support pupils with medical conditions including the suitable training of staff.

It is responsibility of the Headteacher to ensure that this policy is brought to the attention of all school staff. Furthermore it is the Headteacher’s responsibility to ensure that the policy is effectively implemented within school including with relevant partners.

Children with Medical Conditions

The school will not deny admission to a child with a medical condition because suitable arrangements are not in place. To safeguard all however, a child will not be accepted into school if it would be detrimental to the health of that child, or others within the school e.g. where a child has an infectious disease.

Where it is known that a child with a medical condition is due to join the school, arrangements for that child will be in place ready for the start of the relevant school term.

Where a pupil already attending the school develops a medical condition support will be offered by the school irrespective of whether a formal diagnosis has been made. Support will be offered according to the medical evidence that is available at that time. In consultation with parents/carers; medical professionals and the Local Authority staff at the school will make every effort to ensure that suitable arrangements for the child are in place within two weeks.

The Headteacher will ensure that the School Nursing Service is aware of any child in school who may require support with their medical condition.

Where a parent/carer's expectations of the school appear to be unreasonable and/or impractical the Headteacher may challenge the information provided and may seek further advice to ensure that appropriate support is put in place.

Where a pupil has missed school due to their medical condition school staff will support the child in their reintegration back into school. The school will not penalise a child for missing school where there is evidence that the absence was due to their medical condition.

Where a pupil with a medical condition is leaving the school staff will support the transitional arrangements put in place for that child and share information with the child's new school to ensure the process of moving schools is as smooth as possible.

Partnership Working

The Governing Body recognises that in order to ensure children with medical conditions are sufficiently supported during school hours, care provided will be based on the child's individual requirements and how their medical condition impacts on school life. The support provided will not be the sole responsibility of any one person in the school but instead will be a partnership approach involving members of school staff; the parents/carers; medical professionals; the local authority; other support services and where applicable, the pupil themselves.

To ensure that parents/carers have confidence that the school is providing effective support, the school will actively communicate with the parent/carer and listen to, and value, their views with regards to supporting their child's medical condition.

School staff will work hard to ensure that all pupils feel safe within school developing their confidence and promoting self-care.

Class teachers will ensure that there is sufficient flexibility in their lessons to enable children with medical conditions to participate according to their own abilities and with any reasonable adjustments - unless they have received evidence that states this is not possible.

Individual Healthcare Plans

To effectively support pupils with their medical condition an Individual Healthcare Plan (IHCP) may be devised detailing the care to be provided within school hours.

An IHCP may not be appropriate for every child with a medical condition. Based on the evidence available school staff will work in partnership with the child's parents/carers; medical professionals; the Local Authority and other support services as applicable to determine whether an IHCP is required. Where agreement can not be reached the Headteacher will make the final decision as to whether an IHCP is appropriate for a child.

All IHCPs within school will be written by the SENCo or the Headteacher in consultation with all relevant partners.

The IHCP will detail key information about the child's medical condition as well as any Special Educational Needs (SEN) of the child. The IHCP will include the actions to be taken within school to safeguard the child and to manage their condition appropriately enabling them to participate in all aspects of school life as fully as possible. Where the child's school attendance is likely to be effected, details of how this will be managed including how the pupil will be reintegrated into school following absence(s) will be highlighted on the IHCP.

The IHCP will also include:

- Triggers; signs; symptoms and treatment of the medical condition
- Medication (including dose, side-effects, storage) and any other treatments
- Any special equipment and testing required
- Food and drink (if used to manage the condition) and dietary requirements
- Environmental issues
- Specific support for the child's educational, social and emotional needs
- The level of support required (e.g. information on how the child manages their own medical condition)
- Details of who will provide support within school; the expectations of their role; their proficiency and any training needs identified.
- Cover arrangements for when key members of staff are unavailable.
- Members of staff who require awareness of the child's condition and information on the support required (confidentiality will be preserved wherever possible within school)
- Special arrangements for school trips or other activities
- Emergency arrangements

The Headteacher is responsible for ensuring that the contents of the IHCP are shared with all relevant staff.

The Governing Body is responsible for ensuring that all IHCPs are reviewed at least annually. The SENCO is responsible for reviewing the IHCPs.

Medication in School

Children will not be given medication in school without their parent's written consent.

Non-Prescribed Medication

The school's policy is not to store or administer any medication that has not been prescribed to a child (e.g. Calpol, cough medicine.)

If a child is in school and requires non-prescribed medication during the school day the parent/carer should make arrangements to come into school at a mutually convenient time to administer this medication. Parents/carers coming into school to administer medication to their child must report to the school office to do so.

Prescribed Medication

If medication prescribed to a child up to 3 times a day, the expectation is that parents/carers will give this medication to their child outside of school hours (in the morning, after school and at bedtime.)

If medication is prescribed 4 times a day, parents/carers will be required to come into school at a mutually convenient time to administer this medication. Parents/carers coming into school to administer medication to

their child must report to the school office to do so. **Parents/carers should consider whether a child is well enough to be at school if they require medication 4 times a day.**

Medication should only be taken to school where essential – that is where it would be detrimental to a child's health if the medication was not administered during the school day. Staff should check that the medication has not previously resulted in an adverse reaction and parents/carers must certify that this is the case.

If a child requires medication to be administered on a longer term basis or requires a prescribed medication for emergency treatment – e.g. asthma inhaler; Epi-pen the parent/carer must complete a 'Request and Consent for the Administration of Medication in School' form - see Appendix 2. Upon receipt of the completed form the Headteacher (or another member of the Senior Leadership Team) will make the decision as to whether a member of school staff is able to administer the medication to the child and countersign the form accordingly.

If the Headteacher/other Senior Leadership Team member give agreement for the school to assist parents/carers with the administration of medication during the school day the medication must be provided to the school in its original container. The medication must have been prescribed by a doctor, dentist, nurse prescriber or pharmacist prescriber and must have a label detailing:

- The child's name
- The name of the medication
- Details of the dose
- The method of administration
- Time/frequency of administration

The instruction leaflet issued with prescribed medication should also be included and this (or the original container) should detail:

- Any possible side effects
- Expiry date of medication

In the event that the Headteacher/other member of the Senior Leadership Team does not give agreement for the medication to be issued within school the parents/carers will be contacted to inform them of this decision and to discuss alternative arrangements for the child.

Procedure for Administering Prescribed Medication (Short Term Prescriptions/Non Emergency Medication)

- 1) Parents/carers must have completed and signed the 'Request and Consent for the Administration of Medication in School' form.
- 2) The completed form, and medication must be personally handed by the parent/carer to a member of the Administration Team via the school office.
- 3) The receiving member of school staff should check that the details of the dosage are consistent with the instructions on the container while the parent/carer is present.
- 4) If the medication is in the form of tablets the receiving member of school staff should count the tablets in the presence of the parent/carer, the number should be recorded and signed by both the member of school staff receiving the medication and the parent/carer.
- 5) The same member of school staff who receives the medication must pass it to the HT/other SLT member along with the parent/carer's request form.

- 6) The completed form must be countersigned by the Headteacher (or another member of the Senior Leadership Team) to authorise the administration of the medication within school. The HT/SLT member will denote the form with who is responsible for administering the medication.
- 7) The person responsible for administering the medicine must record the child's name on the whiteboard in the front office and include the dates medication is required to be administered.
- 8) Medication should be stored as appropriate – see section on the storage of medication.
- 9) Details of the completed (and authorised) medication form must be shared with the child's class teacher to ensure that the class teacher is aware of the parent/carer's request.
- 10) The class teacher should make arrangements for the child to be sent to the school office (by a member of support staff) during the lunchtime period and to be supervised while they take their medication.
- 11) The child should be asked to confirm their name prior to taking their medication and a visual check should be made against the name on the medication container, the prescribed dose, instructions and the expiry date.
- 12) If in any doubt staff should NOT administer the medication but alert the Headteacher or another member of the Senior Leadership Team who will make contact with the parents/carers or a health care professional as appropriate.
- 13) When administering medication a second member of staff MUST be present to ensure and verify that the correct dosage is given to the correct child.
- 14) A record of the dosage given and the time the medication was administered will be recorded on the reverse of the 'Request and Consent for the Administration of Medication in School' form. Both the person administering and the person witnessing must sign the form.

Failure to comply with the procedure detailed above could be classed as negligence and may result in disciplinary action being taken.

Complex or Long Term Medical Needs (including emergency medication)

Where a child has a complex and/or long term medical need a written individual health care plan (IHCP) will be in place detailing medication requirements. Any changes to medication or procedures in administering medication MUST be reported to the school immediately for these changes to take effect. In specific cases some procedures may need to be demonstrated.

For complex or long term medical conditions the parents/carers will still be required to complete the form 'Request & Consent for the Administration of Medication in School.' Following Headteacher/other SLT member approval this form will be retained in the medical file in the relevant Key Stage area.

Medicines we will NOT administer

Each case must be considered on an individual basis, but as a general rule we do not administer eye drops or eardrops in school. Children are often distressed when having such medication given and we would therefore ask parents to take responsibility for these. They can of course come into school during the school day to apply drops to their child.

Storage of Medication

Medication will be stored strictly in accordance with product instructions and be kept within its original container. The Headteacher is responsible for ensuring that medication is stored safely. Medication to be kept in a refrigerator also containing food will be held within an airtight container.

- Antibiotics (including antibiotic eye drops) must be stored in the container in the fridge within the school staff room
- Epi-pens will be stored in the relevant classroom in the medical cupboard.
- Asthma inhalers will be stored in each Key Stage area – there is a basket per class.
- Other medication for complex or long term medical conditions will be stored ready to be administered as detailed in the care plan.
- Other short term medication will be stored in a secure place in the school office.

NB - All emergency medication will be readily available in classrooms and not locked away. The child should know where their medication is at all times.

Self Administration

Children are encouraged to take responsibility for their own medication at an early age where appropriate. There is no set age as to when a parent/carer deems their child to be responsible enough to self-administer. Where a child is proficient at administering their own medication (e.g. asthma inhaler) the parent/carer must note their consent form accordingly. A member of school staff must always supervise the child administering their own medication and record the information as detailed in the above procedure.

Refusal of Medication

If a child refuses to take their medication the refusal will be noted and the child's parents/carers must be notified accordingly as soon as possible on the same day.

Expiry Dates of Medication

It is the parent/carer's responsibility to ensure that all medication held by the school on their behalf is within its expiration date.

Disposal of Medication

Parents/carers are responsible for the collection and disposal of medication.

Where the course of medication has ended and has not been collected by the parent/carer or where the expiry date has been reached the school reserve the right to safely dispose of the medication via a local pharmacy.

Sharps boxes must be used for the safe disposal of needles.

Good Hygiene Practice

All staff must be familiar with normal precautions for avoiding infection and follow basic hygiene procedures.

Handwashing: Hand washing is one of the most important ways of controlling the spread of infections, especially those that cause diarrhoea and vomiting, and respiratory disease. The recommended method is the use of liquid soap, warm water and paper towels. Always wash hands after using the toilet, before eating or handling food, and after handling animals. Cover all cuts and abrasions with waterproof dressings.

Coughing and sneezing: Coughing/sneezing easily spread infections. Children and adults should be encouraged to cover their mouth and nose with a tissue. Wash hands after using or disposing of tissues. Spitting should be discouraged.

Personal protective equipment (PPE): Disposable non-powdered vinyl or latex-free CE-marked gloves and disposable plastic aprons must be worn where there is a risk of splashing or contamination with blood/body fluids. Correct PPE should be used when handling cleaning chemicals and stored as stated in the 'A-Z of First Aid' document.

Cleaning: Cleaning of the environment, including toys and equipment, should be frequent, thorough and follow national guidance. For example, use colour-coded equipment, COSHH and correct decontamination of cleaning equipment. Monitor cleaning contracts and ensure cleaners are appropriately trained with access to PPE.

Cleaning of blood and body fluid spillages: All spillages of blood, faeces, saliva, vomit, nasal and eye discharges should be cleaned up immediately (always wear PPE). When spillages occur, clean using a product that combines both a detergent and a disinfectant. Use as per manufacturer's instructions and ensure it is effective against bacteria and viruses and suitable for use on the affected surface. Never use mops for cleaning up blood and body fluid spillages – use disposable paper towels and discard clinical waste as described below. A spillage kit should be available for blood spills. Please also refer to the 'A-Z of First Aid' document.

Laundry: Wear PPE when handling soiled linen. Children's soiled clothing should be bagged to go home, never rinsed by hand.

Clinical waste: Always segregate domestic and clinical waste, in accordance with local policy. Used nappies/ pads, gloves, aprons and soiled dressings should be stored in correct clinical waste bags in foot-operated bins. All clinical waste must be removed by a registered waste contractor. All clinical waste bags should be less than two thirds full and stored in a dedicated, secure area while awaiting collection.

Sharps: Should be discarded straight into a sharps bin conforming to BS 7320 and UN 3291 standards. Sharps bins must be kept off the floor (preferably wall-mounted) and out of reach of children.

Needlestick injuries:

In the event of someone receiving an accidental needle-stick injury (for example from an EpiPen or diabetic needle), the following steps should be followed:

- Do not panic.
- Gently squeeze the area around the wound to encourage bleeding.
- Do not suck the wound.
- Wash the site of the injury thoroughly with soap and warm water at the first opportunity. Apply a waterproof dressing.
- Attend either Occupational Health or A&E for treatment immediately.

Where a dose of adrenaline has been accidentally self-administered the staff member will go to A & E immediately.

Sharps Injuries and bites: If skin is broken, encourage the wound to bleed/wash thoroughly using soap and water. Contact GP or occupational health or go to A&E immediately. Ensure local policy is in place for staff to follow. Contact your local HPU for advice, if unsure.

Parent/carers should ensure that their child has a good standard of hygiene – e.g. washing and drying their hands thoroughly.

Staff Training

Induction Training

On joining the school, staff induction training will be provided by the Business Manager. All staff must be made aware of the Medication & First Aid Policy as part of their induction training.

Whole School Awareness

The policy will be regularly revisited in part, or in full, at the start of each school year on the Professional Development Day. Reminders and updates, including revision of relevant documents, will be issued during the school year as required. This policy will be referred to within the Staff Handbook.

First Aid Trained Staff within School

It is the Headteacher's responsibility to ensure that there are sufficient First Aiders and appointed persons within the school and to ensure that their certification is within date. Staff will:

- Record an incident in the first aid book stating time, date, incident received and treatment provided
- Copy will be given to parents
- All head injuries must be addressed with parents and class teacher being informed (see A-Z of First Aid)

Specialist Training

Staff working with children with particular medical conditions may require specialist training. It is the responsibility of the Headteacher to ensure that all relevant staff working with a child with medical conditions receives training to ensure that the child is fully supported within school. This training may include preventative and emergency measures.

Where the administration of prescription medications requires a technical or medical knowledge it is the Headteacher's responsibility to ensure that there are sufficient numbers of school staff trained by a qualified healthcare professional to do so.

Supply Staff

The school's Supply Staff Handbook will include reference to this policy.

Emergency Medical Treatment

The Headteacher is responsible for ensuring that all staff know how to call the emergency services and know who is responsible for carrying out emergency procedures in the event of need.

Where emergency medical assistance is required a member of school staff will call for medical assistance and the parent/carer (or other nominated contact where the parent/carer can not be reached) will also be notified.

Where the parent/carer is not immediately available a member of school staff will always accompany a child taken to hospital in an ambulance and will stay with the child until the parent/carer arrives.

The Governing Body will support any member of staff who assists with the administration of medication in a reasonable good-faith attempt to prevent or manage an emergency situation, regardless of the outcome.

Roles and Responsibilities of School Staff

- To follow the procedures outlined in this policy
- To treat every child as an individual
- To enable children with medical conditions to participate in any aspect of school life
- To share medical information as necessary within school to ensure the safety of a child
- To retain confidentiality where possible
- To take all reasonable precautions to ensure the safe administration of medication
- To contact parents with any concerns without delay and to listen and value their views and opinions
- To allow children with medical conditions access to food/drink; to go to the toilet; to take breaks as required to support them in managing their condition
- To contact the emergency services if necessary without delay
- To correctly record all accidents/incidents in line with the 'A-Z of First Aid' document
- Lead First Aider – to keep the first aid boxes and general store stocked with supplies
- Education Visits Leader – to take responsibility as detailed in the 'Medication on School Trips & Outings' section of this policy

Roles and Responsibilities of Parents/Carers

Parents/carers are responsible for keeping their child(ren) away from school if they are unwell. Common childhood illnesses and the recommended time that a child should remain away from school are listed at Appendix 1 of this policy.

Parents/carers have the prime responsibility for their child's health and should:

- Give the school adequate information about their child's health and medical conditions. Please see 'Review of Pupil Medical Conditions and Dietary Needs/Preferences' form at Appendix 3
- Follow the school's procedures for bringing medication into school as detailed within this policy
- Only request medication to be administered within school when completely essential
- Ensure that medication provided to the school are within date and that asthma inhalers are not empty
- Notify the school in writing of changes in their child's health and medical conditions
- Ensure that their child is well enough to attend school
- Ensure that their child has good standards of hygiene e.g. washing and drying their hands thoroughly
- Adhere to the recommended exclusion times for childhood illnesses to reduce the risk of cross infection within school

- Collect their child promptly from school when contacted by a member of school staff due to their child being unwell or injured
- Work in partnership with the school to ensure the best support for their child's medical condition

School Attendance During/After Illness

- Children should not be sent into school when they are unwell, other than with a mild cough/cold or when they have a mild infection that is not contagious or causing discomfort
- Symptoms of vomiting or diarrhoea requires a child to be absent from school and not to return until clear of symptoms for 48 hour
- Children should not be sent to school with earache, toothache or other significant discomfort
- Children should not be sent to school with an undiagnosed rash or a rash caused by any contagious illness
- Any other symptoms of illness which may be contagious to others or will cause the child to feel unwell and able to fully participate in the school day require the child to be absent from school.

Please refer to the School's Attendance Policy for the procedure to inform the school of a child's absence.

Child Unwell within School

Where a child in school is deemed by school staff to be too unwell to be able to fully participate a member of school staff will contact the child's parent/carer (or if they can not be contacted another nominated contact detailed on the child's records.) The member of school staff will arrange for the child to be collected from school as soon as possible. This procedure will also apply if the child has had an incident within school which prevents the child from being able to continue to participate in school that day.

Unwell children will continue to be closely supervised by an adult and will not be left unaccompanied. When a parent/carer arrives at the school to collect their unwell child the child will be accompanied by somebody suitable to the school office where they will be signed out of school.

Staff should refer to the Abbots Green 'A to Z of First Aid' document for further information on First Aid and medical issues within school.

Medication on School Trips & Outings

Children with medical conditions are given the same opportunities as others unless there is evidence from a medical professional stating that this is not possible. Staff should consider what is necessary for all children to participate fully and safely on school trips. It may be that an additional member of staff, or another volunteer needs to accompany a particular child. Staff will discuss any concerns about a child's medical condition with parents/carers.

- The Educational Visits Leader is responsible for ensuring that the Class teacher has designated a school First Aider for the trip

- The Educational Visits Leader is responsible for ensuring that arrangements are in place for any child with a medical condition prior to the trip taking place, including that emergency medication is taken on the trip. A copy of any health care plan must also be taken on the trip.
- The Educational Visits Leader is responsible for ensuring that a risk assessment has been undertaken for the trip/outing prior to it taking place.
- The Class teacher or other designated school First Aider will be responsible for administering any medication while on the trip and for ensuring that the details are fully recorded.
- Medication and records must be returned to the school after the trip
- Please also refer to the Abbots Green 'A to Z of First Aid' document.

Sporting Activities – including swimming

Most children with medical conditions can participate in physical activities. The teacher will ensure that there is sufficient flexibility for all children to follow in ways appropriate to their own abilities. Any restrictions on a child's ability to participate in sporting activities will be recorded on their Individual Healthcare Plan.

Staff will take measures to ensure that children may be allowed immediate access to their medication during sporting activities e.g. asthma inhalers.

Staff supervising sporting activities must be aware of relevant medical conditions and any medication that may need to be taken including emergency procedures.

Risk assessments for sporting activities and swimming must be in place at the school and must be reviewed at least annually.

Insurance

The Governing Body are responsible for ensuring that adequate and appropriate liability insurance is in place at the school for the administration of medication or for any specific health care procedure. The Local Authority arranges liability insurance for the school. It is the Headteacher's responsibility to ensure that any specific requirements of the insurance policy are complied with. Upon request, the Business Manager will share details of the policy with staff supporting pupils with medical conditions, liaising with the Local Authority as appropriate.

Complaints

Complaints relating to the implementation of this policy should be discussed in the first instance to the Headteacher. If following this discussion the parents/ carers remains dissatisfied a formal complaint should be made in writing in accordance with the school's Complaints Policy.

Appendix 1:

School Exclusion Guide for Childhood Illnesses (Health Protection Agency Guidance)

CONDITION	RECOMMENDED PERIOD TO BE KEPT AWAY FROM SCHOOL	COMMENTS
Rashes & Skin Infections		
Athlete's foot	None	Athletes foot is not a serious condition. Treatment is recommended.
Chickenpox	Five days from the onset of rash	<i>Blisters on the rash must be dry and crusted over .SEE: Vulnerable Children and Female Staff – Pregnancy</i>
Cold sores, (Herpes simplex)	None	Avoid kissing and contact with the sores. Cold sores are generally mild and heal without treatment.
Conjunctivitis	none	If outbreak/ cluster occurs, consult your local HPT
Diarrhoea and vomiting	Whist symptomatic and 48 hours after last symptoms	
Diphtheria*	Exclusion is essential. Always consult with your local HPT	Preventable by vaccination. Family contacts must be excluded until cleared to return by your local GP
Flu (influenza)	Until recovered	Report outbreaks to your local GP
Glandular fever	none	
German measles (rubella)*	Six days from onset of rash	Preventable by immunisation (MMR x 2 doses). <i>SEE: Female Staff – Pregnancy</i>
Hand, foot and mouth	None	Contact your local HPU if a large number of children are affected. Exclusion may be considered in some circumstances
Head lice	None	Treatment recommended only when live lice seen
Impetigo	Until lesions are crusted and healed, or 48 hours after commencing antibiotic treatment	Antibiotic treatment speeds healing and reduces the infectious period
Measles*	Four days from onset of rash and recovered	Preventable by vaccination (MMR x 2). Promote MMR for all pupils and staff. <i>SEE: Vulnerable Children and Female Staff – Pregnancy</i>
Hepatitis A*	Exclude until 7 days after onset of jaundice (or 7 days after symptom onset if no jaundice)	In an outbreak of hepatitis A, your local HPT will advise on control measures
Hepatitis B* C*, HIV	None	Hepatitis B and C and HIV are

		blood borne viruses that are not infectious through casual contact. Contact your local HPT for more advice
Meningococcal meningitis*/ septicaemia*	Until recovered	Meningitis ACWY and B are preventable by vaccination (see national schedule @ www.nhs.uk). Your local HPT will advise on any action needed
Meningitis* due to other bacteria	Until recovered	Hib and pneumococcal meningitis are preventable by vaccination (see national schedule @ www.nhs.uk) Your local HPT will advise on any action needed
Meningitis viral*	None	Milder illness than bacterial meningitis. Siblings and other close contacts of a case need not be excluded
MRSA	None	Good hygiene, in particular handwashing and environmental cleaning, are important to minimise spread. Contact your local HPT for more information
Mumps	Five days after onset of swelling	Preventable by vaccination with 2 doses of MMR (see national schedule @ www.nhs.uk). Promote MMR for all pupils and staff.
Molluscum contagiosum	None	A self-limiting condition
Ringworm	Exclusion not usually required	Treatment is required
Roseola (infantum)	None	None
Scabies	Child can return after first treatment	Household and close contacts require treatment
Scarlet fever*	Child can return 24 hours after commencing appropriate antibiotic treatment	Antibiotic treatment recommended for the affected child
Slapped cheek/fifth disease. Parvovirus B19	None	<i>SEE: Vulnerable Children and Female Staff – Pregnancy</i>
Shingles	Exclude only if rash is weeping and cannot be covered	Can cause chickenpox in those who are not immune i.e. have not had chickenpox. It is spread by

		very close contact and touch. If further information is required, contact your local HPU. <i>SEE: Vulnerable Children and Female Staff – Pregnancy</i>
Threadworm	None	Treatment recommended for child & household
Tonsillitis	None	There are many causes, but most cases are due to viruses and do not need an antibiotic treatment
Tuberculosis (TB)	Always consult your local HPT BEFORE disseminating information to staff/parents/carers	Only pulmonary (lung) TB is infectious to others. Needs close, prolonged contact to spread
Warts and verrucae	None	Verrucae should be covered in swimming pools, gymnasiums and changing rooms
Whooping cough (pertussis)*	Two days from starting antibiotic treatment, or 21 days from onset of symptoms if no antibiotics	Preventable by vaccination. After treatment, non-infectious coughing may continue for many weeks. Your local HPT will organise any contact tracing

* **denotes a notifiable disease.** It is a statutory requirement that doctors report a notifiable disease to the proper officer of the local authority (usually a consultant in communicable disease control). In addition, organisations may be required via locally agreed arrangements to inform their local HPU. Regulating bodies (for example, Office for Standards in Education (OFSTED)/Commission for Social Care Inspection (CSCI)) may wish to be informed – please refer to local policy.

Outbreaks: if a school, nursery or childminder suspects an outbreak of infectious disease, they should inform their local HPU.

Vulnerable Children:

Some medical conditions make children vulnerable to infections that would rarely be serious in most children, these include those being treated for leukaemia or other cancers, on high doses of steroids and with conditions that seriously reduce immunity. Schools and nurseries and childminders will normally have been made aware of such children. These children are particularly vulnerable to chickenpox or measles and, if exposed to either of these, the parent/carer should be informed promptly and further medical advice sought. It may be advisable for these children to have additional immunisations, for example pneumococcal and influenza.

Female Staff – Pregnancy:

If a pregnant woman develops a rash or is in direct contact with someone with a potentially infectious rash, this should be investigated by a doctor. The greatest risk to pregnant women from such infections comes from their own child/children, rather than the workplace.

- Chickenpox can affect the pregnancy if a woman has not already had the infection. Report exposure to midwife and GP at any stage of exposure. The GP and antenatal carer will arrange a blood test to check for immunity. Shingles is caused by the same virus as chickenpox, so anyone who has not had chickenpox is potentially vulnerable to the infection if they have close contact with a case of shingles.
- German measles (rubella). If a pregnant woman comes into contact with German measles she should inform her GP and antenatal carer immediately to ensure investigation. The infection may affect the developing baby if the woman is not immune and is exposed in early pregnancy.
- Slapped cheek disease (parvovirus B19) can occasionally affect an unborn child. If exposed early in pregnancy (before 20 weeks), inform whoever is giving antenatal care as this must be investigated promptly.
- Measles during pregnancy can result in early delivery or even loss of the baby. If a pregnant woman is exposed she should immediately inform whoever is giving antenatal care to ensure investigation.
- All female staff under the age of 25 working with young children should have evidence of two doses of MMR vaccine.

Appendix 2:



Request & Consent for the Administration of Prescribed Medication in School

School staff will **NOT** give your child medication at school unless you complete and sign this form AND the Senior Leadership Team have agreed that school staff can administer the medication.

Please complete, sign and read the legal disclaimer and declarations at the bottom of this page, thank you.

I Parent/Carer of

.....(Child's Name) (Class)

request and give permission for the Senior Leadership Team, or person acting on their behalf, to administer

..... (name of medicine or drug)

in accordance with the dosage instruction as follows

The condition or illness requiring the medication is

LEGAL DISCLAIMER

I understand that ***neither*** the Leadership Team or anyone acting on their authority, or the Governing Body or Suffolk County Council will be liable for any injury to my child arising from the administration of the medication or drug unless caused by the negligence of the Senior Leadership Team, the person acting on their authority, the Governing Body, or Suffolk County Council, as the case may be.

- My child’s doctor has prescribed the above medication.
- I understand that I should deliver the medication personally to an agreed member of staff.
- I confirm that my child has not previously had an adverse reaction to this medication.
- I accept that it is my responsibility to inform the school immediately in writing with any changes in dosage for the above described medication.

Signature Date

Relationship to child

For your information

Prescribed medication is given under supervision in school. It is an additional task for staff and should only be requested when essential e.g. in cases of long term medications such as asthma or to control severe allergic reactions or conditions such as epilepsy.

Short term antibiotics are not usually considered under these terms and are not usually administered by school staff. Please inform school staff if you give permission for your child to take their own medication under supervision.

overleaf, as the responsibility of:

..... (Enter Staff Name)

HT/SLT Signed:..... Dated:.....

If permission is **NOT** granted the Headteacher/another member of the SLT are responsible for contacting the parent/carer to discuss alternative arrangements.

Administration Team to inform Class Teacher of medication request

..... (Class Teacher Signature)

Staff administering medication must follow the procedure outlined in the school’s Medication & Sickness Policy.

To be completed by the member of staff administering medication and counter signed by the witness

Date	Child's Name	Medication Administered & Amount	Time	Signature of person administering	Counter Signature of person witnessing

Appendix 3: Review of Pupil Medical Conditions and Dietary Needs/Preferences

Child's Name:

Child's Class:.....

1) Medical Conditions

Please record in the box below any medical conditions that your child has or may have. Please indicate whether this condition has been diagnosed or is a suspected condition (for example where your child is currently undergoing tests.) Please inform us of any prescribed medications. In an emergency situation the school may be required to pass this information on to a paramedic.

Medical Condition	Please tick as appropriate	Prescribed Medication	Other Information
<i>Example: Asthma</i>	Diagnosed <input checked="" type="checkbox"/> Suspected <input type="checkbox"/>	<i>Inhaler</i>	<i>Triggered by animals</i>
	Diagnosed <input type="checkbox"/> Suspected <input type="checkbox"/>		
	Diagnosed <input type="checkbox"/>		

	Suspected <input type="checkbox"/>		
	Diagnosed <input type="checkbox"/> Suspected <input type="checkbox"/>		
	Diagnosed <input type="checkbox"/> Suspected <input type="checkbox"/>		
	Diagnosed <input type="checkbox"/> Suspected <input type="checkbox"/>		
	Diagnosed <input type="checkbox"/> Suspected <input type="checkbox"/>		

Please continue on a separate sheet if required.

Please tick here if your child currently has NO medical conditions/suspected medical conditions

2) Emergency In School Medication

If your child has been prescribed any medication for asthma or a severe allergic reaction(s) which may need to be administered in school in an emergency situation please indicate below which medication your child has been prescribed and which medical condition it relates to:

MEDICATION	MEDICAL CONDITION	OTHER INFORMATION
Epi-Pen		
Inhaler		
Other (please specify)		

Polite Reminder: It is the parent's responsibility to ensure that all emergency medication provided to the school is clearly marked with the child's name and is within the expiration date.

(Please continue overleaf)

3) Special Dietary Needs

Please record below if your child has any allergies or intolerances to the following food items:

FOOD TYPE	TICK (✓) TO INDICATE		Please give detailed information re allergy/intolerance (please see note below)
	Allergy	Intolerance	
Peanut			

Other Nuts (please specify which type)			
Egg			
Gluten			
Lactose			
Fish or seafood (please specify which type/s)			
Fruits (please specify which type/s)			
Soya			
Sesame Seeds			
Other			

Note: Please provide as much detailed information as possible regarding your child's allergy/intolerance including the severity. For example: with an egg allergy – is the allergy to eggs in whole form only or does it include eggs listed in ingredients. For a nut allergy, would your child be able to eat items where the packaging is noted 'may contain a trace of nuts or 'not guaranteed to have been produced in a nut free factory.' Please continue on a separate sheet if necessary.

4) Dietary Preferences

5) Please detail below if your child has any other dietary preferences.

Vegetarian Vegan Other (please specify)

I (parent/carer) confirm that the above information is correct at the time of completion. I understand that I am responsible for informing the school in writing should there be a change to any of this information.

Signed: **Print Name:**
Date:

COVID-19

Request & Consent for the Administration of Prescribed Medication in School during COVID-19



School staff will NOT give your child medication at school unless you complete and sign this form AND the Senior Leadership Team have agreed that school staff can administer the medication.
Where possible forms must be emailed to the office to avoid unnecessary contact.

Please complete, sign and read the legal disclaimer and declarations at the bottom of this page, thank you.

I Parent/Carer of
(Child's Name) (Class)

request and give permission for the Senior Leadership Team, or person acting on their behalf, to administer
 (name of medicine or drug)

in accordance with the dosage instruction as follows

The condition or illness requiring the medication is

LEGAL DISCLAIMER

I understand that *neither* the Leadership Team or anyone acting on their authority, or the Governing Body or Unity Schools Partnership will be liable for any injury to my child arising from the administration of the medication or drug unless caused by the negligence of the Senior Leadership Team, the person acting on their authority, the Governing Body, or , Unity Schools Partnership as the case may be.

- My child's doctor has prescribed the above medication.
- I understand that I should deliver the medication personally *a member of SLT on the gate each morning, and will collect this from their 'bubble leader' at the end of the day.*
- *I understand that I must provide the school with a clean syringe/ spoon each day to administer medication.*
- I confirm that my child has not previously had an adverse reaction to this medication.
- I accept that it is my responsibility to inform the school immediately in writing with any changes in dosage for the above described medication.

Signature Date

Relationship to child

For your information

Prescribed medication is given under supervision in school, *by staff who will be wearing full PPE.* This an additional task for staff and should only be requested when essential e.g. in cases of long term medications such as asthma or to control severe allergic reactions or conditions such as epilepsy.
 Short term antibiotics are not usually considered under these terms and are not usually administered by school staff.
 Please inform school staff if you give permission for your child to take their own medication under supervision.
 Once a course of medication is completed, this form will be shredded. Any future medication will then require a new form.

