

# Supporting Pupils with Medical Conditions Policy (Including Administering Medicines)



<p><b>Policy Tracker – Responsibility for monitoring this policy:</b>  <b>Senior Leadership Team</b>                  (Reviewed annually – date of next review January 2026)</p>			
Date of review	Reviewed By:	Role	Date Approved by the Governing Board
06/01/2025	Anne Shipley  Alison Gilbert	Safeguarding and Attendance Officer  Head Teacher	27.02.25

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# Supporting Pupils with Medical Conditions

## Introduction

Hall Green Primary School is an inclusive community that welcomes and supports pupils with medical conditions. We provide pupils with any medical condition the same opportunities as others at school.

Hall Green Primary School make sure all staff understand their duty of care to children and young people in the event of an emergency.

Hall Green Primary understand that certain medical conditions are debilitating and potentially life threatening, particularly if poorly managed or misunderstood.

Hall Green Primary School understand the importance of medication and care being taken as directed by healthcare professionals and parents.

All staff understand the medical conditions that affect pupils at this school. Staff receive training on the impact medical conditions can have on pupils.

This policy has been developed in line with the Department for Education's guidance Supporting Pupils with Medical Conditions at School, published in September 2014 (last updated August 2017). Ofsted places a clear emphasis on meeting the needs of pupils with SEN and Disabilities and this includes children with medical conditions.

- The Children and Families Act 2014 includes a duty for schools to support children with medical conditions.
- The DFE publication Supporting Pupils with Medical Conditions at Schools published in December 2015 includes statutory guidance for governing bodies of maintained schools and proprietors of academies in England.
- Where children have a disability, the requirements of the Equality Act 2010 will apply. Where children have an identified special need, the SEND Code of Practice 2014 will also apply.
- Hall Green Primary School aims to ensure that all children with medical conditions, in terms of both physical and mental health, are supported to play a full and active role in school life, remain healthy and achieve their academic potential.
- All children have a right to full access to education, including school trips and physical education.
- We recognise that medical conditions may impact on social and emotional development as well as having educational implications.
- Hall Green staff will consult health and social care professionals, pupils and parents to ensure that the needs of children with medical conditions are effectively supported.

Our partnership with the NHS enables us to provide facilities for a number of timed checks to be carried out during a child's primary school journey.

For your information these are listed below:

**School entry** (Foundation which is a child's first year at school)

- Liaison with Class Teacher/First Aid Coordinator/SENCO.
- Health questionnaire to all parents.
- Measurement of height and weight.
- Hearing Sweep test.
- Children who are highlighted with a medical/developmental problem will be offered a selective school entry health assessment or referred to the appropriate agency.

**Throughout Primary School**

- Referrals from education staff.
- Reviews of height and weight will be offered.
- Flu immunisations.

**Year 6**

- Confidential health questionnaire to all parents on transfer to secondary school.
- Measurement of height/weight.

**Hall Green Primary School's named SENCO:** Mrs Kristina MacDiarmid

**Hall Green Primary School's named First Aid Co-Ordinator:** Mrs K Payton

## **Key Roles and Responsibilities**

**The Local Authority (LA) is responsible for:**

- Promoting co-operation between relevant partners and stakeholders regarding supporting pupils with medical conditions.
- Providing support, advice and guidance to schools and their staff.
- Making alternative arrangements for the education of pupils who need to be out of school for fifteen days or more due to a medical condition.

## **The Governing Body is responsible for:**

- The overall implementation of the Supporting Pupils with Medical Conditions Policy and procedures in the school.
- Ensuring that the school's Admissions Policy and Supporting Pupils with Medical Conditions Policy, as written, does not discriminate on any grounds including, but not limited to: ethnicity/national origin, culture, religion, gender, disability or sexual orientation.
- Informing relevant staff of medical conditions and preventative or emergency measures required so that staff can recognise and act quickly when a problem occurs.
- Guaranteeing that information and teaching support materials regarding supporting pupils with medical conditions are available to members of staff with responsibilities under this policy.
- Ensuring that arrangements are in place to support pupils with medical conditions so they can access and enjoy the same opportunities at school as any other child.
- Ensuring the level of insurance in place reflects the level of risk.
- Ensuring that the focus is on the needs of each individual child and how their medical condition impacts on their school life.
- Keeping written records of any and all medicines administered to individual pupils and across the school population.
- Ensuring that the school's policy for supporting pupils with medical conditions is shared with staff in whole school awareness training and that induction arrangements for new staff are in place.
- Arranging and monitoring and keeping a record of training for identified staff.
- Ensuring that necessary information about medical conditions is communicated to supply staff where appropriate.
- Completing risk assessment for school visits and other activities outside of the normal timetable.
- Developing, monitoring and reviewing Individual Healthcare Plans.
- Working together with parents, pupils, healthcare professionals and other agencies.
- Where necessary work flexibly to ensure that a child receives appropriate education in line with their particular health needs. For example, allowing a child to attend school part time in combination with alternative provision arranged by the local authority.
- To ensure that the policy for supporting pupils with medical conditions in school is implemented and reviewed.

### **The Head Teacher and SENCO are responsible for:**

- The day-to-day implementation and management of the Supporting Pupils with Medical Conditions Policy and procedures of the school.
- Making sure all staff are aware and understand this policy and their role in its implementation.
- Liaising with healthcare professionals regarding the training required for staff.
- Making staff, who need to know, aware of a child's medical condition.
- Developing Individual Healthcare Plans (IHCPs) in partnership with the school Nurse and parents.
- Ensuring that short- or long-term risk assessments are developed in consultation with parents for pupils with ongoing medical needs or after receiving medical treatment. For example, broken limbs.
- Ensuring a sufficient number of trained members of staff are available to implement the policy and deliver IHCPs in normal, contingency and emergency situations.
- Liaising locally with lead clinicians on appropriate support.
- Have overall responsibility for the development of individual health care plans.
- Ensure all staff have sufficient school insurance to carry out these duties.
- Ensuring the regular checks are carried out on all medication stored on site to ensure correct labelling i.e. expiry dates, dosage and how often is in place.

### **Staff members are responsible for:**

- Taking appropriate steps to support children with medical conditions.
- Where necessary, making reasonable adjustments to include pupils with medical conditions into lessons.
- Administering medication (subject to having received appropriate training from healthcare professionals or administration of medication training).
- Undertaking training to achieve the necessary competency for supporting pupils with medical conditions, if they have agreed to undertake that responsibility.
- Familiarising themselves with procedures detailing how to respond when they become aware that a pupil with a medical condition needs help.
- Following risk assessments and care plans that have been drawn up for individual pupils.
- Making reasonable adjustments in order that children with medical needs can participate fully and safely on trips and visits by carrying out risk assessments and seeking advice from a range of external agencies.
- Informing parents/carers if their child has been unwell at school.

***Any teacher or support staff member may be asked to provide support to a child with a medical condition, including administering medicines.***

**School Nurses are responsible for:**

- Notifying the school when a child has been identified with requiring support in school due to a medical condition.
- Liaising locally with lead clinicians on appropriate support.
- Providing support for staff on implementing a child's individual health care plan and providing advice and liaison, including with regard to training.

**Parents and carers are responsible for:**

- Keeping the school informed about any changes, or new diagnosis to their child/children's health.
- Completing an administration of medication form for school to administer prescribed medicine before bringing prescribed medication into school.
- Providing the school with the prescribed medication their child requires and keeping it up to date.

School will carry out regular checks on all medication stored on site to ensure correct labelling i.e. expiry dates, dosage and how often is in place. However, if a child requires emergency medication (such as an Auto injector or an inhaler) and this medication is out of date, then staff will administer this in the absence of any appropriate medicine.)

- Collecting any leftover prescribed medicine at the end of the course or year.
- Discussing prescribed medications with their child/children prior to requesting that a staff member administers the medication.
- Where necessary, developing an IHCP for their child in collaboration with the Head teacher, SENCO, other staff members and healthcare professionals.
- To ensure that emergency contact information is always up to date and accurate, parents need to be aware of the importance of letting the school know of any change to emergency contact information and that they are always contactable in the event of an emergency. We reserve the right to test emergency contact numbers and if parents/carers are not available/contactable then the child could be asked to remain at home until the issues are resolved.
- Ensuring their child attends school on a regular basis.

**The role of the child**

- If pupils refuse to take medication or to carry out a necessary procedure, parents will be informed so that alternative options can be explored. This will be documented by school.
- Where appropriate, pupils will be encouraged to carry their medication and take it under the supervision of trained staff.

- Pupils with medical conditions will be consulted about their medical support needs.

## **Training of Staff**

- Staff will receive advice on the Supporting Pupils with Medical Conditions and the School Medical Policy as part of their induction.
- Staff will receive regular and ongoing training as part of their development, only staff with administration of medication training may administer medication to a child, unless it is an inhaler or an auto injector (all school staff will be trained annually to administer an inhaler and an auto injector)
- Staff who undertake responsibilities under this policy will receive the training from the appropriate external agencies
- No staff member may administer prescription medicines or undertake any healthcare procedures without written consent from parents/carers.
- No staff member may administer drugs by injection unless they have received training in this responsibility.
- A record of staff training will be kept.

## **Procedure when notification received that pupil has a medical condition**

- Arrangements to support medical needs should be in place in time for a child to start the school term.
- In cases where there has been a new diagnosis or a child has moved school mid-term, every effort will be made to ensure that arrangements are put in place within two weeks. During this period if the child already attends the school, the school has the right to refuse the child entry until staff training has been completed and an IHCP has been drawn up. During this time work will be provided for the child to do at home.
- The named person will liaise with relevant individuals, including as appropriate, parents/carers, the individual pupil, health professionals and other agencies to decide on the support to be provided to the child.

## **Individual Healthcare Plans (IHCPs)**

- Where necessary, an IHCP will be developed in collaboration with the pupil, parents/carers, relevant school staff and medical professionals.
- All IHCPs need to be reviewed every 12 months or sooner if there are significant changes to the child's care, with each review being signed by the healthcare professionals involved in the individual child's care and parents/carers.
- Any change a parent/carer wants to make to an IHCP needs to be via a written medical letter from a healthcare professional.
- IHCPs will be easily accessible whilst preserving confidentiality.
- Where a pupil has an Education, Health and Care plan (EHCP), the IHCP will be linked to it or become part of it.
- Where a child is returning from a period of hospital education or alternative provision or home tuition, we will work with the LA and education provider to ensure that the IHCP identifies the support the child needs to reintegrate.

**Where an IHCP is in place, it should detail:**

- What constitutes as an emergency?
- What to do in an emergency?
- Who to contact in an emergency?

**Following an operation or absence longer than 4 weeks, before the return to school**

- There will need to be a written medical letter stating that the pupil is fit to return to school and outlining any special considerations of that return to school.
- The pupil will return to school only when their medical care has been reviewed by a healthcare professional (including the implementation of an IHCP if applicable) and a return to school meeting with parents.
- Where a child has an IHCP, this will clearly define what constitutes an emergency and explain what to do.

**Medication**

- Where possible, it is preferable for medicines to be prescribed in frequencies that allow the pupil to take them outside of school hours.
- If this is not possible, and the prescribed medicines require 4 or more dosages per day, then the school staff will administer one of these doses during the school day, usually around the middle of the day.

- Prescribed medicines need to be fully labelled and it is not appropriate for them to be carried by the child, they will be stored safely either in a fridge or cupboard.
- Prescribed medicines MUST be in date, labelled, and provided in the original container (except in the case of insulin which may come in a pen or pump) with dosage instructions. Prescribed medicines which do not meet these criteria will not be administered.
- Any medications left over at the end of the course will be returned to the child's parents or safely disposed of if expiry date is reached.
- Medication must not be brought into school without a prescription label. If this does happen it will be kept in the school office for the parent to collect. Staff will not administer medication without it being prescribed by a doctor. However, in the event of a child needing Paracetamol or Ibuprofen for short term pain relief, after a significant injury or operation, then trained staff may administer this once a day (below 500mg), referring to the instructions on the box. Parent/Carer complete an administration of medication form.

## **Administration of Medicines**

- Prior to staff members administering any medication, the parents/carers of the child must complete and sign an administration of medicines form for the school to administer the medicine.
- As a school, we will assess the level of training we feel is required for staff to administer medicines. Staff must have administration of medication training at the very least.
- Two members of staff must be present when giving a child medication
- Staff must log any medication given on an appropriate form and inform parents.
- Written records will be kept of any medication administered to children. Pupils will never be prevented from accessing their medication when needed and this will always be under the supervision of an adult. If the medication does not meet the requirements under the administration of medications parents will be contacted immediately.
- School cannot be held responsible for side effects that occur when medication is taken correctly.
- Emergency medication will be accessible to the child at all times.

## **Medical Emergencies**

Staff will deal with the emergency swiftly and calmly and render aid to the best of their ability, ensuring the wellbeing of all pupils is paramount. A first aider will be called to help with the situation and the child's IHCP will be followed if they have one.

### **If deemed necessary, the following procedure should be followed:**

- Request an ambulance – dial 999 and be ready with the information below. Speak

slowly and clearly and be ready to repeat information if asked:

- The school's telephone number
  - Your name
  - Your location
  - Provide the exact location of the patient within the school.
  - Provide the name of the child and a brief description of their symptoms.
  - Inform ambulance control of the best entrance to use and state that the crew will be met and taken to the patient.
- Contact the parents to inform them of the situation.
  - A member of staff should stay with the pupil until the parent/carer arrives. If a parent/carer does not arrive before the pupil is transported to hospital, a member of staff should accompany the child in the ambulance.
  - It is the parent's/carer's responsibility to ensure that all medication brought into school is in date and labelled correctly at all times. School will carry out regular checks on all medication stored on site to ensure correct labelling i.e. expiry dates, dosage and how often is in place. However, if a child requires emergency medication (such as an auto-injector or an inhaler) and this medication is out of date, then staff will administer this in the absence of any appropriate medicine.

## **Enrichment and Extra Curricular Activities**

- Reasonable adjustments will be made to enable pupils with a medical condition to participate fully and safely in day trips, residential trips, sporting activities and other extra-curricular activities. Arrangements for the inclusion of pupils in such activities will be made unless evidence from a clinician states that this is not possible.
- Risk Assessments will be implemented so that planning arrangements take into account the needs of pupils with medical conditions to ensure that they are included.
- When carrying out risk assessments, parents/carers, pupils and healthcare professionals will be consulted to ensure that pupils can participate safely.

## **Avoiding Unacceptable Practice**

**School understands that the following behaviour is unacceptable:**

- Assuming that pupils with the same condition require the same treatment.
- Ignoring medical evidence or opinion.
- Preventing pupils from taking inhalers or any medication that is necessary.
- Preventing children from taking part in any activities during school hours.
- Penalising pupils with medical conditions for their attendance record where the absences relate to their condition.
- Creating barriers to children participating in school life, including school trips.

- Refusing to allow pupils to eat, drink or use the toilet when there is a recognised medical need as diagnosed by a doctor, in order to manage their condition.
- Sending 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 ICHP.
- Routinely require parents to attend the school to administer medication or provide medical support to their child including toileting issues. (There may be extenuating circumstances where this may have to happen for a period of time).

## **Insurance**

Staff who undertake responsibilities within this policy are covered by the school's insurance. Full written insurance policy documents are available to be viewed by members of staff who are providing support to pupils with medical conditions. Those who wish to see the documents should contact the school office.

## **Complaints**

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

# Asthma Policy

## **Introduction**

Hall Green Primary recognise that asthma is a life-threatening condition which demands to be taken seriously. Having asthma should not impact on a child's life, as long as they are compliant with their prescribed treatments and are supported by the adults who look after them.

The Head Teacher will ensure that all staff are trained and receive annual updates.

This policy works in conjunction with the Supporting Pupils with Medical Conditions Policy

## **Aims**

Hall Green Primary School aims to support children with all medical conditions, including Asthma.

Hall Green Primary adhere to the Equality Act 2010 which states schools must not discriminate against disabled pupils and treat them less favourably.

Hall Green will make reasonable adjustments and will plan in advance to meet the needs of a disabled child including support strategies for their learning.

Hall Green Primary adopts this policy to ensure that pupil's individual health needs are met in line with the SEND Code of Practice 0-25, 2014.

## **Roles and responsibilities**

Hall Green Primary work in partnership with all interested and relevant parties including the school's/setting's governing body, all staff, school nurses, parents, employers of school/setting staff, healthcare professionals and children to ensure the policy is planned, implemented and maintained successfully. The following roles and responsibilities are used for the asthma policy at Hall Green school. These roles are understood and communicated regularly:

### **The Head Teacher has a responsibility to:**

- Ensure the health and safety of their employees (all staff) and anyone else on the premises or taking part in activities (this includes children). This responsibility extends to those staff and others leading activities taking place off site, such as visits, outings or field trips.

- Ensure health and safety policies and risk assessments are inclusive of the needs of children with asthma.
- Make sure the asthma policy is effectively monitored and regularly updated.
- Provide indemnity for staff who volunteer to administer medicine to children with asthma.
- Ensure the school is inclusive and welcoming and that the asthma policy is in line with local and national guidance and policy frameworks.
- Liaise between interested parties –including children, teachers, school nurses, parents, governors, the local authority transport service and local emergency care services.
- Ensure that information held by the school is accurate and up to date and that there are good information sharing systems in place using children’s individual health plans.
- Ensure pupil confidentiality.
- Assess the training and development needs of staff and arrange for them to be met. All staff must be trained annually.
- Ensure there is an asthma register and this is kept up to date
- Ensure each child has an IHCP.
- Ensure all supply teachers and new staff know the asthma policy.
- Delegate a staff member to check the expiry date of medicines kept at school and maintain the asthma register.
- Monitor and review the policy at least once a year, with input from staff and external stakeholders.

**All staff have a responsibility to:**

- Be aware of the potential triggers, signs and symptoms of asthma and know what to do in an emergency.
- Attend annual training
- Have a clear understanding of the procedure to follow when a child has an asthma attack.
- Understand the asthma policy.
- Know which children have asthma and be familiar with the content of their individual health plan.
- Allow all children to have immediate access to their emergency medicines.
- Maintain effective communication with parents including informing them if their child has been unwell at school.
- Ensure children who carry their medicines with them, have them when they go on a school trip or out of the classroom.
- Be aware that long term conditions can affect a child’s learning and provide extra help when children need it.

- Liaise with parents, the child's healthcare professionals, special educational needs coordinator and family liaison officer, if a child is falling behind with their work because of their condition.
- Use opportunities such as PSHE to raise pupil awareness about asthma.
- Understand asthma and the impact it can have on children. (Children should not be forced to take part in activity if they feel unwell).
- Ensure all children with asthma are not excluded from activities they wish to take part in
- Ensure children have the appropriate medicines with them during activity or exercise and are allowed to take it when needed.
- Provide a centralised location for emergency medication that is accessible to the child at all times and ensure the child knows where this is.
- Ensure pupil confidentiality.
- Share medical information with relevant staff such as supply staff.

#### **Parents have a responsibility to:**

- Tell the school if their child has asthma.
- Complete a IHCP for their child
- Provide the school with the required medication needed to support their child during the school day, this must be prescribed, in its original packaging with a prescription label and in date.
- Inform the school of any medicines the child requires while taking part in visits, outings or field trips and other out-of-school activities such as school team sports.
- Tell the school about any changes to their child's condition or medication.
- Ensure their child has regular reviews with their doctor or specialist healthcare professional.
- Ensure they or another nominated adult are contactable at all times and contact details are kept up to date.

#### **Children have a responsibility to:**

- Inform a member of staff if they feel unwell
- Understand the importance of their medical need
- Know where their medication is kept

## **School Procedures**

All staff are trained annually to deal with an asthma attack.

When school is notified of a pupil who has a diagnosis of asthma, the school will endeavour to do the following:

- Parents will be asked to complete an IHCP
- Parents will be asked to provide the child with the correct medication to be kept in school.
- Child will be placed on the asthma register
- Asthma medication will be put in a centralised location that the pupil can access at all times, pupil to be made aware where this is.
- Staff to be made aware of the children in their class with asthma and their treatment.
- Staff should remind pupils whose asthma is triggered by exercise to take their inhaler before the lesson, if stated in their care plan. Each child's inhaler must be prescribed and kept at the site of the lesson.
- If a child needs to use their inhaler during the lesson they will be encouraged to do so. Staff must check if a spacer is available and follow the care plan
- If a child uses their inhaler in school, parents or carers will be informed so they can monitor usage.
- Staff will share this information with relevant staff including supply teachers.
- Staff will log the use of medication and inform parents
- A log of the asthma training is kept by the school/setting and reviewed every 12 months to ensure all new staff receives training.
- All staff that volunteer or are contracted to administer medicines are provided with training and support from the School Nurse.
- IHCP to be followed.

## **Emergency Procedures**

### **IHCP to be followed**

Call the ambulance if: -

- The reliever has NO effect after 5-10 minutes.
- The child is either distressed or unable to talk.
- The child is getting exhausted.
- You have any doubts at all about their condition.
- The child becomes unresponsive
- Continue to give the inhaler 1 puff every minute (every 30 to 60 seconds) until help arrives.

**A member of the Senior Leadership Team must be notified**

**In the event of a child needing to go to hospital:**

- Hall Green Primary will provide the ambulance crew with the child's data collection sheet
- If a child needs to be taken to hospital, a member of staff will always accompany them and will stay with them until a parent arrives. The school will try to ensure that the staff member will be one the child knows.

# **Anaphylaxis Policy**

## **Introduction**

Hall Green Primary understands anaphylaxis is an extreme allergic reaction requiring urgent medical treatment.

The Head Teacher will ensure that all staff are trained and receive annual updates.

This policy works in conjunction with the Supporting Pupils with Medical Conditions Policy

## **Aims**

Hall Green Primary School aims to support children with all medical conditions, including Anaphylaxis

Hall Green Primary adhere to the Disability Discrimination Act 2010 and Equality Act 2010 which state schools must not discriminate against disabled pupils and treat them less favourably.

Hall Green will make reasonable adjustments and will plan in advance to meet the needs of a disabled child including support strategies for their learning.

Hall Green Primary adopts this policy to ensure that pupil's individual health needs are met in line with the SEND Code of Practice 0-25, 2014.

## **Roles and responsibilities**

Hall Green Primary work in partnership with all interested and relevant parties including the school's/setting's governing body, all staff, school nurses, parents, employers of school/setting staff, healthcare professionals and children to ensure the policy is planned, implemented and maintained successfully. The following roles and responsibilities are used for the anaphylaxis policy at Hall Green Primary School. These roles are understood and communicated regularly:

### **The Head Teacher has a responsibility to:**

- Ensure the health and safety of their employees (all staff) and anyone else on the premises or taking part in activities (this includes children). This responsibility extends to those staff and others leading activities taking place off site, such as visits, outings or field trips.
- Ensure health and safety policies and risk assessments are inclusive of the needs of children with anaphylaxis.
- Make sure the anaphylaxis policy is effectively monitored and regularly updated.

- Provide indemnity for staff who volunteer to administer medicine to children with anaphylaxis.
- Ensure the school is inclusive and welcoming and that the anaphylaxis policy is in line with local and national guidance and policy frameworks.
- Liaise between interested parties –including children, teachers, school nurses, parents, governors, the local authority transport service and local emergency care services.
- Ensure that information held by the school is accurate and up to date and that there are good information sharing systems in place using children’s individual health plans.
- Ensure pupil confidentiality.
- Assess the training and development needs of staff and arrange for them to be met. All staff must be trained annually.
- Ensure each child has an IHCP.
- Ensure all supply teachers and new staff know the anaphylaxis policy.
- Delegate a staff member to check the expiry date of medicines kept at school.
- Monitor and review the policy at least once a year, with input from staff and external stakeholders.

**All staff have a responsibility to:**

- Be aware of the potential triggers, signs and symptoms of anaphylaxis and know what to do in an emergency.
- Attend annual training
- Have a clear understanding of the procedure to follow when a child has an anaphylaxis attack.
- Understand the anaphylaxis policy.
- Know which children have anaphylaxis and be familiar with the content of their individual health plan.
- Allow all children to have immediate access to their emergency medicines.
- Maintain effective communication with parents including informing them if their child has been unwell at school.
- Ensure children who carry their medicines with them, have them when they go on a school trip or out of the classroom.
- Be aware that long term conditions can affect a child’s learning and provide extra help when children need it.
- Liaise with parents, the child’s healthcare professionals, special educational needs coordinator and family liaison officer, if a child is falling behind with their work because of their condition.
- Use opportunities such as PSHE to raise pupil awareness about anaphylaxis.

- Understand anaphylaxis and the impact it can have on children. (Children should not be forced to take part in activity if they feel unwell).
- Ensure all children with anaphylaxis are not excluded from activities they wish to take part in
- Ensure children have the appropriate medicines with them during activity or exercise and are allowed to take it when needed.
- Provide a centralised location for emergency medication that is accessible to the child at all times and ensure the child knows where this is.
- Ensure pupil confidentiality.
- Share medical information with relevant staff such as supply staff.

**Parents have a responsibility to:**

- Tell the school if their child has anaphylaxis.
- Complete a IHCP for their child
- Provide the school with the required medication needed to support their child during the school day, this must be prescribed, in its original packaging with a prescription label and in date.
- Inform the school of any medicines the child requires while taking part in visits, outings or field trips and other out-of-school activities such as school team sports.
- Tell the school about any changes to their child's condition or medication.
- Ensure their child has regular reviews with their doctor or specialist healthcare professional.
- Ensure they or another nominated adult are contactable at all times and contact details are kept up to date.

**Children have a responsibility to:**

- Inform a member of staff if they feel unwell
- Understand the importance of their medical need
- Know where their medication is kept

**School Procedures**

When school is notified of a pupil has a diagnosis of anaphylaxis, the school will endeavour to do the following: (All staff are trained annually to deal with an anaphylaxis attack)

- Parents will be asked to complete an IHCP
- Parents will be asked to provide the child with the correct medication to be kept in school.

- Anaphylaxis medication will be put in a centralised location that the pupil can access at all times, pupil to be made aware where this is.
- Staff to be made aware of the children in their class with anaphylaxis and their treatment.
- Staff will share this information with relevant staff including supply teachers.
- Staff will log the use of medication and inform parents
- A log of the anaphylaxis training is kept by the school/setting and reviewed every 12 months to ensure all new staff receives training.
- All staff that volunteer or are contracted to administer medicines are provided with training and support from the School Nurse.
- IHCP to be followed.

## Emergency Procedures

### **IHCP to be followed**

- It is important that when a child complains of any of the severe symptoms the Auto-injector is given immediately, and an ambulance called.
- Only the Auto-injector prescribed for the named child should be administered, as the dose is pre-set to the child's body weight, DONOT use another child's Epipen.
- If no change in condition after 5-10 minutes a second prescribed Auto-injector must be given if it is available. All treatment must be relayed to ambulance staff and the used Auto-injector taken with the child.
- A child cannot be overdosed with adrenaline; it is better to give the Auto-injector than not.
- When an ambulance is called the Head Teacher or the next senior member of staff in their absence must be informed immediately.
- When a child is given their Auto-injector they must be transferred to hospital and a member of staff should go with them in the absence of a parent/carer.
- Parents/carers must be informed immediately by the school office.
- It is very important that the used Auto-injector is sent to the hospital with the child, so the staff can see treatment already had and the time given.

Sometimes a child may have milder symptoms and therefore only need a dose of prescribed antihistamine, at the on-set of their symptoms. This should be kept in their classroom clearly labelled with a prescription label. The care plan must be followed and staff should follow the administration of medication guidance in this policy.

You must stay with the child for at least 30 minutes to ensure symptoms do not become worse. Ensure plenty of reassurance is given.

The parent/carers must be informed of all treatment given.

**When treating a potential anaphylaxis casualty, it should be noted that there are no contraindications for the use of adrenaline.**

# **Epilepsy Policy**

## **Introduction**

Hall Green Primary understands Epilepsy is a common condition requiring urgent medical treatment

The Head Teacher will ensure that relevant staff are trained and receive annual updates.

This policy works in conjunction with the Supporting Pupils with Medical Conditions Policy

## **Aims**

Hall Green Primary School aims to support children with all medical conditions, including Epilepsy.

Hall Green Primary adhere to the Disability Discrimination Act 2010 and Equality Act 2010 which state schools must not discriminate against disabled pupils and treat them less favourably.

Hall Green will make reasonable adjustments and will plan in advance to meet the needs of a disabled child including support strategies for their learning.

Hall Green Primary adopts this policy to ensure that pupil's individual health needs are met in line with the SEND Code of Practice 0-25, 2014.

## **Roles and responsibilities**

Hall Green Primary work in partnership with all interested and relevant parties including the school's/setting's governing body, all staff, school nurses, parents, employers of school/setting staff, healthcare professionals and children to ensure the policy is planned, implemented and maintained successfully. The following roles and responsibilities are used for the Epilepsy policy at Hall Green Primary School. These roles are understood and communicated regularly:

### **The Head Teacher has a responsibility to:**

- Ensure the health and safety of their employees (all staff) and anyone else on the premises or taking part in activities (this includes children). This responsibility extends to those staff and others leading activities taking place off site, such as visits, outings or field trips.
- Ensure health and safety policies and risk assessments are inclusive of the needs of children with Epilepsy
- Make sure the Epilepsy policy is effectively monitored and regularly updated.

- Provide indemnity for staff who volunteer to administer medicine to children with Epilepsy.
- Ensure the school is inclusive and welcoming and that the Epilepsy policy is in line with local and national guidance and policy frameworks.
- Liaise between interested parties –including children, teachers, school nurses, parents, governors, the local authority transport service and local emergency care services.
- Ensure that information held by the school is accurate and up to date and that there are good information sharing systems in place using children’s individual health plans.
- Ensure pupil confidentiality.
- Assess the training and development needs of staff and arrange for them to be met. All staff must be trained annually.
- Ensure each child has an IHCP.
- Ensure all supply teachers and new staff know the Epilepsy policy.
- Delegate a staff member to check the expiry date of medicines kept at school.
- Monitor and review the policy at least once a year, with input from staff and external stakeholders.

**All staff have a responsibility to:**

- Be aware of the potential triggers, signs and symptoms of Epilepsy and know what to do in an emergency.
- Attend annual training
- Have a clear understanding of the procedure to follow when a child has an Epilepsy seizure.
- Understand the Epilepsy policy.
- Know which children have Epilepsy and be familiar with the content of their individual health plan.
- Allow all children to have immediate access to their emergency medicines.
- Maintain effective communication with parents including informing them if their child has been unwell at school.
- Ensure children who carry their medicines with them, have them when they go on a school trip or out of the classroom.
- Be aware that long term conditions can affect a child’s learning and provide extra help when children need it.
- Liaise with parents, the child’s healthcare professionals, special educational needs coordinator and family liaison officer, if a child is falling behind with their work because of their condition.
- Use opportunities such as PSHE to raise pupil awareness about Epilepsy.

- Understand Epilepsy and the impact it can have on children. (Children should not be forced to take part in activity if they feel unwell).
- Ensure all children with Epilepsy are not excluded from activities they wish to take part in.
- Ensure children have the appropriate medicines with them during activity or exercise and are allowed to take it when needed.
- Provide a centralised location for emergency medication that is accessible to the child at all times and ensure the child knows where this is.
- Ensure pupil confidentiality.
- Share medical information with relevant staff such as supply staff.

**Parents have a responsibility to:**

- Tell the school if their child has Epilepsy.
- Complete a IHCP for their child
- Provide the school with the required medication needed to support their child during the school day, this must be prescribed, in its original packaging with a prescription label and in date.
- Inform the school of any medicines the child requires while taking part in visits, outings or field trips and other out-of-school activities such as school team sports.
- Tell the school about any changes to their child's condition or medication.
- Ensure their child has regular reviews with their doctor or specialist healthcare professional.
- Ensure they or another nominated adult are contactable at all times and contact details are kept up to date.

**Children have a responsibility to:**

- Inform a member of staff if they feel unwell
- Understand the importance of their medical need
- Know where their medication is kept

**School Procedures**

When school is notified of a pupil has a diagnosis of Epilepsy, the school will endeavour to do the following: (Selected staff are trained annually to deal with an Epilepsy seizure)

- Parents will be asked to complete an IHCP
- Parents will be asked to provide the child with the correct medication to be kept in school.

- Epilepsy medication will be put in a centralised location that the pupil can access at all times, pupil to be made aware where this is.
- Staff to be made aware of the children in their class with Epilepsy and their treatment.
- Staff will share this information with relevant staff including supply teachers.
- Staff will log the use of medication and inform parents
- A log of the Epilepsy training is kept by the school/setting and reviewed every 12 months.
- All staff that volunteer or are contracted to administer medicines are provided with training and support from the School Nurse.
- IHCP to be followed.

## **Emergency Procedures**

### **IHCP to be followed**

#### **Call 999**

- Stay calm.
- Send for a trained adult.
- Reassure the other children and arrange for them to leave the room.
- Consider a simple explanation of Epilepsy for them.
- Parents will be informed, and the child will be sent home if not taken to hospital.

**A member of the Senior Leadership Team must be notified**

#### **In the event of a child needing to go to hospital:**

- Hall Green Primary will provide the ambulance crew with the child's data collection sheet
- If a child needs to be taken to hospital, a member of staff will always accompany them and will stay with them until a parent arrives. The school will try to ensure that the staff member will be one the child knows.

# **Diabetes Policy**

## **Introduction**

Hall Green Primary understands Diabetes is a common condition sometimes requiring urgent medical treatment

The Head Teacher will ensure that relevant staff are trained and receive annual updates.

This policy works in conjunction with the Supporting Pupils with Medical Conditions Policy

## **Aims**

Hall Green Primary School aims to support children with all medical conditions, including Diabetes

Hall Green Primary adhere to the Disability Discrimination Act 2010 and Equality Act 2010 which state schools must not discriminate against disabled pupils and treat them less favourably.

Hall Green will make reasonable adjustments and will plan in advance to meet the needs of a disabled child including support strategies for their learning.

Hall Green Primary adopts this policy to ensure that pupil's individual health needs are met in line with the SEND Code of Practice 0-25, 2014.

## **Roles and responsibilities**

Hall Green Primary work in partnership with all interested and relevant parties including the school's/setting's governing body, all staff, school nurses, parents, employers of school/setting staff, healthcare professionals and children to ensure the policy is planned, implemented and maintained successfully. The following roles and responsibilities are used for the Diabetes policy at Hall Green Primary School. These roles are understood and communicated regularly:

### **The Head Teacher has a responsibility to:**

- Ensure the health and safety of their employees (all staff) and anyone else on the premises or taking part in activities (this includes children). This responsibility extends to those staff and others leading activities taking place off site, such as visits, outings or field trips.
- Ensure health and safety policies and risk assessments are inclusive of the needs of children with Diabetes
- Make sure the Diabetes policy is effectively monitored and regularly updated.

- Provide indemnity for staff who volunteer to administer medicine to children with Diabetes.
- Ensure the school is inclusive and welcoming and that the Diabetes policy is in line with local and national guidance and policy frameworks.
- Liaise between interested parties –including children, teachers, school nurses, parents, governors, the local authority transport service and local emergency care services.
- Ensure that information held by the school is accurate and up to date and that there are good information sharing systems in place using children’s individual health plans.
- Ensure pupil confidentiality.
- Assess the training and development needs of staff and arrange for them to be met. All staff must be trained annually.
- Ensure each child has an IHCP.
- Ensure all supply teachers and new staff know the Diabetes policy.
- Delegate a staff member to check the expiry date of medicines kept at school.
- Monitor and review the policy at least once a year, with input from staff and external stakeholders.

**All staff have a responsibility to:**

- Be aware of the potential triggers, signs and symptoms of Diabetes and know what to do in an emergency.
- Attend annual training
- Have a clear understanding of the procedure to follow when a child has a Diabetes episode.
- Understand the Diabetes policy.
- Know which children have Diabetes and be familiar with the content of their individual health plan.
- Allow all children to have immediate access to their emergency medicines.
- Maintain effective communication with parents including informing them if their child has been unwell at school.
- Ensure children who carry their medicines with them, have them when they go on a school trip or out of the classroom.
- Be aware that long term conditions can affect a child’s learning and provide extra help when children need it.
- Liaise with parents, the child’s healthcare professionals, special educational needs coordinator and family liaison officer, if a child is falling behind with their work because of their condition.
- Use opportunities such as PSHE to raise pupil awareness about Diabetes.

- Understand Diabetes and the impact it can have on children. (Children should not be forced to take part in activity if they feel unwell).
- Ensure all children with Diabetes are not excluded from activities they wish to take part in
- Ensure children have the appropriate medicines with them during activity or exercise and are allowed to take it when needed.
- Provide a centralised location for emergency medication that is accessible to the child at all times and ensure the child knows where this is.
- Ensure pupil confidentiality.
- Share medical information with relevant staff such as supply staff.

**Parents have a responsibility to:**

- Tell the school if their child has Diabetes.
- Complete a IHCP for their child
- Provide the school with the required medication needed to support their child during the school day, this must be prescribed, in its original packaging with a prescription label and in date.
- Inform the school of any medicines the child requires while taking part in visits, outings or field trips and other out-of-school activities such as school team sports.
- Tell the school about any changes to their child's condition or medication.
- Ensure their child has regular reviews with their doctor or specialist healthcare professional.
- Ensure they or another nominated adult are contactable at all times and contact details are kept up to date.

**Children have a responsibility to:**

- Inform a member of staff if they feel unwell
- Understand the importance of their medical need
- Know where their medication is kept

**School Procedures**

When school is notified of a pupil has a diagnosis of Diabetes, the school will endeavour to do the following: (Selected staff are trained annually to deal with a Diabetes episode)

- Parents will be asked to complete an IHCP
- Parents will be asked to provide the child with the correct medication to be kept in school.

- Diabetes medication will be put in a centralised location that the pupil can access at all times, pupil to be made aware where this is.
- Staff to be made aware of the children in their class with Diabetes and their treatment.
- Staff will share this information with relevant staff including supply teachers.
- Staff will log the use of medication and inform parents
- A log of the Diabetes training is kept by the school/setting and reviewed every 12 months.
- All staff that volunteer or are contracted to administer medicines are provided with training and support from the School Nurse.
- IHCP to be followed.

## **Emergency Procedures**

### **IHCP to be followed**

#### **Call 999**

- Stay calm.
- Send for a trained adult.
- Reassure the other children and arrange for them to leave the room.
- Consider a simple explanation of Diabetes for them.
- Parents will be informed, and the child will be sent home if not taken to hospital.

**A member of the Senior Leadership Team must be notified**

#### **In the event of a child needing to go to hospital:**

- Hall Green Primary will provide the ambulance crew with the child's data collection sheet
- If a child needs to be taken to hospital, a member of staff will always accompany them and will stay with them until a parent arrives. The school will try to ensure that the staff member will be one the child knows.

## **Child Reporting Sickness**

The school takes its responsibility for the health, safety and welfare of all our children very seriously. It is vital to have consistent procedures for the handling of day to day illness.

- When a child reports feeling unwell to a member of staff, initially their action is determined by how well they know the child.
- First aiders/staff will assess whether they think a child needs 'time out' from the classroom/lesson and administer any first aid deemed necessary.
- The responsibility for deciding whether a pupil should go home or not, resides with a senior member of staff.
- In cases where the child has a bump to the head or a general bump to the face, parents must be notified. If the bump is a severe one, then the parents/carers should be notified, and a decision made whether the child should go home.
- Parents with a child suffering from a short-term serious illness are encouraged to contact the Headteacher/ SENCO to negotiate education requirements.
- We do not encourage children to miss lessons and do not allow unsupervised children to stay indoors during breaks, so before a child is sent back to school after an illness, parents should ensure that the child can cope with the whole school day

## **Exclusion Conditions**

There are regulated exclusion periods for:

- Fevers.
- Infection.
- Gastro illnesses.
- Skin infections.
- General infections.
- Infestations.

**Children should remain away for the regulated time stated on the following pages, to prevent the spread of infection**

## Health Protection for schools, nurseries and other childcare facilities

### Exclusion table

Infection	Exclusion period	Comments
Athlete's foot	None	Athlete's foot is not a serious condition. Treatment is recommended.
Chicken pox	Five days from onset of rash and all the lesions have crusted over	
Cold sores (herpes simplex)	None	Avoid kissing and contact with the sores. Cold sores are generally mild and heal without treatment
Conjunctivitis	None	If an outbreak/cluster occurs, consult your local HPT
Diarrhoea and vomiting	Whilst symptomatic and 48 hours after the last symptoms.	See section in chapter 9
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 HPT
Flu (influenza)	Until recovered	Report outbreaks to your local HPT.
Glandular fever	None	
Hand foot and mouth	None	Contact your local HPT if a large numbers of children are affected. Exclusion may be considered in some circumstances
Head lice	None	Treatment recommended only when live lice seen
Hepatitis A*	Exclude until seven 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
Impetigo	Until lesions are crusted /healed or 48 hours after starting antibiotic treatment	Antibiotic treatment speeds healing and reduces the infectious period.
Measles*	Four days from onset of rash and recovered	Preventable by vaccination (2 doses of MMR). Promote MMR for all pupils and staff. Pregnant staff contacts should seek prompt advice from their GP or
Meningococcal meningitis*/ septicaemia*	Until recovered	Meningitis ACWY and B are preventable by vaccination (see national schedule @ <a href="http://www.nhs.uk">www.nhs.uk</a> ). 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 @ <a href="http://www.nhs.uk">www.nhs.uk</a> ) 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 @ <a href="http://www.nhs.uk">www.nhs.uk</a> ). Promote MMR for all pupils and staff.

Infection	Exclusion period	Comments
Ringworm	Not usually required.	Treatment is needed.
Rubella (German measles)	Five days from onset of rash	Preventable by vaccination with 2 doses of MMR (see national schedule @ <a href="http://www.nhs.uk">www.nhs.uk</a> ). Promote MMR for all pupils and staff. Pregnant staff contacts should seek prompt advice from their GP or midwife
Scarlet fever	Exclude until 24hrs of appropriate antibiotic treatment completed	A person is infectious for 2-3 weeks if antibiotics are not administered. In the event of two or more suspected cases, please contact local health
Scabies	Can return after first treatment	Household and close contacts require treatment at the same time.
Slapped cheek /Fifth disease/Parvo virus B19	None (once rash has developed)	Pregnant contacts of case should consult with their GP or midwife.
Threadworms	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, gyms 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).**

Health Protection Agency (2010) Guidance on Infection Control in Schools and other Child Care Settings. HPA: London.

<b>Rashes and skin infections</b>	<b>Recommended period to be kept away from school, nursery or childminders</b>	<b>Comments</b>
Athlete's foot	None	Athlete's foot is not a serious condition. Treatment is recommended
Chickenpox*	Until all vesicles have crusted over	See: Vulnerable children and female staff – pregnancy
Cold sores, (Herpes simplex)	None	Avoid kissing and contact with the sores. Cold sores are generally mild and self-limiting
German measles (rubella)*	Four days from onset of rash (as per "Green Book")	Preventable by immunisation (MMR x 2 doses). See: Female staff – pregnancy
Hand, foot and mouth	None	Contact the Duty Room if a large number of children are affected. Exclusion may be considered in some circumstances
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	Preventable by vaccination (MMR x 2). See: Vulnerable children and female staff – pregnancy
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. If more than one child has scarlet fever contact PHA Duty Room for further advice
Slapped cheek (fifth disease or parvovirus B19)	None once rash has developed	See: Vulnerable children and female staff – pregnancy
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 the Duty Room. SEE: Vulnerable Children and Female Staff – Pregnancy
Warts and verrucae	None	Verrucae should be covered in swimming pools, gymnasiums and changing rooms

<b>Diarrhoea and vomiting illness</b>	<b>Recommended period to be kept away from school, nursery or childminders</b>	<b>Comments</b>
Diarrhoea and/or vomiting	48 hours from last episode of diarrhoea or vomiting	
<i>E. coli</i> O157 VTEC*	Should be excluded for 48 hours from the last episode of diarrhoea	Further exclusion is required for young children under five and those who have difficulty in adhering to hygiene practices
Typhoid* [and paratyphoid*] (enteric fever)	Further exclusion may be required for some children until they are no longer excreting	Children in these categories should be excluded until there is evidence of microbiological clearance. This guidance may also apply to some contacts of cases who may require microbiological clearance
Shigella* (dysentery)		Please consult the Duty Room for further advice
Cryptosporidiosis*	Exclude for 48 hours from the last episode of diarrhoea	Exclusion from swimming is advisable for two weeks after the diarrhoea has settled

<b>Respiratory infections</b>	<b>Recommended period to be kept away from school, nursery or childminders</b>	<b>Comments</b>
Flu (influenza)	Until recovered	See: Vulnerable children
Tuberculosis*	Always consult the Duty Room	Requires prolonged close contact for spread
Whooping cough* (pertussis)	48 hours from commencing antibiotic treatment, or 21 days from onset of illness if no antibiotic treatment	Preventable by vaccination. After treatment, non-infectious coughing may continue for many weeks. The Duty Room will organise any contact tracing necessary

Other infections	Recommended period to be kept away from school, nursery or childminders	Comments
Conjunctivitis	None	If an outbreak/cluster occurs, consult the Duty Room
Diphtheria *	Exclusion is essential. Always consult with the Duty Room	Family contacts must be excluded until cleared to return by the Duty Room. Preventable by vaccination. The Duty Room will organise any contact tracing necessary
Glandular fever	None	
Head lice	None	Treatment is recommended only in cases where live lice have been seen
Hepatitis A*	Exclude until seven days after onset of jaundice (or seven days after symptom onset if no jaundice)	The duty room will advise on any vaccination or other control measure that are needed for close contacts of a single case of hepatitis A and for suspected outbreaks.
Hepatitis B*, C, HIV/AIDS	None	Hepatitis B and C and HIV are bloodborne viruses that are not infectious through casual contact. For cleaning of body fluid spills. SEE: Good Hygiene Practice
Meningococcal meningitis*/ septicaemia*	Until recovered	Some forms of meningococcal disease are preventable by vaccination (see immunisation schedule). There is no reason to exclude siblings or other close contacts of a case. In case of an outbreak, it may be necessary to provide antibiotics with or without meningococcal vaccination to close contacts. The Duty Room will advise on any action needed.
Meningitis* due to other bacteria	Until recovered	Hib and pneumococcal meningitis are preventable by vaccination. There is no reason to exclude siblings or other close contacts of a case. The Duty Room will give advice on any action needed
Meningitis viral*	None	Milder illness. There is no reason to exclude siblings and other close contacts of a case. Contact tracing is not required
MRSA	None	Good hygiene, in particular handwashing and environmental cleaning, are important to minimise any danger of spread. If further information is required, contact the Duty Room
Mumps*	Exclude child for five days after onset of swelling	Preventable by vaccination (MMR x 2 doses)
Threadworms	None	Treatment is recommended for the child and household contacts
Tonsillitis	None	There are many causes, but most cases are due to viruses and do not need an antibiotic

\* denotes a notifiable disease. It is a statutory requirement that doctors report a notifiable disease to the Director of Public Health via the Duty Room.

**Outbreaks:** if a school, nursery or childminder suspects an outbreak of infectious disease, they should inform the Duty Room.

**All the above information is kept in the Office.**

## Head Lice

Head lice information letters should then be sent out to the appropriate year group. These letters are kept in the office.

Parents are asked to inform the school asap if their child has head lice and these must be treated accordingly.

# Spillage and Bodily Fluids Policy

## Introduction

Standard infection control precautions are a key component of infection prevention and control when dealing with the disposal of bodily fluids. They help protect staff and pupils by minimising the transmission of infection through bodily fluids.

The Code of Practice on the Prevention and Control of Infections and related guidance (the Health and Social Care Act 2008) states that “effective prevention and control of infection must be part of everyday practice and be applied consistently by everyone”.

## Hand Hygiene

Hands play a major role in the transmission of infection. Effective hand hygiene is the single most effective method of preventing the spread of infection in school settings.

Hand hygiene is a term that incorporates the decontamination of the hands by methods including routine hand washing with soap and water and the use of hand rubs and gels.

\*Hand hygiene should be encouraged by children after toileting and before handling/eating food and drink. This should also be modelled, where possible, by members of staff, lunchtime staff and all other adults within the school.

To try to prevent the spread of infection from colds and viruses, the use of tissues and coughing into tissues/hands should be encouraged, again with staff modelling this behaviour.

\*Due to COVID 19, hand washing is expected and supervised at various points throughout the day in line with government guidance and risk assessments in place to prevent any further spread of the pandemic.

## Safe Handling of Blood and Bodily Fluid Spillages

All blood or bodily fluids can potentially contain blood borne viruses or other pathogens, therefore dealing with spills of blood or body fluid may expose the staff member to these blood borne viruses or other pathogens.

Spillages of blood or bodily fluids must be decontaminated promptly; it is the responsibility of all staff to deal with such spillages.

Spill kits are available in school.

Full Personal Protective Equipment (PPE), as set out in the schools’ risk assessments, must be worn as a minimum for cleaning spillage and disposed of in clinical waste containers (yellow containers).

The spillage should be soaked up with disposable paper towels.

For a minor spillage the surface should be cleaned with Spill Kit cleaning fluid. Sodium hypochlorite must not be used on urine spillage as this will result in toxic fumes.

Larger spillages of blood can be absorbed using chlorine-based granules sprinkled directly onto the spillage. Granules should be left for a contact time of 2 minutes (to inactivate any virus present).

Remove waste and dispose of in a clinical waste bag/container.

The area should then be cleaned with general purpose detergent and dried.

Hands should be washed thoroughly after the removal of PPE.

Urine spillages should be dealt with by washing the area with hot water and general-purpose detergent.

## **Cleaning and Decontamination of Equipment**

Safe decontamination of equipment is an essential part of the routine infection prevention and control. It is the responsibility of each member of staff to ensure that re-useable equipment is decontaminated after use.

Equipment can act as a vehicle by which micro-organisms are transferred, which may result in infection. By cleaning and decontaminating equipment correctly, staff will reduce the risk to pupils and other staff

Items designated as single use must NOT be reused. Items designated as single person use must NOT be used more than once on a single patient.

Staff should have access at all times to the appropriate resources for cleaning, such as neutral detergent/disinfection wipes and chlorine releasing products.

Equipment must be cleaned in line with the manufacturers' instructions in order to avoid damage.

# Sharps Policy

## Sharps Safety

Sharps devices, including blood glucose test pens and insulin pens, are routinely used as part of healthcare practice in school. As a school, we are aware of the risks posed by relevant contaminated sharps.

All staff are informed of the correct and safe procedures for the management of sharps. Staff are made aware of the action to take should a sharps injury occur, including the appropriate reporting of the incident.

Many sharps injuries can be avoided by adherence to the principles of safe sharps practice. However, it is recognised that injuries could be complete accidents. It is possible to reduce the risk of this happening by the use of safety procedure.

Sharps safety:

- Do not re-sheath used needles or sharps.
- Never pass sharps from person to person by hand – use a receptacle or clear field to place them in.
- Never walk around with sharps in your hand.
- Never leave sharps lying around – dispose of them.
- Dispose of sharps at the point of use – take a sharps bin with you.

## Management of Sharps Injury

- If a sharps injury occurs, the following action must be taken IMMEDIATELY:
- Bleed it – encourage bleeding – but do not massage the site.
- Wash it – wash the injury, under hot running water.
- Report it – report it to a senior member of staff.