



Nexus Education Schools Trust

Supporting Pupils with Medical Needs Policy

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Statutory

Supporting Pupils with Medical Needs Policy

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1. Aims

Where children have been prescribed medication by a doctor, another appropriately qualified health care professional or over the counter (OTC) medication, we understand it may be necessary for them to continue with their treatment in school. Our policy is to ensure pupils with medical needs and those requiring medication during school hours have these needs met.

This policy aims to ensure that:

- Pupils, staff and parents understand how our school will support pupils with medical conditions in a safe and sensitive manner.
- Pupils with medical conditions are properly supported to allow them to access the same education as other pupils, including school trips and sporting activities.

The Local Committee will implement this policy by:

- Making sure sufficient staff are suitably trained
- Making staff aware of pupil's conditions, where appropriate
- Making sure there are cover arrangements to ensure someone is always available to support pupils with medical conditions
- Providing supply teachers with appropriate information about the policy and relevant pupils
- Developing and monitoring individual healthcare plans (IHPs) (See Appendix 1).

The named person with responsibility for implementing this policy is The Headteacher.

2. Legislation and statutory responsibilities

This policy meets the requirements under [Section 100 of the Children and Families Act 2014](#), which places a duty on The Trust to make arrangements for supporting pupils at their school with medical conditions.

It is also based on the Department for Education's statutory guidance: [Supporting pupils at school with medical conditions](#).

This policy also complies with our funding agreement and articles of association.

3. Roles and responsibilities

3.1 The Local Committee

The Local Committee has ultimate responsibility to make arrangements to support pupils with medical conditions. The Local Committee will ensure that sufficient staff have received suitable training and are competent before they are responsible for supporting children with medical conditions.

3.2 The Headteacher

The Headteacher will:

- Make sure all staff are aware of this policy and understand their role in its implementation
- Ensure that there is a sufficient number of trained staff available to implement this policy and deliver against all Individual Healthcare Plans (IHPs), including in contingency and emergency situations
- Take overall responsibility for the development of IHPs
- Make sure that school staff are appropriately insured and aware that they are insured to support pupils in this way
- Contact the school nursing service in the case of any pupil who has a medical condition that may require support at school, but who has not yet been brought to the attention of the school nurse
- Ensure that systems are in place for obtaining information about a child's medical needs and that this information is kept up to date.

3.3 Staff

Supporting pupils with medical conditions during school hours is not the sole responsibility of one person. Any member of staff may be asked to provide support to pupils with medical conditions, although they will not be required to do so. This includes the administration of medicines.

Those staff who take on the responsibility to support pupils with medical conditions will receive sufficient and suitable training, and will achieve the necessary level of competency before doing so.

Teachers will take into account the needs of pupils with medical conditions that they teach. All staff will know what to do and respond accordingly when they become aware that a pupil with a medical condition needs help.

3.4 Parents

Parents will:

- Provide the school with sufficient and up-to-date information about their child's medical needs
- Be involved in the development and review of their child's IHP and may be involved in its drafting
- Carry out any action they have agreed to as part of the implementation of the IHP e.g. provide medicines and equipment and regularly check that these are in date.

3.5 Pupils

Pupils with medical conditions will often be best placed to provide information about how their condition affects them. Pupils should be fully involved in discussions about their medical support needs and contribute as much as possible to the development of their IHPs. They are also expected to comply with their IHPs.

3.6 School nurses and other healthcare professionals

The school and parents/carers will endeavour to contact the school nursing team when a pupil has been identified as having a medical condition that will require support in school. This will be before the pupil starts school, wherever possible.

Healthcare professionals, such as GPs and paediatricians, will liaise with the school nursing team and notify them of any pupils identified as having a medical condition.

The school will seek advice from relevant healthcare professionals on IHPs.

3.7 Extra Curricular Club providers responsibilities

It is the Club Leader's responsibility to ensure that parents/carers complete their own Health Declaration & Registration Forms. Club Leaders are to ensure that all their staff are appropriately trained and have a First Aid trained member of staff attending each session.

The school keeps records of all the club providers' Public Liability Insurance details and copies of first aid certificates and DBS numbers.

Club leaders/Coaches are made aware of where pupil's medication is stored within the school. Where possible, Club Leaders should arrange for additional medication to be provided by the parent/carer.

All accidents are recorded in the Club/Organisations own First Aid Book. All major accidents are to be reported to the school office.

4. Equal opportunities

Our school is clear about the need to actively support pupils with medical conditions to participate in school trips and visits, or in sporting activities, and not prevent them from doing so.

The school will consider what reasonable adjustments need to be made to enable these pupils to participate fully and safely on school trips, visits and sporting activities.

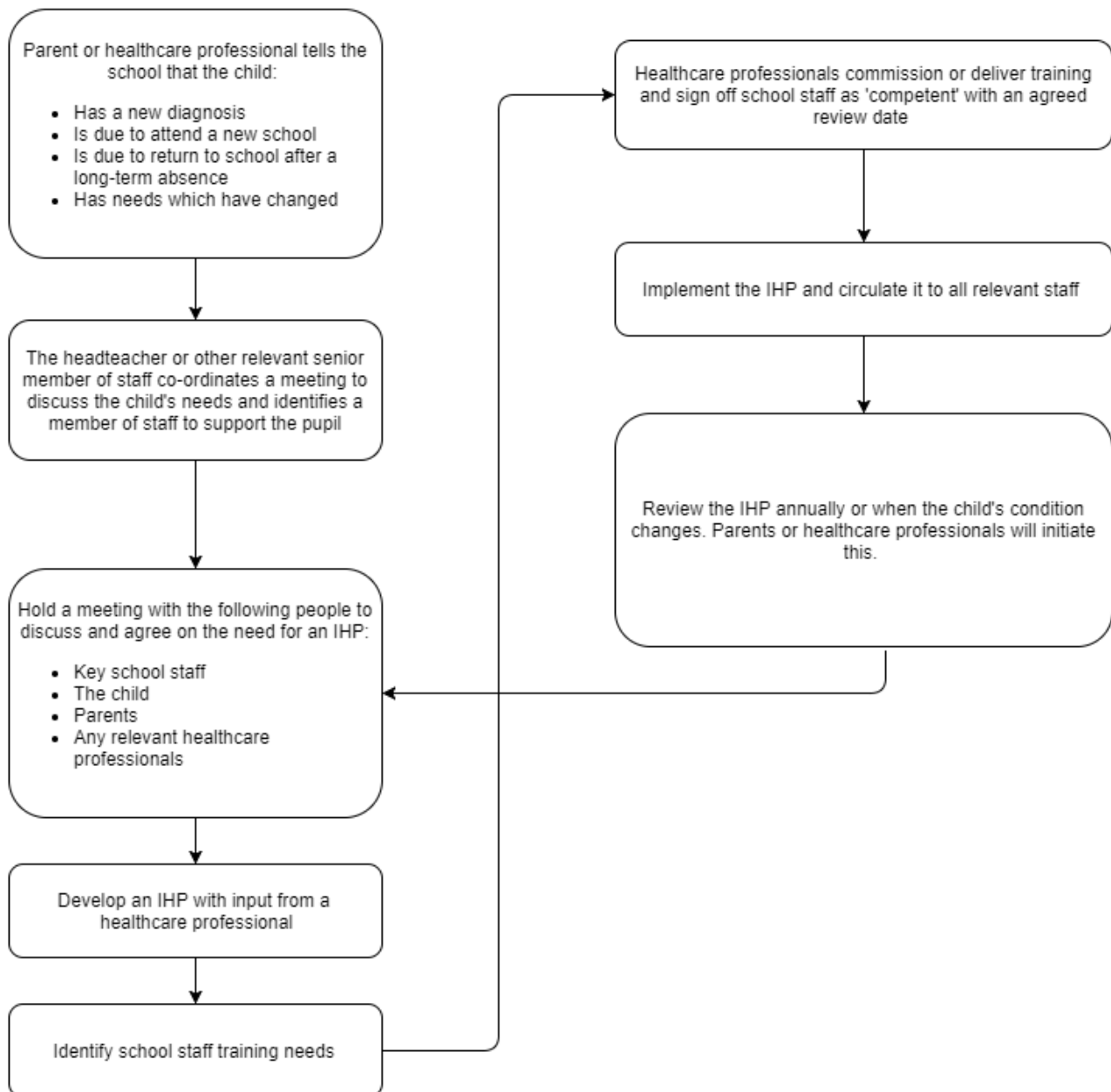
Risk assessments will be carried out so that planning arrangements take account of any steps needed to ensure that pupils with medical conditions are included. In doing so, pupils, their parents and any relevant healthcare professionals will be consulted.

5. Being notified that a child has a medical condition

When the school is notified that a pupil has a medical condition, the process outlined below will be followed to decide whether the pupil requires an IHP.

The school will make every effort to ensure that arrangements are put into place within 2 weeks, or by the beginning of the relevant term for pupils who are new to our school.

Being notified that a child has a medical condition flowchart



6. Individual Healthcare Plans

The Headteacher has overall responsibility for the development of IHPs for pupils with medical conditions.

Plans will be reviewed at least annually, or earlier if there is evidence that the pupil's needs have changed.

Plans will be developed with the pupil's best interests in mind and will set out:

- What needs to be done
- When
- By whom

Not all pupils with a medical condition will require an IHP. It will be agreed with a healthcare professional and the parents when an IHP would be inappropriate or disproportionate. This will be based on evidence. If there is not a consensus, the Headteacher will make the final decision.

Plans will be drawn up in partnership with the school, parents and a relevant healthcare professional, such as the school nurse, specialist or paediatrician, who can best advise on the pupil's specific needs (Appendix 1). The pupil will be involved wherever appropriate.

IHPs will be linked to, or become part of, any Education, Health and Care (EHC) Plan. If a pupil has SEND but does not have a statement or EHC plan, the SEND will be mentioned in the IHP.

The level of detail in the plan will depend on the complexity of the child's condition and how much support is needed. The Headteacher and the Special Educational Needs and Disability Coordinator (SENDCo) will consider the following when deciding what information to record on IHPs:

- The medical condition, its triggers, signs, symptoms and treatments
- The pupil's resulting needs, including medication (dose, side effects and storage) and other treatments, time, facilities, equipment, testing, access to food and drink where this is used to manage their condition, dietary requirements and environmental issues, e.g. crowded corridors, travel time between lessons
- Specific support for the pupil's educational, social and emotional needs. For example, how absences will be managed, requirements for extra time to complete exams, use of rest periods or additional support in catching up with lessons, counselling sessions
- The level of support needed, including in emergencies. If a pupil is self-managing their medication, this will be clearly stated with appropriate arrangements for monitoring
- Who will provide this support, their training needs, expectations of their role and confirmation of proficiency to provide support for the pupil's medical condition from a healthcare professional, and cover arrangements for when they are unavailable
- Who in the school needs to be aware of the pupil's condition and the support required
- Arrangements for written permission from parents and the Headteacher for medication to be administered by a member of staff, or self-administered by the pupil during school hours
- Separate arrangements or procedures required for school trips or other school activities outside of the normal school timetable that will ensure the pupil can participate, e.g. risk assessments
- Where confidentiality issues are raised by the parent/pupil, the designated individuals to be entrusted with information about the pupil's condition
- What to do in an emergency, including who to contact, and contingency arrangements

7. Managing medicines

Prescription and non-prescription medicines will only be administered at school:

- When it would be detrimental to the pupil's health or school attendance not to do so **and**
- Where we have parents' written consent

Pupils under 16 will not be given medicine containing aspirin unless prescribed by a doctor.

Anyone giving a pupil any medication (for example, for pain relief) will first check maximum dosages and when the previous dosage was taken. Parents will always be informed.

The school will only accept prescribed and non-prescribed medicines that are:

- In-date
- Labelled
- Provided in the original container, as dispensed by the pharmacist, and include instructions for administration, dosage and storage

The school will accept insulin that is inside an insulin pen or pump rather than its original container, but it must be in date.

All medicines will be stored safely. Pupils will be informed about where their medicines are at all times and be able to access them immediately. Medicines and devices such as asthma inhalers, blood glucose testing meters and adrenaline pens will always be readily available to pupils and not locked away.

Medicines will be returned to parents to arrange for safe disposal when no longer required.

Any medications given to pupils during the school day will be recorded using Appendix 3.

7.1 Short term need for medication

If a child returns to school following an illness and still requires a dose/s of medicine, we ask that, where possible, parents/carers make arrangements themselves for the dose/s to be administered. Named adults in the school are permitted to administer **prescribed medicines** in the event that parents/carers are unable to make their own arrangements.

Where medicines are prescribed, for example, to be administered 3 times daily – as in the case with antibiotics – the expectation would be that this would mean early morning, after school and in the evening. In this case, there would not be the need for school staff to be involved in the process.

Where a parent/carer requested that the school administers medicines, the child's name and stated dose needs to be clearly visible on the bottle, container or packaging in the form of a standard pharmaceutical label (thereby verifying the prescribed status of the medicine).

Parents/carers will also need to sign a medicine consent form (Appendix 2). If this has not been signed, the medicine will not be administered.

Parents/carers are advised that children who are unwell should not be sent to school. Please note that this must include children who have vomited and/or had diarrhoea. Children must be absent from school for 48 hours following the last bout of illness.

7.2 Over the counter medicines (OTC)

Over the counter medicines (non-prescription medication), can be administered by the school, when they are required at least four times a day. Written consent will need to be given from a parent/carer and the appropriate school documentation completed in order for this to happen (Appendix 2).

NB: Medication for pain relief should never be administered without first checking maximum dosages and when the previous dose was taken.

Medications such as creams and eye drops will need to be administered by the child concerned.

Exceptions to this are:

- Where an OTC medicine is outside of its marketing authorisation, also known as “off label use” or “unlicensed use”.
- Where an OTC medicine is being prescribed for a long term (chronic) condition.

7.3 Use of generic Epipens and inhalers

Two generic Epipens and inhalers are kept in school for emergency use. These epipens will need to be signed in and out using the record book provided.

Use of generic Epipens

If a child displays signs of anaphylactic shock and hasn't previously been identified as someone who needs an Epipen, school will immediately call 999 and ask for advice. Advice then needs to be followed and the parents/carers called.

Medical advice must be sought before giving an asthma inhaler to anyone without an asthma plan.

7.4 Chronic Illness or Allergy

In the event of a child suffering from a chronic illness or allergy such as diabetes or asthma and where they cannot self-administer medication, the school will administer, if possible, the necessary medication, provided:

- The school has a qualified member of staff who opts to receive appropriate training that is validated by a qualified member of the Primary Care Trust.
- There is a full Individual Health Care Plan in place, drawn up by the school nursing team or other relevant health care professional who will advise the school on how to appropriately look after and support the child. Health care plans will be reviewed annually or earlier if evidence is presented that the child's needs have changed.
- Asthma cards are completed by parents and reviewed annually to ensure information is up to date.

- The parent has given written permission and a signed disclaimer absolving the school from liability in respect of consequences of administering the medication.

Parents/carers should note:

- That there are designated members of staff who have been appropriately trained in First Aid and Paediatric First Aid. Details of children with chronic allergies are known to all adults working in the school.
- The advice from the central safety unit at the Local Authority is that no member of staff, can be **required** to administer prescribed medication and that, therefore, where staff do, it is purely on a **voluntary** basis. Medication will be kept safely according to the instruction on its container. Where medication needs to be kept in a refrigerator, the Headteacher will decide how it is to be stored.

7.5 Pupils managing their own needs

Pupils who are competent will be encouraged to take responsibility for managing their own medicines and procedures. This will be discussed with parents and it will be reflected in their IHPs.

Pupils will be allowed to carry their own medicines and relevant devices wherever possible. Staff will not force a pupil to take a medicine or carry out a necessary procedure if they refuse, but will follow the procedure agreed in the IHP and inform parents so that an alternative option can be considered, if necessary.

7.6 Unacceptable practice

School staff should use their discretion and judge each case individually with reference to the pupil's IHP, but it is generally not acceptable to:

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

7.7 Storage of medicines

Asthma inhalers (2 for each child) will be kept in an individually named zip lock bag in the child's class first aid bag and in the school office. This will be visibly hung (out of reach from children) on the outside side of the cupboard door in each classroom. All staff will be informed that inhalers for each child will be stored in this way. All other medication will either be kept in the school office in a shut cupboard, or on the top shelf of the first aid room fridge for medicines requiring refrigeration. All medicines stored must be clearly labelled with the child's name and dosage to be given. Correct storage of medicine for children with chronic conditions will be considered when initially completing the IHP for the child.

All medication kept in school will be sent home at the end of each full term for parents/carers to check expiry dates.

8. Emergency procedures

Staff will follow the school's normal emergency procedures (for example, calling 999). All pupils' IHPs will clearly set out what constitutes an emergency and will explain what to do.

If a pupil needs to be taken to hospital, staff will stay with the pupil until the parent arrives, or accompany the pupil to hospital by ambulance.

9. Training

Staff who are responsible for supporting pupils with medical needs will receive suitable and sufficient training to do so. Epipen and asthma training will take place annually for all staff as needed.

The training will be identified during the development or review of IHPs. Staff who provide support to pupils with medical conditions will be included in meetings where this is discussed.

The relevant healthcare professionals will lead on identifying the type and level of training required and will agree this with the Headteacher. Training will be kept up to date.

Training will:

- Be sufficient to ensure that staff are competent and have confidence in their ability to support the pupils
- Fulfil the requirements in the IHPs
- Help staff to have an understanding of the specific medical conditions they are being asked to deal with, their implications and preventative measures

Healthcare professionals will provide confirmation of the proficiency of staff in a medical procedure, or in providing medication.

All staff will receive training so that they are aware of this policy and understand their role in implementing it, for example, with preventative and emergency measures so they can recognise and act quickly when a problem occurs. This will be provided for new staff during their induction.

10. Record keeping

The Local Committee will ensure that written records are kept of all medicine administered to pupils. Parents will be informed if their pupil has been unwell at school.

IHPs are kept in a readily accessible place which all staff are aware of.

11. Liability and indemnity

The Local Committee will ensure that the appropriate level of insurance is in place and appropriately reflects the school's level of risk.

We will ensure that we are a member of the Department for Education's risk protection arrangement (RPA).

12. Complaints

Parents with a complaint about their child's medical condition should discuss these directly with the Headteacher in the first instance. If the Headteacher cannot resolve the matter, they will direct parents to the school's complaints procedure.

13. Monitoring arrangements

This policy will be reviewed and approved by The Trust every 3 years.

14. Links to other policies

This policy links to the following policies:

- Accessibility plan
- Complaints Policy
- Equality information and objectives
- First Aid Policy
- Health and Safety Policy
- Child Protection and Safeguarding Policy
- Special educational needs Information Report and policy



Appendix 1: Individual Healthcare Plan

Name of school	
Pupil's Name & Address	
Date of Birth	
Class	
Medical Diagnosis or Condition	
Triggers	
Date	
Review Date	

FAMILY CONTACT INFORMATION

Name of Parent/Carer	
Telephone Numbers	
Relationship to Child	
Name of Parent/Carer	
Telephone Numbers	
Relationship to Child	

CLINIC/HOSPITAL CONTACT

Name	
Phone Number	

GP CONTACT

Name	
Phone Number	

SCHOOL CONTACT

Who is responsible for providing support in school	
Name/role of person who completed this IHP	

Describe medical needs and give details of child's symptoms, triggers, signs, treatments, facilities, equipment or devices, environmental issues etc.	
Name of medication, dose, method of administration, when to be taken, side effects, contra-indications, administered by/self-administered, with/without supervision	
Daily care requirements	
Specific support for the pupil's educational, social and emotional needs	
Arrangements for school visits/trips etc. (e.g. risk assessments, who is responsible in an emergency)	
Other relevant information	
Who needs to know about pupil's condition & what constitutes an emergency	
Action to be taken in Emergency and by whom	
Staff training needed/undertaken – who, what, when	
Form distributed to	



Appendix 2: Parent Agreement for Administering Medication at school

The school will not give your child any medication unless this form is completed and signed.
(one form to be completed for each medicine)

Name of child	
Date of birth	
Class	
Medical condition or illness	

Medicine: To be brought in original container with label as dispensed by the pharmacy

Name/type of medicine (as described on the container)	
Expiry date	
Dosage and method	
Time to be given	
Special precautions/other instructions	
Are there any side effects that the school needs to be aware of?	
Self-administration Yes/No	
Procedures to take in an emergency	

PARENT/CARER CONTACT DETAILS

Name	
Daytime Telephone Number	
Relationship to child	
Address	

I understand that I must deliver the medicine personally to the school office.

The above information is, to the best of my knowledge, accurate at the time of writing and I give consent to school staff administering medicine in accordance with the school's policy. I will inform the school immediately, in writing, if there is any change in dosage or frequency of the medication or if the medicine is stopped.

Signature _____ Date _____



Appendix 3: Record of Medicine Administered to an Individual Child at school

Name of child		Class	
Name & strength of medicine provided by parent		Date of medicine provided by parent	
Quantity received		Expiry date	
Dosage & frequency of medicine		Quantity returned & date	

Staff Signature _____ Signature of Parent/Carer _____

Date	Time	Dose given	Any reactions/observations	Name of staff member administering	Signature of staff member



Appendix 4: Contacting Emergency Services

Request an ambulance – dial 999, ask for an ambulance and be ready with the information below.

Speak clearly and slowly and be ready to repeat information if asked.

1. Your telephone number
2. Your name
3. Your location – school name and address
- 4. State the postcode**
5. Provide the exact location of the patient within the school setting
6. Provide the name of the child and a brief description of their symptoms
7. Inform Ambulance Control of the best entrance to use and state that the crew will be met and taken to the patient
8. Put a completed copy of this form by the phone



Appendix 5: Letter inviting parents to contribute to Individual Health Care Plan development

Dear Parent/Carer

DEVELOPING AN INDIVIDUAL HEALTH CARE PLAN FOR YOUR CHILD

Thank you for informing us of your child's medical condition. I enclose a copy of the school's policy for supporting pupils at school with medical needs for your information.

A central requirement of the policy is for an Individual Health Care Plan (IHP) to be prepared, setting out what support each pupil needs and how this will be provided. IHPs are developed in partnership between the school, parents, pupils and the relevant healthcare professional who can advise on your child's case. The aim is to ensure that we know how to support your child effectively and to provide clarity about what needs to be done, when and by whom. Although IHPs are likely to be helpful in the majority of cases, it is possible that not all children will require one. We will need to make judgments about how your child's medical condition impacts on their ability to participate fully in school life, and the level of detail within plans will depend on the complexity of their condition and the degree of support needed.

A meeting to start the process of developing your child's IHP has been scheduled for xx/xx/xx. I hope that this is convenient for you and would be grateful if you could confirm whether you are able to attend. The meeting will involve the following people: xxxxxxxx. Please let us know if you would like to invite another medical practitioner, healthcare professional or specialist and provide any other evidence you would like us to consider at the meeting as soon as possible.

If you are unable to attend, it would be helpful if you could complete the attached Individual Health Care Plan template and return it, together with any relevant evidence, for consideration at the meeting. I (or another member of staff involved in plan development/pupil support) would be happy for you to contact me (them) by email or to speak by phone if this would be helpful.

Yours sincerely

Appendix 6 RPS Responsibilities

The Executive Head teacher will accept responsibility in principle for members of the school staff giving or supervising children taking prescribed medication during the school day, where those members of staff have volunteered to do so. The Executive Head Teacher has responsibility for making sure that school staff are appropriately insured and are aware that they are insured to support pupils in this way.

The Head of School – Lisa Christiansen will oversee the implementation of this policy. She will organise systems, procedures, and training to ensure that staff are able to manage the medical conditions of children. She will delegate duties to key members of staff to ensure that the medical conditions of children are well managed. She will ensure that relevant staff members are made aware of any medical condition's children may have, including supply teachers. She will ensure 'risk assessments' are conducted where this is required for school visits, holidays and other relevant activities.

Sharon Hudson (School Office) – has responsibility for managing the day-to-day medical needs of children. She ensures medicine is stored appropriately in the classrooms in a cupboard above the sink. All medical cupboards have a label on the front to identify the location of first aid boxes. She arranges appointments with professionals and parents, oversees the completion of the appropriate paperwork and notifies parents when medicine has expired. She also ensures the staffing team are fully informed of the medical needs of children.

Jennifer Cristobal (SENDCo) – has responsibility for ensuring risk assessments are conducted for children where these are required to ensure safe access in school (e.g. for children with diabetes or epilepsy). She supports the HoS to ensure appropriate training is in place for staff who support pupils with medical needs. She liaises with external agencies regarding Individual Health Care plans when this is required.

Kofi Danquah (Safeguarding and Intervention Officer) – has responsibility for arranging health checks with the school nursing team, for children who are subject to child protection plans. He oversees the midday meal supervisors ensuring appropriate medical care is in place during lunch times. He oversees the completion of accident and first aid slips.

The School Nursing Team- Are responsible for notifying the school when a child with a medical condition has been identified and brought to their attention (particularly by hospitals). The nursing team will support with the

implementation and writing of 'Individual Health Care plans' where these are needed or require reviewing due to a medical change. They will provide or support access to appropriate medical training for conditions such as sickle cell, asthma, epilepsy and allergies. They will monitor the physical well-being of children subject to a child protection plan.

Teachers/Support Staff - Any staff member may be asked to 'provide support to pupils with medical conditions' (although there is no legal duty for non-medical staff to administer medicines or to supervise a child taking it.) Teachers should take into account the needs of pupils with medical conditions that they teach. Any staff member who administer medicines will have paediatric first aid training or training from an appropriate specialist such as a diabetes nurse.

Parents – should provide the school with sufficient and up-to-date information about their child's medical needs. Parents are key partners who will be involved with the review of their child's Individual Health Care plan'. They should carry out any action they have agreed to as part of its implementation, e.g. provide medicines and equipment and ensure they or another nominated adult are contactable at all times

Pupils – with medical conditions will often be best placed to provide information about how their condition affects them. There are cases where the responsibility for administering medicine can and should rest with the child. They should be fully involved in discussions about their medical support needs and contribute as much as possible to the development of, and comply with, their individual healthcare plan.

Appendix 7 Managing Illness

Short-term illness

- **Short term ailments:** Children and staff who are suffering from short-term ailments and who are clearly unwell should not be in school and the Executive Head teacher or Head of School is within their rights to ask parents/carers to keep them at home.
- **Non-prescription medicines:** We discourage parents from sending children to school with non-prescribed medicines (e.g. cough mixture – the Medicine and Healthcare Products Regulatory Authority warned against their use in the under 6s age range. <https://www.gov.uk/drug-safety-update/over-the-counter-cough-and-cold-medicines-for-children>)
- **Vomiting/diarrhoea:** Note, persons who have had vomiting and/or diarrhoea should be kept away from school until 48 hours symptom-free.

Infectious Disease

- **Infectious Disease and Exclusion Periods:** There are recommended times away from school to limit the spread of infectious disease. <https://www.gov.uk/government/publications/health-protection-in-schools-and-other-childcare-facilities> Please see exclusion table on infection control in schools 2022 (appendix 10). These exclusion rules apply to staff as well as children.

Food Handling Staff:

- Food handlers and catering staff suffering from gastro-enteric diseases should not be present at the school or nursery if they are currently suffering from diarrhoea or vomiting, or both. Food handling staff suffering from gastro-intestinal diseases should not return to work until 48 hours post recovery (no further diarrhoea or vomiting).

- The school will notify Southwark's Environmental Health Department immediately if we are informed that a member of staff engaged in the handling of food has become aware that he or she is suffering from, or is the carrier of, any infection likely to cause food poisoning.
- The school notes that food handlers are required by law to inform their employers immediately if they are suffering from the following diseases:
 - typhoid fever
 - paratyphoid fever
 - other salmonella infections
 - dysentery
 - shigellosis
 - diarrhoea (cause of which has not been established)
 - infective jaundice
 - staphylococcal infections likely to cause food poisoning like impetigo, septic skin lesions, exposed infected wounds, boils
 - E. coli VTEC infection

Infectious Outbreaks

The DFE defines infectious outbreak as when 'an incident in which two or more people experiencing a similar illness are linked in time or place' and 'a greater than expected rate of infection compared with the usual background rate for the place and time where the outbreak has occurred'.

The Executive Head teacher or member of the senior leadership team will contact the local health protection team as soon as they suspect an outbreak of an infectious disease to discuss the situation and agree if any actions are needed. The following information will be provided to the health protection team:

- total numbers affected (staff and children)

- symptoms
- date(s) when symptoms started
- number of classes affected

Parents will be informed of any actions that the local health and protection team recommend.

Chronic illness/disability

It may be necessary for children with long term conditions to take prescribed medicines during school hours. Many health advisers encourage children to take control of their medical condition, including taking responsibility for managing their medical care (with help,) from very young. This can include self-administration of medicines e.g. using an inhaler or giving own insulin injections. We support this practice wherever appropriate.

Where young children or those with special educational needs and or disabilities require medication, adult support will be needed. Whilst responsibility for the medical care of children rest with parents, carers and their health professionals, it may not be feasible for these individuals to come to school to administer medicines.

Acute illness

The teaching profession has a general duty of care towards children in schools. Legally this duty cannot require teachers to administer medicines, but it is expected that teachers react promptly and reasonably if a child is taken suddenly ill. In these cases, clear procedures must be followed, particularly in life threatening situations.

Appendix 8 Infectious Diseases and Pregnant staff

If a pregnant member of staff develops a rash or is in direct contact with someone with a rash who is potentially infectious, she should consult her doctor or midwife.

Chickenpox

Chickenpox can affect the pregnancy if a woman has not already had the infection. The GP and midwife should be informed promptly. A blood test may be arranged to check immunity if it isn't already known. Shingles is caused by the same virus as chickenpox therefore anyone who has not had chickenpox is potentially vulnerable to the infection if they have close contact with a case of shingles.

Measles

Measles during pregnancy can result in early delivery or even loss of the baby. If a pregnant woman is exposed, the midwife should be informed immediately. All female staff under the age of 25 years, working with young children, should have evidence of 2 doses of MMR vaccine or a positive history of measles.

Rubella (German measles)

If a pregnant woman comes into contact with German measles she should inform her GP and midwife immediately. The infection may affect the developing baby if the woman is not immune and is exposed in early pregnancy.

All female staff under the age of 25 years, working with young children, should have evidence of 2 doses of MMR vaccine or a positive history of Rubella.

Slapped cheek disease (Parvovirus B19)

Slapped cheek disease (Parvovirus B19) can occasionally affect an unborn child if exposed early in pregnancy. The pregnant woman should inform their midwife promptly.

Appendix 9 Defibrillator

The school recognises that sudden cardiac arrest is when the heart stops beating and can happen to people of any age and without warning. Quick action (in the form of early CPR and defibrillation) can help save lives. RPS has a defibrillator machine in the medical room. This machine can be used to give an electric shock to restart a patient's heart when they are in cardiac arrest. All first aiders have had training regarding how to use the defibrillator in the event of a cardiac emergency.

Appendix 10

Rotherhithe Primary School Risk Assessment Form

Class/Function/Area:		Assessors:	
Specific Individual:		Date of Assessment:	
COP:		Review Date:	

Injury that has been sustained					
Medication					
Communication					
Activity/ Process/ Operation	What are the hazards to health and safety?	What risks do they pose and to whom?	What existing control measures are in place to reduce the risk?	Risk level achieved see below*	Actions

Assessor Signature:

Date:

Class Teacher:

Date:

Parent Signature:

Date:

Evaluate the likelihood: ☐ Assess the likelihood of injury occurring using the following values

- _ 1- Highly Unlikely – has not occurred before;
- _ 2- Unlikely – has occurred previously;
- _ 3- Likely – Is likely to occur;

RPS Administering first aid to adults

[illegible]



HPECS guidance: Exclusion table

Infection	Exclusion period	Comments
Athlete's foot	None	Children should not be barefoot at their setting (for example in changing areas) and should not share towels, socks or shoes with others.
Chickenpox	At least 5 days from onset of rash and until all blisters have crusted over.	Pregnant staff contacts should consult with their GP or midwife.
Cold sores (herpes simplex)	None	Avoid kissing and contact with the sores.
Conjunctivitis	None	If an outbreak or cluster occurs, consult your local health protection team (HPT) .
Respiratory infections including coronavirus (COVID-19)	Children and young people should not attend if they have a high temperature and are unwell. Children and young people who have a positive test result for COVID-19 should not attend the setting for 3 days after the day of the test.	Children with mild symptoms such as runny nose, and headache who are otherwise well can continue to attend their setting.
Diarrhoea and vomiting	Staff and students can return 48 hours after diarrhoea and vomiting have stopped.	If a particular cause of the diarrhoea and vomiting is identified, there may be additional exclusion advice, for example E. coli STEC and hep A. For more information, see Managing outbreaks and incidents.

Infection	Exclusion period	Comments
Diphtheria*	Exclusion is essential. Always consult with your UKHSA HPT .	Preventable by vaccination. Family contacts must be excluded until cleared to return by your local HPT .
Flu (influenza) or influenza like illness	Until recovered	Report outbreaks to your local HPT . For more information, see Managing outbreaks and incidents .
Glandular fever	None	
Hand foot and mouth	None	Contact your local HPT if a large number of children are affected. Exclusion may be considered in some circumstances.
Head lice	None	
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 UKHSA HPT for more advice.
Impetigo	Until lesions are crusted or healed, or 48 hours after starting antibiotic treatment.	Antibiotic treatment speeds healing and reduces the infectious period.
Measles	4 days from onset of rash and well enough.	Preventable by vaccination with 2 doses of MMR. Promote MMR for all pupils and staff. Pregnant staff contacts should seek prompt advice from their GP or midwife.
Meningococcal meningitis* or septicaemia*	Until recovered	Meningitis ACWY and B are preventable by vaccination. Your local HPT will advise on any action needed.

Infection	Exclusion period	Comments
Meningitis* due to other bacteria	Until recovered	Hib and pneumococcal meningitis are preventable by vaccination. Your UKHSA 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 UKHSA HPT for more information.
Mumps*	5 days after onset of swelling	Preventable by vaccination with 2 doses of MMR. Promote MMR for all pupils and staff.
Ringworm	Not usually required	Treatment is needed.
Rubella* (German measles)	5 days from onset of rash	Preventable by vaccination with 2 doses of MMR. Promote MMR for all pupils and staff. Pregnant staff contacts should seek prompt advice from their GP or midwife.
Scabies	Can return after first treatment.	Household and close contacts require treatment at the same time.
Scarlet fever*	Exclude until 24 hours after starting antibiotic treatment.	Individuals who decline treatment with antibiotics should be excluded until resolution of symptoms. In the event of 2 or more suspected cases, please contact your UKHSA HPT.
Slapped cheek/Fifth disease/Parvovirus B19	None (once rash has developed)	Pregnant contacts of case should consult with their GP or midwife.
Threadworms	None	Treatment recommended for child and household.

Infection	Exclusion period	Comments
Tonsillitis	None	There are many causes, but most cases are due to viruses and do not need or respond to an antibiotic treatment.
Tuberculosis* (TB)	Until at least 2 weeks after the start of effective antibiotic treatment (if pulmonary TB. Exclusion not required for non-pulmonary or latent TB infection. Always consult your local HPT before disseminating information to staff, parents and carers.	Only pulmonary (lung) TB is infectious to others, needs close, prolonged contact to spread. Your local HPT will organise any contact tracing.
Warts and verrucae	None	Verrucae should be covered in swimming pools, gyms and changing rooms.
Whooping cough (pertussis)*	2 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.