



The Acorns

Primary and Nursery School

Mutual respect

Equity

Inclusivity

Love

The Acorns

Administration of Medicines, First Aid, Medical & Intimate Care for supporting pupils at school with medical conditions Policy (LA Adopted)

December 2023

Mission: Be The Best You Can Be

Vision: Providing A World-Class Start To Life

At The Acorns Primary & Nursery School, we are a Rights Respecting School where everyone is welcome - we have No Outsiders. We equip our pupils with the skills and knowledge they need to become positive, global citizens. During their time here, children develop into intrinsically motivated, life-long learners: they understand the value of working hard and they aspire to achieve.

Our pupils leave us with a strong, moral compass, comfortable in their own skin, and knowing their own minds. They are brimming with self-belief and self-worth and are capable of being in respectful, trusting relationships with others in their community.

Throughout their time at The Acorns, we instil the characteristics of effective learning. These allow our pupils to develop into confident, resilient, and independent adults, prepared to succeed in the modern world.

We achieve this vision through our daily mission - Be The Best You Can Be - and by remaining true to our core values of Mutual respect, Equity, Inclusivity and Love.

Values:

Mutual respect



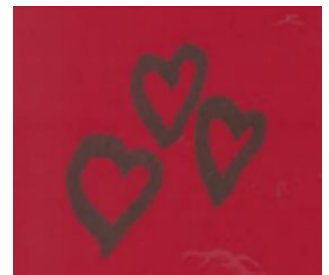
Equity



Inclusivity



Love



INTRODUCTION

This policy takes guidance and recommendations from the ‘**DfE September 2014 – Supporting Pupils At School With Medical Conditions,**’ which highlights:

- Pupils at school with medical conditions should be properly supported so that they can have full access to education, including school trips and physical education.
- Governing Bodies must ensure that arrangements are in place in schools to support pupils at school with medical conditions.
- Governing Bodies should ensure that school leaders consult health and social care professionals; pupils and parents to ensure that the needs of children with medical conditions are effectively supported.

It should be noted that the guidance and procedures contained within the policy may be superseded by a child’s EHC plan or Individual Care Plan, or may be used in conjunction with them.

Article 24: Every child has the right to the best possible health

INDIVIDUAL HEALTHCARE PLANS

Individual healthcare plans can help to ensure that the schools effectively support pupils with medical needs. They should be easily accessible to all who need to refer to them while preserving confidentiality. Plans should be drawn up by the Inclusion Manager or the Schools Family Liaison Officer in partnership with the school, parents, and relevant healthcare professionals. These plans should be reviewed at least annually or earlier if evidence is presented that the child’s needs have changed HCP must be kept in the SEN files within the classroom and must be signed by all the members of staff involved with the child including the person who is administering medication.

MEDICAL AWARENESS

On a regular basis a Medical Awareness List will be produced by the Office and the information will be shared with all teachers via the Inclusion Manager. It is the responsibility of the class teacher to familiarise themselves with this list in the first week of term every September and to be aware of the child’s condition and any intervention that is required from staff.

Any changes or additions to this list must be given to the Admin Assistants or appointed First Aiders as soon as they are known. This is especially important when children with medical conditions join the school within the academic year.

When the condition is of a more serious nature an individual health care plan is created which contains the child’s photograph and is distributed to relevant staff and displayed in the register so that staff are aware of the likelihood of an emergency arising and what action to take should one occur.

It is the parent’s responsibility to inform the school of any changes to the child’s condition that may require the details of the care plan to be altered.

As a school, we try to ensure that we have sufficient information about the medical condition of any child with long-term medical needs and will request meetings with parents and recognised medical practitioners regularly to provide the correct level of training. Training should be specific to the individual child concerned.

The school is well supported by the School Nurse who provides staff with advice and any relevant training on request.

The kitchen staff are made aware of children with food allergies. All midday supervisors are also made aware of children with medical conditions and/or allergies to food or plasters. Children and adults should always be asked, “are you allergic to plasters or can you have these kinds of plasters”

All medication is kept in a locked cupboard (except where storage in a fridge is required) and only accessed by named adults, or with the permission of the Headteacher/SMT. Medication forms are located in the school office folder near the door and club staff also hold copies.

Lists of the current First Aiders are displayed around the school.

DEALING WITH MEDICINES SAFELY

All medicines may be harmful to anyone for whom they are not appropriate; therefore, it is essential that they are stored safely.

- We can only store, supervise and administer medicine that has been prescribed for an individual child.
- All medicines of this type should be handed in to the office in the morning and collected from the office at the end of the school day.
- All medicines are kept in the office/Nursery.
- Epipens and inhalers are kept in the classroom.
- All controlled drugs such as ‘methylphenidate’ will be stored in the school office.

STAFF TRAINING IN DEALING WITH MEDICAL NEEDS

All staff who agree to accept responsibility for administering prescribed medicines to a child will be given the appropriate training and guidance.

Staff must not give prescription medicines or undertake healthcare procedures without the appropriate training.

NB A first-aid certificate does not constitute appropriate training in supporting children with medical conditions.

ROLES AND RESPONSIBILITIES

Parents/Carers

Parents have a responsibility to provide all necessary information about their child’s medical needs to the school.

Parents/Carers have the prime responsibility for ensuring a child’s health and for deciding whether they are fit to attend school.

Whilst it is the responsibility of the parent/carer for deciding if a child is fit to attend school, children recovering from a short-term illness/infection, who are clearly unwell should not be in school and the Headteacher can request that parents/carers keep the pupil at home if necessary.

Where a child requires medication, parents/carers are encouraged to give doses outside the school day if possible e.g. 3 times a day could be taken in the morning, after school and at bedtime.

Parents are welcome to come into school to administer medicines themselves if necessary.

Prescribed medicines can only be taken in school when essential; that is where it would be detrimental to a child's health if the medicine were not administered during the school day.

Where a child requires medication to be taken during the school day, Parents/carers have a responsibility to complete a written consent using the '**Request for Administration of Medicine in School**' form before any medicine can be given.

Parents/carers are responsible for ensuring that date-expired medicines are returned to the pharmacy for safe disposal. They should also collect medicines held at the end of every academic year.

Parents/carers are responsible for replacing date-expired medicines if still required.

Staff

Only members of staff with medication training will give medication. This will be checked and documented on the child's medication form and must include:

- The child's name
- The prescribed dose
- The expiry date
- Written instruction by the prescriber on the label or container

If there is any doubt about procedures, staff will not administer the medicines but will check with the parent/carer first.

After discussion with parents, children who are competent will be encouraged to take responsibility for managing their own medicines and procedures and this is reflected within their individual healthcare plan. Staff will, however, always supervise the child.

Staff have a responsibility to record and inform their parent/carer if a child refuses medicine. Staff will not force a child to take medicine.

Each time a medicine is given, a written record will be kept in the child's own Medication Record file which will be kept in the first aid file. This is done by signing the medicine form. Good records demonstrate that staff have exercised a duty of care. These files will transfer with the child to their next school

PROCEDURE FOR MANAGING PRESCRIPTION MEDICINES WHICH NEED TO BE TAKEN DURING THE SCHOOL DAY

- Medicines are only accepted by office staff and they must be brought in by the parent/carer, rather than via the pupil.
- With parental agreement, some over the counter medications can be given as per 'Guidance for Early Years Providers and Schools on the Use of Over-the Counter Medicines'(2018). Examples of medicines that do not require a prescription and which parents can give permission to administer include:
 - Paracetamol, ibuprofen or antihistamines - provided they are supplied in packaging with clear dosage instructions that are age appropriate for the child
 - Moisturising / soothing preparations for minor skin conditions

- Sunscreen for routine protection while playing / learning outside

Where Parental agreement is given, it should be recorded on CPOMs.

- Children should never be given medicine to keep on their person; all medicines should be handed in to the office. Unless this is a controlled drug for example an inhaler which the child is competent in using.
 - An exception to this rule is made, however, for medicines provided for emergency treatment such as reliever inhalers for asthmatic pupils or glucose tablets for diabetics, which will be kept close to the pupil(s) concerned for immediate use.
- Medicines will be kept in a secure central position in the school (e.g. school office.)
- Medicines need to be clearly marked with the name and class of the pupil, together with the dose and the time(s) of the day at which it should be taken.
- Only medicines prescribed by a doctor can be accepted in their original container with the pharmacy label intact.
- School cannot accept any medicine that has been taken out of the container as originally dispensed or make changes to dosages on parental /carer instructions.
- Over-the-counter remedies such as throat sweets and nasal inhalers should not be brought into school as these could cause a hazard to the child or to another child if found.
- Medicines are only administered following a written request from parents/carers, using the **‘Request for Administration of Medicine in School’**, which clearly states the name and class of the pupil, together with the dose and time(s) of day at which it should be taken and any special conditions for storage of the medicine (i.e. kept in fridge).

PROCEDURES FOR MANAGING PRESCRIPTION MEDICINES ON SCHOOL TRIPS, RESIDENTIAL VISITS AND SPORTING ACTIVITIES

Children with medical needs, particularly of a long-term nature, are encouraged to take part on trips and where necessary risk assessments are carried out for these children. The administration of medicines follows the same procedures as for administration in school. A copy of health care plans will be taken on visits and residential in the event of information being needed in an emergency.

For the purpose of residential visits, there will be a named person with responsibility for the administration of medicines and care of children as above. Parents will be asked to complete a form and may be required to meet with the named staff to ensure that staff are aware of all medical requirements.

A risk assessment will be completed before a residential which will include any children with medical needs or any medication to be administered.

In the case of higher levels of care e.g. intimate care, the named member of staff will also meet with the school nurse, or other recognised medical advisor to ensure that they are trained in dealing with the level of care required.

PARENTAL/CARER RESPONSIBILITIES IN RESPECT OF THEIR CHILD’S NEEDS

Parents/Carers are requested to make arrangements for pupils who become unwell at school. It is the duty of parents to make arrangements for pupils who become unwell at school, by collecting them to take them home or to the doctor or hospital.

The school will attempt to contact the parents via the telephone numbers which have been made available to the school, namely home telephone numbers, work numbers and other emergency numbers.

Parents/carers should provide the Headteacher/Senior Management Team or School Family Liaison Officer with sufficient information about their child's medical needs if treatment or special care is required. Information about a medical condition should be included as recorded by the child's G.P. Parents/carers and the school will then reach an agreement on the school's role in supporting the child's medical needs. Parents/carers should be aware that sharing information with other staff will ensure the best care for the child.

EMERGENCY PROCEDURES

In the event of an Emergency, an ambulance will be called, and a child will be accompanied to hospital by a member of staff and the parents/carers will be notified. A staff member will stay with the child until a parent/carer arrives.

In all cases, administration of medication and/or treatment to a pupil will be at the discretion of the Headteacher and Governors of the school. However, ultimate responsibility remains with the parents/carers.

ACCIDENT PROCEDURE

The school ensures that there is an established procedure for teachers to follow in the event of an accident. If an accident occurs and a pupil sustains an injury, prompt action must be taken to give first aid where this is appropriate. If the injury appears serious enough to warrant further attention, or there is a degree of doubt, arrangements must be made for the injured pupil to see a doctor or for him/her to be taken to hospital. A full report of the accident must be made on the 'PRIME' site which is situated on the LA intranet site; a copy of the report is printed off and put in the accident record file.

If an accident occurs our normal "accident" procedure should be followed, i.e.

1. Contact a First aider for support and guidance.
2. Inform Head Teacher/Deputy or a member of the Senior Management Team.
3. Whenever possible, a pupil's parents are to be contacted and a decision about professional medical help can then be made. If unable to contact a parent, then the Head/Deputy or SMT member will decide on arrangements for treatment by a doctor or hospital.
4. If possible and practicable, a member of staff will be made available to accompany the patient to hospital.

Accident Book.

All accidents, other than day to day minor bumps, are to be recorded on the "PRIME" site, which is situated on the LA's Intranet site, help and guidance can be obtained from the Admin Assistants in filling in the forms. Copies are placed in a file which is situated in the Admin Assistants Office, by the person finding or reporting the injured child. These entries will be counter-signed by the Head or First Aider. (See attached CWAC policy for reporting accidents)

ASTHMA

The Acorns Primary and Nursery school has universal salbutamol Inhalers.

The emergency salbutamol inhaler should only be used by children for whom written parental consent for use of the emergency inhaler has been given, who have either been diagnosed with asthma and prescribed an inhaler, or who have been prescribed an inhaler as reliever medication.

The inhaler can be used if the pupil's prescribed inhaler is not available (for example, because it is broken, or empty).

The Acorns - All inhalers are kept inside stock cupboards in classrooms for ease of access in an emergency. They are kept out of the reach of children. The use of Inhalers is recorded in the class SEND file, the dosage given is recorded and a member of staff signs the record.

MINOR ILLNESSES/INJURIES IN SCHOOL

Vomiting and Diarrhoea

If a child or member of staff vomits or has diarrhoea in school, they will be sent home immediately. Children with these conditions will not be accepted back into school until they have been completely clear of symptoms for 48 hours.

Head Lice

Staff are not allowed to touch children and examine them for head lice. If we suspect a child had head lice, a member of staff will inform the parent/carer. The SMT will make a decision on how to proceed, e.g. we will send out a standard letter to inform the parents or in extreme cases make contact with the school nurse.

Rashes/Spots and Visual Symptoms

If a child develops a rash/spots/temperature or other visual symptoms a member of staff will look at their arms or legs or torso. We would only look at the child's back or chest if we were concerned about infection to other children. In this case another adult would be present, and we would ask the child's permission to do this.

If a child has any of these infections, they will need to stay off school for a prescribed period of time.

Infection

The highest levels of hygiene will be carried out by all First Aiders wherever possible and gloves **must** be worn to reduce the risk of infection. However, the absence of gloves must never stop emergency first aid being administered. Whenever possible, hands must be thoroughly washed prior to, and after, first aid having been given.

All first aid kits will contain disposable non-sterile gloves and some plastic bags large enough to accept used dressings. Special bins are in both Key Stages in the adult toilets.

Any surfaces contaminated with blood or other bodily fluids must be dealt with according to the correct procedure.

Injuries

If a child suffers an injury during lesson time, and the class has a First Aider attached to it, the injury will be dealt with by them. If necessary, a fully qualified First Aider will be called for. Should an emergency occur the class teacher will contact the nearest First Aider for immediate assistance.

During break times, supervisory staff will be expected to address any minor injuries which occur on the playground. Class teachers must be informed whenever one of their children suffers a significant injury, so that they can inform the child's parents.

Cuts and Grazes

All cuts and grazes must be washed thoroughly - with water preferably, or a medi-wipe - and if needed be covered with either a plaster or a sterile dressing. Minor cuts and grazes do not need to be recorded in the

accident book and can be treated by any first aider. Severe cuts where there is a substantial amount of blood loss or the wound is deep must be seen by a fully qualified first aider.

Anyone treating an open wound should wear rubber gloves.

Severe wounds must be recorded in the Accident Book and the parents informed.

MAJOR INJURIES.

DO NOT MOVE. Get First Aider.

Bumped Heads and Severe Blows

Parents must be informed in writing if their child suffers any blow to the head during the school day, and if the child has suffered a significant blow to any other part of the body. Appropriate slips are kept in the accident book. They are completed by the person who dealt with the incident who will also update the log of incidents in the accident book. All bumps to the head must be recorded in the Accident Book. This is kept in the school office or in the Nursery. It is the responsibility of the class teacher to ensure that a child has received a letter when required and that it is handed personally to the parent/carer at the end of the day.

All bumps to the head or face should be treated as serious and should be assessed by a fully qualified first aider. A cold compress or ice-pack should be applied (located in the After School Club Freezer-or staffroom freezer). The class teacher should be informed so that they can keep a close eye on the progress of the child and the parent should be informed by telephone or in person.

All accidents that require first aid must be documented. The Early Years file is kept In Nursery and contains bumped head slips which must be handed to the parent/carer. KS1 and KS2 have a file which is kept in the front office. These contain the bumped head slips which must be handed to the parent/carer. If a parent/carer does not collect the child staff should inform parent/carer by telephone the same day.

Look out for:

- Vomiting.
- Concussion - loss of memory re-events causing injury (brain shaking)
- Headaches.
- Loss of vision/squint/dilation of pupils.
- Dizziness/drowsiness/coma.
- Any weakness of the limbs.

A note must be taken of the history and progress of events, in order, should it be necessary, to give as much information as possible to the ambulance/hospital staff.

Nose Bleeds (use gloves)

1. Pinch nose.
2. Hold head forward about 45 degrees.
3. Hold for up to 10 minutes - if still bleeding after that time then-
4. Hold for up to a further 20 minutes.
5. If still bleeding after that time then tell parent, take to hospital.

SERIOUS ACCIDENTS

Should a serious accident occur and either a pupil, a staff member or a member of the public require hospitalisation, those staff who attend the incident will, as they see fit, call for help from other staff members, including those qualified in first aid, and act on the advice of the first aiders in deciding whether to call an ambulance.

If a child is taken to hospital, this needs to be recorded on Prime and on CPOMs. Print the Prime entry to PDF and place this on CPOMs. Once Prime is closed, you cannot see the entry again.

<https://primesafety.net/cwcc/incidents.nsf/reportOptionsUU.xsp>

Password is located in the front office, near the defibrillator.



In the event of the emergency services being called by a member of staff, they must,

1. State what has happened
2. The child's name
3. The age of the child
4. Whether the casualty is breathing and/or unconscious
5. The location of the school

A member of staff should wait by the school gate to direct the emergency services to the casualty.

If the casualty is a child their parents/carers should be contacted immediately and given all the information available. If the casualty is an adult, their next of kin should be called immediately. All contact numbers for children and staff are located in the designated place in the school office.

Any serious accidents must be recorded using the appropriate forms found in the accident file. This file is kept in the school office. A RIDDOR (RIDDOR - Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013) must be completed for accidents where the child has required medical treatment. The school secretary can provide guidance on these forms which are completed online.

How to make a RIDDOR report

Who should report?

Only 'responsible persons' including employers, the self-employed and people in control of work premises should submit reports under RIDDOR. If you are an employee (or representative) or a member of the public wishing to report an incident about which you have concerns, please [refer to our advice](#).

Reporting online

Responsible persons should complete the appropriate online report form listed below. The form will then be submitted directly to the RIDDOR database. You will then have the option to download a copy. Please send this to the Executive Headteacher.

- [Report of an injury](#)
- [Report of a dangerous occurrence](#)
- [Report of a case of disease](#)

INTIMATE CARE (attending to the needs of children who have wet or soiled themselves)

Only a staff member (with a full and current DBS check) is able to supervise or carry out intimate care. You must ensure that another colleague is aware that you are supporting a child's intimate care needs. In order to protect yourself from allegations, you should aim to remain potentially visible to colleagues, whilst providing privacy for the child. For example, keep the door slightly ajar. Talk to the child throughout the incident, making clear what is happening. If necessary, a second adult can be summoned.

The child should be involved as much as possible in his or her own intimate care.

All classrooms have designated toilet areas nearby. Other pupils may be directed to use alternative toilets while the intimate care needs of one child are attended to (in order to protect their privacy).

Protective gloves must be worn if contact is to be made. A supply of wet wipes and nappy sacks (for containing soiled underwear) are available in the bottom locker in the disabled toilet. Disposable plastic overalls are also available.

Care should be taken to dispose of any soiled items hygienically in the appropriate bin. Soiled clothing should be placed in a nappy sack and tied firmly for returning to parents.

Spillages of urine or faeces should be dealt with immediately.

Every child must be treated with dignity and respect. Privacy should be ensured appropriate to the child's age and situation, regardless of whether it is staff or a parent/carer attending to the child's needs.

Try to avoid doing things for the child, to allow the child to be as independent as possible. This is important for tasks such as removing underwear as well as for washing the private parts of a child's body. Support children in doing all that they can for themselves.

Be responsive to a child's reactions. Encourage the child to have a positive image of his/her own body. Confident, assertive children who feel their body belongs to them are less vulnerable to abuse. As well as the basics like privacy, the approach you take to a child's intimate care can convey messages about what his/her body is worth. Your attitude to a child's intimate care is important.

If a member of staff has concerns about managing personal or intimate care, then they should make these known to the Headteacher or in her absence a member of the SMT or a designated Child Protection coordinator.

Staff should report any incident causing concern to the Headteacher, or in her absence a member of the SMT or a designated Child Protection coordinator immediately.

Any of the concerns shown below must be reported immediately:

1. the child is accidentally hurt during intimate care
2. the child seems sore or unusually tender in the genital area
3. the child says something indicating misunderstanding/misinterpretation of the care being provided
4. the child appears to be sexually aroused by your actions
5. the child has a very strong emotional reaction without apparent cause (sudden crying or shouting).

Staff should be aware that intimate care is to some extent individually defined and varies according to personal experience, cultural expectation, and gender. Do not hesitate to seek advice from the Headteacher or more experienced colleagues.

FIRST AID CO-ORDINATOR – SCHEDULE OF RESPONSIBILITIES

The first aid co-coordinator will complete the following duties:

Duties	Frequency
Check the contents of all first aid boxes	6 times a year
Check the details of all first aid signs around the school	3 times a year
Check the medical awareness and emergency awareness lists	September
Check and update health care plans	3 times a year

Note: References in this document to “First Aider” mean a person who has a recognised and up-to-date First Aid qualification.

Appendix I: Members of staff available for First Aid

The Acorns
<u>First aid at work qualification</u> Sarah Warner (Exp 11/24) Claire Griffiths (Exp 06/24) Wal Atkins (Exp 04/24) Nathan Painter (10/26)
<u>Paediatric first aid course</u> Ruth Hirst (Exp 05/25) Karene Bentley (Exp 02/26) Cali Hartley (Exp 02/26) Siana Morris (Exp 02/26) Anne Marie Walker (Exp 02/26) Tracey Dybacz (Exp 02/26) Sandra Caley (Exp 03/25) Tracy Lee (Exp 03/25) Sarah Hubbard (Exp 02/26) Lindsey Dalmeny (Exp 02/26) Nicky Fuller (Exp 02/26) Emma Leslie (Exp 02/26)

Hayley Platt (Exp 02/26)
Chloe Ward (Exp 11/24)
Claire Griffiths (Exp 02/26)
Steph Campbell (Exp 02/26)
Niamh Lewis (Exp 02/26)
Georgia Jackson (Exp 02/26)
Leanne Goodwin (Exp 02/26)
Natalie Brooks (06/26)

Mental Health First Aider

Hannah Broom -Adult
Nathan Painter Adult
Karene Bentley - Youth
Sarah Savory - Youth
Pam Ramsay - Youth

Appendix 2: Guidance on infection control in schools and other childcare settings

1. Rashes and skin infections

Children with rashes should be considered infectious and assessed by their doctor.

Infection or complaint	Recommended period to be kept away from school, nursery or childminders	Comments
Athlete's foot	None	Athlete's foot is not a serious condition. Treatment is recommended
Chickenpox	Until all vesicles have crusted over	See: <i>Vulnerable Children and Female Staff – Pregnancy</i>
Cold sores, (Herpes)	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 “ <u>Green Book</u> ”)	Preventable by immunisation (MMR x2 doses). See: <i>Female Staff – Pregnancy</i>
Hand, foot and mouth	None	Contact your local HPT if large numbers of children are affected. Exclusion may be considered in some circumstances
Impetigo	Until lesions are crusted and healed, or 48 hours after starting antibiotic treatment	Antibiotic treatment speeds healing and reduces the infectious period
Measles*	Four days from onset of rash	Preventable by vaccination (MMR x2). See: <i>Vulnerable Children and Female Staff – Pregnancy</i>
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 starting appropriate antibiotic treatment	Antibiotic treatment is recommended for the affected child
Slapped cheek/fifth disease. Parvovirus B19	None (once rash has developed)	See: <i>Vulnerable Children and Female Staff – Pregnancy</i>

Warts and verrucae	None	Verrucae should be covered in swimming pools, gymnasiums and changing rooms
Shingles	Exclude only if rash is weeping and cannot be covered	Can cause chickenpox in those who are not immune, i.e. have not had chickenpox. It is spread by very close contact and touch. If further information is required, contact your

2. Diarrhoea and vomiting illness

Infection or complaint	Recommended period to be kept away from school, nursery or childminders	Comments
Diarrhoea and/or vomiting	48 hours from last episode of diarrhoea or vomiting	
<i>E. coli</i> O157 VTEC Typhoid* [and paratyphoid*] (enteric fever) Shigella (dysentery)	Should be excluded for 48 hours from the last episode of diarrhoea. Further exclusion may be required for some children until they are no longer excreting	Further exclusion is required for children aged five years or younger and those who have difficulty in adhering to hygiene practices. Children in these categories should be excluded until there is evidence of microbiological clearance. This guidance may also apply to some contacts who may also require microbiological clearance. Please consult your local PHE centre 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

3. Respiratory infections

Infection or complaint	Recommended period to be kept away from school, nursery or childminders	Comments
Covid – 19	Refer to most current school Risk Assessment	
Flu (influenza)	Until recovered	See: <i>Vulnerable Children</i>
Tuberculosis*	Always consult your local PHE centre	Requires prolonged close contact for spread
Whooping cough* (pertussis)	Five days from starting 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. Your local PHE centre will organise any contact tracing necessary

4. Other infections

Infection or complaint	Recommended period to be kept away from school, nursery or child minders	Comments
Conjunctivitis	A child should not be in school unless they are being treated with antibiotic eye drops	If an outbreak/cluster occurs, consult your local PHE centre
Diphtheria *	Exclusion is essential. Always consult with your local HPT	Family contacts must be excluded until cleared to return by your local PHE centre. Preventable by vaccination. Your local PHE centre 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)	In an outbreak of hepatitis A, your local PHE centre will advise on control measures

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: <i>Good Hygiene Practice</i>
Meningococcal meningitis*/septicaemia*	Until recovered	Meningitis C is preventable by vaccination 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 school contacts. Your local PHE centre will advise on any action is 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. Your local PHE centre 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 your local PHE centre
Mumps*	Exclude child for five days after onset of swelling	Preventable by vaccination (MMR x2 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 proper officer of the local authority (usually a consultant in communicable disease control). In addition, organisations may be required via locally agreed arrangements to inform their local PHE centre. Regulating bodies (for example, Office for Standards in Education (OFSTED)/Commission for Social Care Inspection (CSCI)) may wish to be informed – please refer to local policy.

Outbreaks: if an outbreak of infectious disease is suspected, please contact your local PHE centre.

PHE centre contact details

North of England

Cheshire and Merseyside HPT

UK Health Security Agency North West
Suite 3B, 3rd Floor, Cunard Building, Water Street
Liverpool
L3 1DS

Telephone: 0344 225 0562

Out of hours advice: 0151 434 4819

Email: candmhpu@ukhsa.gov.uk

Email for personal identifiable information (PII): phe.candmhpu@nhs.net

Greater Manchester HPT

Greater Manchester HPT

UK Health Security Agency North West
3rd Floor, 3 Piccadilly Place, London Road
Manchester
M1 3BN

Telephone: 0344 225 0562

Out of hours advice: 0151 434 4819

Email: gmanchpu@ukhsa.gov.uk

Email for personal identifiable information (PII): phe.gmhpt@nhs.net

Appendix 3 – Accident Reporting Policy

CHESHIRE WEST AND CHESTER COUNCIL

HEALTH & SAFETY ACCIDENT REPORTING POLICY

1. Introduction

- 1.1 All accidents at work should be recorded but the level of detail and reporting procedures depend on the severity of the accident.

2. Policy

- 2.1 All accidents must be reported via the electronic reporting system (PRIME).
- 2.2 Reports of serious accidents/ incidents must be notified to the Health and Safety Team. Where an immediate investigation is required, the Health and Safety Team must be notified by telephone.
- 2.3 Every accident submitted is assessed and those accidents/incidents classed as serious (as defined by the RIDDOR - Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013), will be reported to the Health & Safety Executive Incident Contact Centre by the Health and Safety Team.
- 2.4 Any further investigation required will be carried out by a Health and Safety Advisor who will report on their findings.
- 2.5 Managers must also investigate accidents locally to establish the measures necessary to reduce the risk of similar accidents.
- 2.7 All accident report forms are recorded electronically and used for statistical purposes and hard copies are stored for a period of 25 years

3. Aims/Principles

- 3.1 To determine if any further measures are necessary to reduce the risk of future accidents.
- 3.2 To comply with the RIDDOR - Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 and as evidence in the case of civil claims.
- 3.3 To provide statistics and establish trends.

4. Scope/Application

- 4.1 This policy applies to employees (including Apprentices, Trainees, Work Experience Students), members of the public, service users, pupils, volunteers, visitors and contractors.

5. Definitions

- 5.1 RIDDOR - Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013, place a legal duty on employers to report work-related deaths, major injuries, over three-day injuries, work related diseases and dangerous occurrences (near miss accidents) to the Health and Safety Executive
- 5.2 Accident – an unplanned uncontrolled event which results in loss or injury
- 5.3 Incident – an event which has the potential to cause loss or injury (including mental harm)
- 5.4 Serious accident – an accident which results in the injured person either leaving work early, receiving treatment from a doctor, or going to hospital (at any time after the accident) and fatalities.

Appendix 4: Individual Health Care Plan



INDIVIDUAL HEALTH CARE PLAN

Name of Pupil:	D.O.B: Male Female
Medical/physical Condition:	School:
SEN (Code of Practice) Stage:	Year Group:
IHCP Drawn up on:	Person responsible
People Present at the Meeting: Apologies:	

Name and contact of GP: Professional Contacts:

Summary of Additional Support:

Important Information about the Condition:

Daily Management Issues:

<p>Medication: In school:</p> <p>Out of school:</p> <p>Known side effects:</p> <p><i>Please state if medication is self-administered / administered by a member of staff or under supervision.</i></p> <p>Member of staff/s trained to administer medication:</p>
<p>Equipment Used in School:</p>
<p>Specific Moving/Handling Adviser:</p>
<p>Emergency Situation & Procedures:</p>
<p>Action addressed from previous IHCP:</p> <p>Action to be taken before next IHCP:</p>
<p>Transport Implications:</p>

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School Trips:

Educational Implications (other than those on an IEP):

P.E.

Family Contact information: Contact 1: Name: Address: Telephone: Relationship	Contact 2: Name: Address: Telephone: Relationship:
Contact 3: Name: Address: Telephone: Relationship:	

Copies to:

- **Parents / carers**
- **Class teacher**
- **Teaching Assistant/s**
- **Lunchtime assistants**
- **Inclusion Manager**
- **SFLO**

Appendix 5 – Templates

Individual healthcare plan

Name of school/setting

Child's name

Group/class/form

Date of birth

Child's address

Medical diagnosis or condition

Date

Review date

Family Contact Information

Name

Phone no. (work)

(home)

(mobile)

Name

Relationship to child

Phone no. (work)

(home)

(mobile)

Clinic/Hospital Contact

Name

Phone no.

G.P.

Name

Phone no.

Who is responsible for providing support in school

--

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

Other information

Describe what constitutes an emergency, and the action to take if this occurs

Who is responsible in an emergency (*state if different for off-site activities*)

Plan developed with

Staff training needed/undertaken – who, what, when

Form copied to

Parental agreement to administer medicine

The school/setting will not give your child medicine unless you complete and sign this form, and the school or setting has a policy that the staff can administer medicine.

Date for review to be initiated by

Name of school/setting

Name of child

Date of birth

Group/class/form

Medical condition or illness

Medicine

Name/type of medicine
(as described on the container)

Expiry date

Dosage and method

Timing

Special precautions/other instructions

Are there any side effects that the school/setting needs to know about?

Self-administration – y/n

Procedures to take in an emergency

NB: Medicines must be in the original container as dispensed by the pharmacy

Contact Details

Name

Daytime telephone no.

Relationship to child

Address

I understand that I must deliver the medicine personally to

[agreed member of staff]

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

Signature(s) _____

Date _____

Record of medicine administered to an individual child



Name of school/setting	
Name of child	
Date medicine provided by parent	
Group/class/form	
Quantity received	
Name and strength of medicine	
Expiry date	
Quantity returned	
Dose and frequency of medicine	

Staff signature _____

Signature of parent _____

Record of medicine administered to all children



Name of school/setting

The Acorns Primary and Nursery

[illegible]

Staff training record – administration of medicines

Name of school/setting

Name

Type of training received

Date of training completed

Training provided by

Profession and title

I confirm that [name of member of staff] has received the training detailed above and is competent to carry out any necessary treatment. I recommend that the training is updated [name of member of staff].

Trainer's signature _____

Date _____

I confirm that I have received the training detailed above.

Staff signature _____

Date _____

Suggested review date _____

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 as follows [insert school/setting address]
4. state what the postcode is – please note that postcodes for satellite navigation systems may differ from the postal code
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 phon