



# DOG KENNEL HILL

## Medical Policy

<b>Date of issue</b>	June 2022	<b>Date of next review</b>	June 2025
<b>Person responsible for updating this plan</b>	Galiema Amien - Cloete		
<b>Ratified by governors on:</b>	27 June 2022		
<b>Signature of governor</b>			

**Dog Kennel Hill Primary**  
**Medical Policy**  
**Aims**

Dog Kennel Hill Primary is an inclusive schools that aims to support and welcome pupils with medical conditions. We aim to ensure that all children including those with medical conditions have their needs met and make good academic progress.

**Families must follow public health guidance regarding managing the outbreak of Covid-19.**

All children will experience illness in the course of their school careers, most commonly transient self-limiting infections, but some will have more chronic or longer-term medical needs that will require additional support at school to ensure they have full access to the curriculum and to minimise the impact of their medical conditions.

The Children's and Family Act 2014 however, sets out requirements for school to ensure that the children with medical conditions are properly supported so that they have full access to education, including school trips and physical education.

This policy should also be read in conjunction with the schools Health and Safety policy, SEN information report and Safeguarding policies. This policy takes into account legislation and guidance from the DFE Healthy and Safety: responsibilities and duties for schools updated July 2021 and the SEN Code of practice 2015.

Staff working with pupils who have specific medical needs should understand the nature of children's medical problems and endeavour to work with the family and other professionals to best support the individuals concerned.

**Responsibilities**

The governing body have a duty to ensure that arrangements are in place to support pupils at school with medical conditions. They are responsible for ensuring that this policy is adhered to and reviewed on an annual basis.

The Head of School 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 Head of School 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 Executive Head of School 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.

School Office Staff - have responsibility for managing the day-to-day medical needs of children. They ensure medicine is stored appropriately in the school office. They arrange appointments with professionals and parents, oversee the completion of the appropriate paperwork and notify parents when medicine has expired. They also ensure the staffing team are fully informed of the medical needs of children.

The SENCo - 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).

The Safeguarding and Intervention Officer - has responsibility for arranging health checks with the school nursing team, for children who are subject to child protection plans.

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 'healthcare 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 volunteers to administer medicines should not agree to do so without first receiving appropriate information and/or training specific to the child's medical needs.

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 'healthcare 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.

## **Managing Medicines**

Administration of medicine is the responsibility of parents and carers. Medicines should only be administered at school when it would be detrimental to a child's health or school attendance not to do so.

Medicines in school will normally be administered by the school office staff who hold emergency first aid in school's certificate or an alternative member of staff who holds paediatric first aid training. (See appendix 5 for current members of staff).

**Staff must never administer medication of any sort without first ensuring written parental permission has already been sought. If in doubt staff should seek advice from the Executive Head Teacher or Head of School who will ensure that appropriate permission has been given and that staff have the appropriate level of training to administer medication.**

## **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 Head teacher 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 2018 (appendix 10). These exclusion rules apply to staff as well as children.
- **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. Please see appendix 11 for additional guidance on infectious diseases during pregnancy.

## **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 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

Appendix 12 lists notifiable diseases. 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.

## **Procedures for accepting Medicine**

**Under no circumstances must any medication be administered without parental approval and written consent.** Medication will only be **accepted** in school if:

1. It has been prescribed by a doctor, or pharmacist with some exceptions see below.
  - Some medicines such as paracetamol, ibuprofen or antihistamines may be administered without being prescribed by a doctor, but only with parental permission and at the discretion of the Head of School/Head Teacher. This is particularly for children who may have long-term conditions e.g. a child with sickle cell that requires paracetamol and ibuprofen to always be available in school. In the event of a field trip that occurs away from school, travel sickness tablets will also be accepted.
  - During residential field trips, the school may request written consent for the administration of ibuprofen or paracetamol if a child becomes unwell. This will be purchased by the school to ensure a manageable quantity of medicines are transported on these overnight trips.
2. Only reasonable quantities of medication should be supplied to the school, (for example, a maximum of four weeks supply at any one time).
3. Each item of medication must be delivered in its original container and handed directly to the office.

4. Where the child comes to school with a child minder/escort etc, it is the responsibility of the parents/guardian to ensure that person is informed of any medication sent with the child.
5. Each item of medication must be clearly labelled with the following information:
  - Child's name;
  - Name of medication;
  - Dosage;
  - Frequency of dosage;
  - Date of dispensing;
  - Storage requirements (if important);
  - Expiry date
6. The school will not accept items of medication that are in **unlabelled** containers. Where the Head of School has agreed that non-prescribed medications can be administered the parent must label the medicine with the details requested above.
7. It is the responsibility of parents/guardian to notify the school if there is a change in medication, a change in dosage requirements, or the discontinuation of the child's need for medication.

### **Individual Health Care Plans**

For more serious or chronic conditions, including allergies that require the potential use of an epipen, we require an Individual Health Care Plan (IHCP) from a child's doctor/hospital/nurse stating exactly what needs to be given and when. This is often provided by hospitals. We may need to request one via the school nurse team. Parents are requested to give permission for this referral. The IHC plan will be drafted in consultation with the parent/carer. It will detail any medicine that a child may require and emergency procedures to follow if necessary. Appendix 4 sets out the type of information that may be set out in an IHC plan. A model invite to an IHC plan meeting is set out in appendix 6.

The school will ensure that staff, are appropriately trained to implement recommendations set out in IHC plans. IHC plans will be reviewed regularly or when an adjustment is needed. Parents should inform the school if they are aware of any changes needed.

Where a child is returning to school following a period of hospital education or alternative provision (including home tuition), we will work with the local authority to ensure that the individual healthcare plan identifies the support the child will need to reintegrate effectively.

### **Giving regular medicines:**

We encourage parents whose child is taking medication three times a day to give it before school, after school and at bedtime. If a doctor has specified that one of the doses should be given at lunchtime and the parent/carer is unable to administer the dose then the school may agree to administer a lunchtime dose.

### **Procedures for safe administering of medicine**

1. Ask the Parent/Carer to complete a Medicine Administration request form. (Appendix 1)
2. Refer to this form prior to giving the medicine.
3. Check the child's name on the form and the medicine.
4. Check the prescribed dose.
5. Check the expiry date.
6. Check the prescribed frequency of the medicine.
7. Check when the child last had medicine administered.
8. Measure out the prescribed dose (parents should provide measuring spoons/syringes). If the child is old enough, they can measure the medicine.
9. Check the child's name again and administer the medicine.
10. Complete and sign the Administration of Medicine Record Form when the child has taken the medicine. (Appendix 7)
11. If uncertain, DO NOT give – check first with parents or doctor.
12. If a child refuses medication, record and inform parents as soon as possible.

### **Protocols for administering First Aid**

Always wear gloves when administering First Aid.

First Aid book – entries must be clear, in ink, and include:

- Name of child and class
- Signature of the person reporting the accident
- Date and time
- Where it occurred and what happened
- The resulting injury
- How it was dealt with.

Parents should be notified of any First Aid given to a child during the school day (by letter, note or phone call). Sometimes children may sustain a fracture and it is not instantly identifiable. If a child is very distressed but there is no obvious injury a first aider should review the child's injury within an hour. This must be communicated to the class teacher who should organise for this to happen. If the child becomes more distressed the parents should be contacted immediately.

Any serious injuries (other than non-serious bruises, grazes etc.) will require the parents to be contacted immediately.



## **Head Injury**

Parents will be reminded to look out for signs of concussion if a child sustains such an injury. Concussion is a temporary injury to the brain caused by a bump, blow or jolt to the head. It usually only lasts up to a few days, but it sometimes needs emergency treatment.

Symptoms of concussion include:

- A headache that doesn't go away or isn't relieved with painkillers
- Dizziness
- Feeling sick or vomiting
- Memory loss (you may not remember what happened before or after the injury)
- Clumsiness or trouble with balance
- Unusual behaviour – irritation or sudden mood swings
- Feeling stunned, dazed or confused
- Changes to vision – blurred, double or seeing stars
- Being knocked out and struggling to stay awake
- Bleeding from their ears or bruising behind one of both ears

## **Broken bones**

Where it is clear that a child has broken a bone, the parents should be contacted immediately, and emergency processes will be followed see appendix 2 & 3.

If the accident occurs due to a Health and Safety oversight, or a child is required to attend hospital, please pass on the information to the Office Manager and the Premises Officer and complete an accident reporting form in line with the schools Health and Safety policy.

## **First Aiders**

Where possible the school aims to ensure that there is at least 1 first aider in each year group. Where it is part of a member of staff's job description (e.g. midday meal supervisors), they will be required to complete paediatric first aid training and this will be updated on a 3-year cycle. There are first aid boxes in each year group that are restocked regularly by the midday meal supervisor. These typically include the following:

- ✓ Foil packaging/blanket
- ✓ Gauze
- ✓ Ice pack
- ✓ Plasters
- ✓ Triangular bandages
- ✓ Bandages
- ✓ Tape
- ✓ Gloves
- ✓ Face mask
- ✓ Sterile eye water

## **Infection Control**

All staff should take precautions to avoid infection and must follow basic hygiene procedures. Staff have access to single-use disposable gloves and hand washing facilities and should take care when dealing with blood or other body fluids and disposing of dressings or equipment. There is a yellow bin in the courtyard to dispose of any hazardous materials.

## **Off-Site visits**

The school will make every effort to continue the administration of medication to a child whilst attending After School Clubs, on trips away from the school premises, even if additional arrangements might be required. All staff attending off-site visits should be aware of any pupils with medical conditions on the visit. Medication will be signed in and out of school by a responsible adult attending the school trip. (Appendix 9) When medicine is administered a record of administration will be completed. (Appendix 8) However, there may be rare occasions when it may not be possible to include a child on a school trip if appropriate supervision cannot be guaranteed.

Staff should take a First Aid kit whenever children are taken off-site. Sick bags and paper towels, in case of sickness on a journey, are also sensible precautions.

## **Safe Storage of Medicines**

It is the responsibility of the Executive Head Teacher and Head of School to ensure safe storage of medicines. Daily maintenance and monitoring of storage of medicines will be carried out by the appointed office staff.

Unless otherwise indicated all medication to be administered in school will be kept in the school office. All medicines should be kept in the container supplied which should be clearly labelled with the child's name, another identifier (such as date of birth) and instruction for usage. A copy of the Parent application and agreement for school to administer medicine and Health Care plan (if applicable) should be kept with the medicine. Medicines (eg liquid antibiotics, insulin) that require refrigeration will be stored in a separate fridge in the school office. These should be kept in suitable additional and airtight containers (e.g. Tupperware boxes) and marked 'Medicines'. All children with medical conditions should have easy access to their emergency medication.

Controlled drugs that have been prescribed for a pupil will be securely stored in a non-portable container with key members of staff having safe access only

## **Medicine disposal**

Parents are asked to collect out-of-date medication. If this does not occur, medication should be taken to a pharmacy for disposal. Anna Larkin is responsible for checking dates of medication and arranging disposal if any have expired. This check should occur three times a year and be documented.

## **Staff Training**

The school will organise certified paediatric first aid training on a regular basis to ensure staff are able to manage the medical conditions of pupils. (See appendix 5 for list of first aiders).

Training will be sought for Teachers and support staff where non-routine administrations of medicine are required, through the School's Health Service.

Aylesbury Health Centre  
 Taplow House  
 Thurlow Street  
 London  
 SE17 2UN  
 Tel: 020 3049 8616

All staff with appropriate accredited paediatric first aid training should wear a first aid kit during the playground duties and when supporting children offsite.

## **Staff protection**

“Universal precautions” and common-sense hygiene precautions will minimise the risk of infection when contact with blood or other bodily fluids is unavoidable.

- Always wear gloves.
- Wash your hands before and after administering first aid and medicines
- Use the hand gel provided.

## **Record keeping/Documentation**

The following lists the forms of written documentation that are maintained in school:

- Centralised register of children with medical needs
- Class register of medical needs kept in SEND policy
- Enrolment forms: should highlight any health condition
- Request to administer medicines at school form located in the school office and a copy kept with the medicine
- Record of medicine administered kept in the school office
- Log of training relevant to medical conditions maintained by Head of School

- List of staff who completed paediatric first aid training maintained by Head of School and poster around the school list names of the first aiders. (Appendix 5)
- Individual Healthcare plans: for children with medical conditions giving details of individual children's medical needs at school. Central copy in the school office and kept with medicine. Parents keep a copy and Class Teacher has a copy in SEND file
- All staff must protect a pupil's confidentiality
- Photographs of children with more severe medical conditions kept on door in the staff room, in the school office and also in the school kitchen

### **Emergency procedures – See appendix 2 & 3**

When there is a concern regarding an adult or child who has had an accident or become ill, a trained First Aider should check the patient before taking further action.

If it is not an emergency and in the case of a child, parent/carers should be contacted and asked to take the child to the GP or A&E if they think fit. Where it involves a member of staff, they should receive support from another adult.

Where it is deemed an emergency, a member of staff (usually the Admin Officer) will call for an ambulance. It is permissible for staff to use a personal mobile to call for an ambulance in the event of an emergency.

- Ambulance control will need as much information about the casualty as possible:
  - Name
  - DOB
  - Suspected injury/illness
  - Level of consciousness
  - School address and contact information.

**Copies of IHC plans/parental applications for administration of medication should be given to the paramedics. They should be informed of any medication that has been administered.**

The child's parent/carer should be called immediately to accompany the casualty to hospital (or next of kin where a member of staff is involved). If a parent is unavailable immediately, then a member of staff needs to accompany the child in the first instance. Another member of staff should follow the ambulance to support the first member of staff and bring them back to school once parents or other relatives have arrived in hospital.

**Medi-alerts** (bracelets/necklaces alerting others to a medical condition)

Children can wear medi-alerts which are safe during practical activities and games, such as silicone bands. If medi-alerts are a potential source of injury in games or practical activities, they should be removed or covered during those activities.

**Impaired mobility**

Providing the GP or hospital consultant has given approval, children can attend school with plaster casts or crutches. There will be obvious restrictions on games and on some practical work to protect the child (or others). This includes outside play. Some relaxation of normal routine in relation to times of attendance or movement around the school may need to be made in the interests of safety.

**Employee's medicines**

Staff and other employees may need to bring their own medicine into school. They have clear personal responsibility to ensure that their medication is not accessible to children. Dependent on the nature of medical diagnosis a risk assessment may be completed for staff members.

**Procedures for managing children returning to school after sustaining a significant injury**

When children have sustained a significant injury, such as a broken bone, fracture, ligament damage or serious sprain (this list is not exhaustive) and the hospital has indicated it is safe for the child to return to school a risk assessment must be completed prior to the child returning to their class. See appendix 13. Where possible the parent should provide written evidence of the hospital advice provided. The school will ensure that the child is kept safe using the risk assessment which must be signed by the parent/s. All adults in the teaching team should follow this risk assessment. It is the office staff's responsibility to notify the parent and staff that a risk assessment needs to be completed. This may be completed by any senior leader or the safeguarding and intervention officer.

**Unacceptable practice**

Although school staff should use their discretion and judge each case on its merits with reference to the child's individual healthcare plan or medical needs, it is not generally acceptable practice to:

- prevent children from easily accessing their inhalers and medication and administering their medication when and where necessary
- assume that every child with the same condition requires the same treatment
- ignore the views of the child or their parents; or ignore medical evidence or opinion (although this may be challenged)
- send children with medical conditions home frequently for reasons associated with their medical condition or prevent them from staying for

normal school activities, including lunch, unless this is specified in their individual healthcare plans

- if the child becomes ill, send them to the school office or medical room unaccompanied or with someone unsuitable
- penalise children for their attendance record if their absences are related to their medical condition, e.g. hospital appointments
- prevent pupils from drinking, eating or taking toilet or other breaks whenever they need to in order to manage their medical condition effectively
- require parents, or otherwise make them feel obliged, to attend school to administer medication or provide medical support to their child, including with toileting issues. No parent should have to give up working because the school is failing to support their child's medical needs
- prevent children from participating, or create unnecessary barriers to children participating in any aspect of school life, including school trips, e.g. by requiring parents to accompany the child

### **Liability and indemnity**

The school purchases insurance cover through Southwark's recharge arrangements. This includes an optional purchase of personal accident and out of school's activities cover for all pupils and teachers. If a person was to make a claim this would be processed by the local authority.

### **Complaints**

Should parents be dissatisfied with the support provided to meet their child's medical needs they should discuss their concerns directly with the Head Teacher or Head of School.

If for whatever reason this does not resolve the issue, they may make a formal complaint via the school's complaints procedure.

**Dog Kennel Hill Primary  
Parental Application and agreement for School to administer medicine**

Pupil Details:	
Name:	
Date of birth:	
Year group/class:	
Medical condition or illness:	

Medicine	
Name/type of medication <b>(as described on the container)</b>	
Date <b>dispensed:</b>	
<b>Expiry</b> date:	
For how long will your child take this medication:	

FULL DIRECTIONS FOR USE:	
Dosage and amount (as per instructions on container):	
Timing:	
Special precautions/other instructions:	
Any possible side effects that they school/setting needs to know about?	
Self-administration: Yes/No	
Procedures to take in an emergency:	
<b>NB: Medicines must be in the original container as dispensed by the pharmacy</b>	

Contact Details	
Name:	Daytime telephone no:
Relationship to child:	Address:

**Parent/guardian consent.** Please read and sign

**(NB: This task is being undertaken voluntarily and in a general spirit of care and concern. We will make every effort to administer this medication on time and as required. The member of staff responsible can make no absolute guarantees, and may decline to accept responsibility once they have read these instructions. If so you will be informed immediately.)**

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

Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Relationship to pupil: \_\_\_\_\_

Staff Member Signature: \_\_\_\_\_

**Appendix 2****When Emergency Services are required at the direction of a first aider.****Contacting emergency services****Medical Emergency Procedures****Contacting Emergency Services**

Any phone can be used to request advice from the emergency services. The person calling should be located close to the person requiring emergency care. This is to ensure that accounts of the persons condition can be provided to the emergency services.

Dial 999, ask for an ambulance speak clearly and slowly and be ready to repeat information if asked. Provide the following information:

1. Your telephone number
2. Give your location as follows:
  - State the postcode: SE22 8AB
  - State the address: Dog Kennel Hill Primary School, East Dulwich, London
  - Provide the exact location of the patient within the school setting
3. Give your name
4. Give the name of the person needing help
5. Give a brief description of the person's symptoms (any known medical condition and inform them of any emergency medication administered or procedures followed)
6. Inform the Ambulance Control of the best entrance to use and state that the crew will be met at this entrance and taken to the person
7. Do not hang up until the information has been repeated back to you
8. The person calling should where possible be a/or with a first aider in case they are given first aid instruction over the phone
9. Never cancel an ambulance once it has been called.
10. Ensure a message is sent to the school office informing them that the emergency services are on their way.



## Ambulance Call Plan

For Accidents, serious medical or life-threatening situations dial 999 and ask for an ambulance.  
The ambulance operator will require:  
**The location where an ambulance and possibly other fast response vehicles are required.**

### If not with the Patient

- Confirmation of telephone number and location
- Age
- Conscious
- Breathing
- If illness related do they have chest pains

### If with the patient

- Confirmation of telephone number and location
- Diagnosis/nature of the problem
- Then guided by emergency medical dispatcher

Help will be with the patient as soon as possible

### Ambulance Control Arrival

If the child/patient needing the ambulance has an **Individual health care plan** a copy of the plan should be available for the ambulance crew along with details of any **medication administered** and any emergency medication that may be needed or the empty pack if it has been administered.

School Office staff will provide the ambulance crew full information on the student available from the school office.

**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

## Appendix 5


**First Aiders 2021 -2022**


<b>Class</b>	<b>Paediatric First Aid Trained</b>
Nursery & Reception	Sue Nind Lynn Mullings
All Other First aid trained Staff	Grace Omolaiye Natalie Currier Sam Soobhee Silvia Harsanyova Chelsey Howell Sandra Moody Marta Mlynarska
<b>Emergency First Aid at work (Able to attend to adults)</b>	Carrie Lucas – November 2023

- **Please note that you must always take a first aider with you on a school trip or off the school premises. Those class teachers who do not have a first aider must swap their TA for one that does have first aid training.**

Appendix 6
------------

Model letter inviting parents to contribute to individual healthcare plan development

#### DEVELOPING AN INDIVIDUAL HEALTHCARE 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 conditions for your information.

A central requirement of the policy is for an individual healthcare plan to be prepared, setting out what support that each pupil needs and how this will be provided. Individual healthcare plans 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 individual healthcare plans 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 judgements 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 individual health care plan 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]. Please let us know if you would like us 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 healthcare 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 or pupil support] would be happy for you contact me [them] by email or to speak by phone if this would be helpful.

Yours sincerely









## 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 midwife
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)	Four 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 protection
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.

## Covid-19

Families must follow public health guidance regarding managing the outbreak of Covid-19.

## Appendix 11

### **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.

**Covid-19** – Currently, pregnant staff/parents are advised to follow 'shielding directions' from public health, particularly if they are in the third trimester of their pregnancy.

### **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.

## List of notifiable diseases

Diseases notifiable to local authority proper officers under the Health Protection (Notification) Regulations 2010:

- Acute encephalitis
- Acute infectious hepatitis
- Acute meningitis
- Acute poliomyelitis
- Anthrax
- Botulism
- Brucellosis
- Cholera
- COVID-19
- Diphtheria
- Enteric fever (typhoid or paratyphoid fever)
- Food poisoning
- Haemolytic uraemic syndrome (HUS)
- Infectious bloody diarrhoea
- Invasive group A streptococcal disease
- Legionnaires' disease
- Leprosy
- Malaria
- Measles
- Meningococcal septicaemia
- Mumps
- Plague
- Rabies
- Rubella
- Severe Acute Respiratory Syndrome (SARS)
- Scarlet fever
- Smallpox
- Tetanus
- Tuberculosis
- Typhus
- Viral haemorrhagic fever (VHF)
- Whooping cough
- Yellow fever

Report other diseases that may present significant risk to human health under the category 'other significant disease'.



**Dog Kennel Hill Primary School Risk Assessment Form**

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

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

**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;