



# The Acorns

## Primary and Nursery School

*Mutual respect*

*Equity*

*Inclusivity*

*Love*

# **Administration of Medicines, First Aid, Medical & Intimate Care for supporting pupils at school with medical conditions Policy**

November 2024

### Policy Document Version Control

<b>Responsibility for Policy:</b>	<i>SENDCo</i>
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<b>Major changes</b>	<i>Medical Tracker Changes</i>
<b>Full re-write</b>	

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



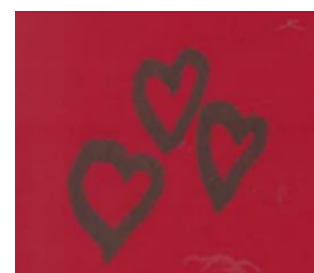
Equity



Inclusivity



Love





## We are a Rights Respecting School with No Outsiders

### **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.

This policy is also written in line with the requirements of:

- Children and Families Act 2014, section 100
- Mental Health and Behaviour in schools: departmental advice for school staff, DfE (updated November 2018)
- The Special Educational Needs and Disability regulations 2014
- The Equality Act 2010
- School admissions code: statutory guidance for admission authorities, governing bodies, local authorities, schools adjudicators and admission appeals panels, DfE (updated 2021)

**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. HCPs 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 from Medical Tracker. 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 healthcare 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 and this information is entered onto the lunch ordering portal, School Hub. All Midday Assistants 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. A notification from Medical Tracker will be sent to the parents/carers when stock levels become low as a reminder for parents/carers to send further stock into school.

## **Staff**

Only members of staff with medication training will administer medication. This will be checked and documented on the Medical Tracker portal. 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 record will be entered on Medical Tracker portal. Good records demonstrate that staff has exercised a duty of care.

## **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, not 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 outsideWhere Parental agreement is given, it should be recorded on CPOMs and Medical Tracker and a notification will be sent to parents on each administration of medication.
- 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 healthcare 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.

## **FIRST AID REPORTING**

We try very hard to keep parents regularly informed about first aid incidents and medication administration at school. To help make improvements in these areas we use a service called Medical Tracker. Medical Tracker not only allows us to inform parents/carers of first aid incidents and medication administration by email, but it also allows us to analyse the data we record. Staff are expected to record any incidents on the form provided and this will be entered onto the Medical Tracker portal by the Admin Assistants or School Family Liaison Officer. See Appendices

## **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 the Headteacher / Deputy Headteacher 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 Headteacher or Deputy Headteacher 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 RECORDING**

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 Headteacher 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). 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 has 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, should they need to speak to the parent. All incidents / injuries will be recorded on Medical Tracker by the Admin Assistants or the School Family Liaison Officer

### **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 on Medical Tracker. 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 and will be recorded on Medical Tracker with a notification sent to the parent/carer. **Anyone treating an open wound should wear rubber gloves.**

### **MAJOR INJURIES. DO NOT MOVE. Get a First Aider.**

#### **Bumped Heads and Severe Blows**

Parents will be notified by an email from Medical Tracker or a phone call from the office 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. Information on this injury will be entered onto Medical Tracker.

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 will be entered onto Medical Tracker and parents/carers will receive an email notification or where appropriate, a phone call

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.

#### **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

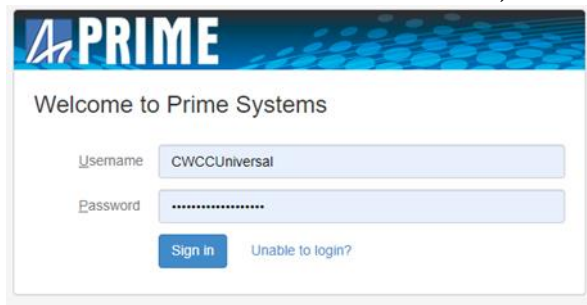
members, including those qualified in first aid, and act on the advice of the first aiders in deciding whether to call an ambulance.

If a child is taken to hospital, this needs to be recorded on Medical Tracker, 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.

Any outcomes from the hospitalisation should be entered onto Medical Tracker at the appropriate time, or when school is updated.

<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 on the school MIS systems of Arbor and SAM People.

Any serious accidents must be recorded on Medical Tracker. 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 Admin Assistants or School Family Liaison Officer 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 the HSE website <https://www.hse.gov.uk/>

## **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:

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

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

## **Members of staff available for First Aid**

### **First aid at work qualification**

Sarah Savory (Expires May 2027)  
Nathan Painter (Expires October 2026)

### **Paediatric first aid course**

Ruth Hirst (Expires February 2025)  
Karene Bentley (Expires February 2026)  
Cali Hartley (Expires February 2026)  
Siana Morris (Expires February 2026)  
Anne Marie Walker (Expires February 2026)  
Tracey Dybacz (Expires February 2026)  
Sandra Caley (Expires March 2025)  
Tracy Lee (Expires March 2025)  
Sarah Hubbard (Expires February 2026)  
Lindsey Dalmeny (Expires February 2026)  
Nicky Fuller (Expires February 2026)  
Emma Leslie (Expires February 2026)  
Hayley Platt (Expires February 2026)  
Chloe Ward (Expires September 2027)  
Steph Campbell (Expires February 2026)  
Niamh Lewis (Expires February 2026)  
Georgia Jackson (Expires February 2026)  
Leanne Goodwin (Expires February 2026)  
Natalie Brooks (Expires June 2026)

### **Mental Health First Aider**

Hannah Broom -Adult  
Nathan Painter – Adult  
Emma Leslie – Adult  
Karene Bentley - Youth

## 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 simplex)	None	Avoid kissing and contact with the sores. Cold sores are generally mild and self-
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
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 –</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

## 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
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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

Out of hours advice: 03442250562

Email: [candmhpu@ukhsa.gov.uk](mailto:candmhpu@ukhsa.gov.uk)

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

Out of hours advice: 03442250562

Email: [gmanchpu@ukhsa.gov.uk](mailto:gmanchpu@ukhsa.gov.uk)

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

## **Accident Reporting Policy**

### **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.

## MEDICAL TRACKER - HEALTHCARE PLAN

Student or staff name\* :

Medical condition\* :

Medication name\* :  Dosage\* :

Date medication dispensed\* :       Self administered?\* :  Yes  No  
D D M M Y Y

Last date medication needs to be taken?\* :       Medication expiry date :        
D D M M Y Y D D M M Y Y

Timings :              
H H M M H H M M H H M M

Student's condition and individual symptoms:

Daily care requirements:

Procedures to take in an emergency (if applicable):

Procedures to take in an emergency (if applicable):

Additional information (if needed):

### Details of person completing this form:

Name\* :

Email address\* :

Signed\* :

Date :        
D D M M Y Y

Office use only : Recorded on Medical Tracker :  Yes

## MEDICAL TRACKER - MEDICATION ADMINISTRATION FORM

Student or staff name\* :

Medical condition\* :

Medication name\* :  Dosage\* :

Date medication dispensed\* :       Self administered?\* :  Yes  No  
D D M M Y Y

Last date medication needs to be taken?\* :        
D D M M Y Y

Timings :              
H H M M H H M M H H M M

Special precautions:

Procedures to take in an emergency (if applicable):

### Details of person completing this form:

Name\* :

Email address\* :

Signed\* :

Date :        
D D M M Y Y

Office use only : Recorded on Medical Tracker :  Yes



## MEDICAL TRACKER - MEDICATION USE FORM

Student or staff name\* :

Date of use\* :       Time of use\* :      
D D M M Y Y H H M M

Medication name\* :

Dosage\* :

Side effects :

Administered by\* :  Student  Parent  Staff

Staff name (if applicable) :

Office use only : Recorded on Medical Tracker :  Yes



Student or staff name\* :

Date of use\* :       Time of use\* :      
D D M M Y Y H H M M

Medication name\* :

Dosage\* :

Side effects :

Administered by\* :  Student  Parent  Staff

Staff name (if applicable) :

Office use only : Recorded on Medical Tracker :  Yes

## MEDICAL TRACKER - INJURY FORM

Student or staff name\* :

First aider name\* :

Date of incident\* :       Time Of Incident\* :      
D D M M Y Y H H M M

Location \* :  Injured area\* :

Injury/symptoms\* :

Injury description :

How it happened\* :

Treatment administered\* :

Status\* :  Stayed at school  Went home  Went to hospital

Office use only: Recorded on Medical Tracker :  Yes



Student or staff name\* :

First aider name\* :

Date of incident\* :       Time Of Incident\* :      
D D M M Y Y H H M M

Location\* :  Injured area\* :

Injury/symptoms\* :

Injury description :

How it happened\* :

Treatment administered\* :

Status\* :  Stayed at school  Went home  Went to hospital

Office use only: Recorded on Medical Tracker :  Yes

## MEDICAL TRACKER - ILLNESS FORM

Student or staff name\* :

First aider name\* :

Date of incident\* :       Time Of Incident\* :      
D D M M Y Y H H M M

Location\* :

Symptoms\* :

Description :

Treatment administered\* :

Status\* :  Stayed at school  Went home  Went to hospital

Office use only: Recorded on Medical Tracker :  Yes



Student or staff name\* :

First aider name\* :

Date of incident\* :       Time Of Incident\* :      
D D M M Y Y H H M M

Location\* :

Symptoms\* :

Description :

Treatment administered\* :

Status\* :  Stayed at school  Went home  Went to hospital

Office use only: Recorded on Medical Tracker :  Yes

## MEDICAL TRACKER - NEAR MISS FORM

Assessor/ Reporter :

Witness Name :

Date of incident\* :        
D D M M Y Y

Time Of Incident\* :      
H H M M

Location \* :  Position/Department\* :

What activity were they engaged in at the time of the incident?

What happened? Give an account of the incident, including any relevant events leading to the incident

What was the outcome? Any damage? Give an account of the incident out come and if any damage.

Details of action taken:

Any other relevant information:

Is the incident RIDDOR reportable? :  Yes  No

Have risk assessments and safe systems been reviewed following the incident? :  Yes  No

Office use only: Recorded on Medical Tracker :  Yes

## 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 phone