All Hallows' C of E Primary School

Medicine and First Aid Policy

This policy was updated: September, 2026

This policy will be reviewed: September, 2027

At the Heart of the community,

with the children at the heart of the school.

Contents

1. Policy statement Page 3
2. Responsibilities Page 4
3. Health care plans Page 5
4. Staff training Page 6
5. Storage Page 6
6. Bringing and collecting of medicines Page 8
7. Disposal of medicine Page 8
8. Residential visits Page 8
9. Refusing medicine Page 8
10. Self-management Page 9
11. Travel sickness Page 9
12. Guidelines for the administration of Epipen by school staff Page 9
13. Guidelines for managing asthma Page 10
14. Guidelines for managing hypoglycaemia in pupils who have diabetes Page 10
15. Guidelines for managing cancer Page 11
16. Emergency procedures Page 13
17. Further information and guidance Page 14

Appendix 1 – healthcare plan Page 18
Appendix 2 – contacting emergency services Page 20
Appendix 3 – guidance on infection control Page 24

Our School Vision

We aim to inspire happy, well-rounded individuals who respect each other and strive to become the best versions of themselves. We care for each other, celebrate our individuality and uniqueness, and nurture a sense of belonging and connection, so that all members of our community flourish, feeling safe, valued and accepted. We do this by living out our values which are rooted in the Christian narrative.

1. Policy Statement

1:1 This school is an inclusive community that aims to support and welcome pupils with medical conditions. Parents have the prime responsibility for ensuring their child's health and for deciding whether they are fit to attend school. Parents should also provide all necessary information about their child's medical needs to school.

1:2 This school aims to provide all pupils with all medical conditions the same opportunities as others at school. We will help to ensure they can:

- Be healthy.
- Stay safe.
- Enjoy and achieve.
- Make a positive contribution.
- Achieve economic well-being.

1:3 The school ensures all staff understand their duty of care to children and young people in the event of an emergency.

1:4 All staff feel confident in knowing what to do in an emergency.

1:5 This school understands that certain medical conditions are serious and can be potentially life threatening, particularly if ill managed or misunderstood.

1:6 Such medical conditions identified under the Children and Families Act 2014 are:

- Asthma.
- Cancer.
- Diabetes.
- Epilepsy.

1:7 This school understands the importance of medication being taken as prescribed.

1:8 All staff understand the common medical conditions that affect children at this school. Staff receive training on the impact medical conditions can have on pupils.

1:9 The aim of this policy is to effectively support individual children with medical needs and to enable pupils to achieve regular attendance. This has been revised within The Children and Families Act 2014 and follows all legal requirements.

1:10 Where a child has a long-term medical need, or a significant allergy, a written health care plan will be drawn up with the parents/carers and health professionals.

1:11 Parents/carers must inform the school or setting (The Kabin, etc) about any particular needs before a child is admitted or when a child first develops a medical need. A care plan will be drawn up.

1:12 The National Curriculum Inclusion Statement 2014 emphasises the importance of providing effective learning opportunities for all pupils and offers three key principles for inclusion:

Schools have a responsibility to provide a broad and balanced curriculum for all pupils. This statutory inclusion statement sets out three principles for developing an inclusive curriculum which provides all pupils with relevant and challenging learning.

Schools must:

- *Set suitable learning challenges.*
- *Respond to pupils' diverse learning needs.*
- *Overcome potential barriers to learning and assessment for individuals and groups of pupils.*

2. RESPONSIBILITIES

Parents and Carers

2:1 If the school staff agree to administer medication on a short term or occasional basis, the parent(s)/carers are required to complete a Consent Form (obtainable from the school office) . This needs to be handed into the school office. ***Verbal instructions will not be accepted***.

2:2 If it is known that pupils require medication in school on a regular basis, a complete Consent Form is still required from the parent(s)/carers along side a Health Care Plan. (appendix 1)

2:3 A Health Care Plan must be completed by the parents/carers in conjunction with the school nurse and/or school staff. Minor changes to the Care Plan can be made if signed and dated by the parent(s)/carers. If, however, changes are major, a new Care Plan must be completed. Care Plans should be reviewed annually.

2:4 The parent(s) and carers need to ensure there is sufficient medication and that the medication is in date. The parent(s) and carer(s) must replace the supply of medication at the request of relevant school/health professional. **Medication should be provided in an original container.**

School Staff

2:5 Some teaching unions advise school staff not to administer medication to pupils. At All Hallows, generally, the Office Team will administer medicines with the consent of the Head Teacher where there is a written request. Forms are available from the school office. Parents need to be aware that whilst every effort will be made to administer medicines at the correct time, there may be occasions where this does

not happen due to the busy nature of the school day. Wherever possible parents/carers are encouraged to come into school to administer medicines, or work dosages around home schedules. For casual ailments it is often possible for doses of medication to be given outside school hours. Where medicine is required four times a day, the school will administer medicine at lunchtime, allowing for a third dose to be administered at home after school, or in the Kabin (if appropriate). Medicines are kept in the locked store, or fridge. A log of dosage is kept.

Please note that teachers are not required to dispense medicines as part of their contracts and any involvement would be purely on a voluntary basis.

Each request should be considered on individual merit and school staff have the right to refuse to be involved. It is important that school staff who agree to administer medication understand the basic principles and legal liabilities involved and have confidence in dealing with any emergency situations that may arise. Regular training relating to emergency medication and relevant medical conditions should be undertaken.

2:6 Medicines will only be administered once a day, usually at lunchtime (unless agreed otherwise and outlined in a Health Care Plan) as this is considered a reasonable time for the safe administration to take place. The administration of medicine will be recorded in the school office.

3. HEALTH CARE PLANS

3:1 **The Health care Plan should be completed by Parent(s)/Carers, designated school staff and school nurse if appropriate. It should include the following information;**

- Details of a child's condition.
- Special requirement e.g. dietary needs, pre-activity precautions.
- Any side effects of the medicines.
- What constitutes an emergency.
- What action to take in an emergency.
- What <u>not</u> to do in the event of an emergency.
- Who to contact in an emergency.
- The role the staff can play.

A risk assessment will also be completed if appropriate.

4. STAFF TRAINING

4:1 When training is delivered to school staff, the school must ensure that a training record is completed for inclusion in the Health and Safety records. This will be primarily appropriate for the use of Epipens under Benedicts Law, although other conditions/procedures may also be included from time to time. This is for both insurance and Audit purposes.

5. STORAGE

5:1 When items need to be available for emergency use, e.g. asthma pumps are kept in a clearly identified container in classrooms in a safe place and Epipens are kept in the school office.

5:2 When prescription items are held by the school for administration by school staff they will be stored in a fridge in the office (if they are required to be kept at a cool temperature). Staff ensure that emergency medication is available to hand during outside P.E. lessons and that it is taken on educational visits.

5:3 When administering, the named adult must complete record this in the office as above, showing the date and time and details/dosage of the medication (inhalers do not need recording as these are self-administered). If a child refuses to take their medication, parents/carers will be informed immediately.

All medication held in school will be returned to parents at the end of each academic year. Medication that is close to expiry will also be returned to parents for safe disposal.

5:4 **CLASS 1 and 2 DRUGS**

When Class 1 and 2 drugs (primarily "Ritalin" prescribed for Attention Deficit Syndrome) are kept on school premises, a **written stock record is also required** in order to comply with the Misuse of Drugs Act legislation. These drugs should be kept in a locked cabinet within a room with restricted access (staff only).

5:5 **ANTIBIOTICS**

Parent(s)/carers should be encouraged to ask the GP to **prescribe an antibiotic** which **can be given outside** of **school hours wherever possible**. Most antibiotic medication will not need to be administered during school hours. Twice daily doses should be given in the morning before school and in the evening. Three times a day doses can normally be given in the morning before school, immediately after school (provided this is possible) and at bedtime. If there are any doubts or queries about this please contact your doctor or local pharmacist.

5:6 It should normally **only be necessary** to give antibiotics in school **if the dose needs to be given four times a day**, in which case a dose is needed at lunchtime.

5:7 Parent(s)/carers must complete the medicine form which can be found at the school office and on our website, and confirm that the child is not known to be allergic to the antibiotic. The antibiotic should be brought into school in the morning and taken home again after school each day by the parent/carer. Whenever possible the first dose of the course, and ideally the second dose, should be administered by the parent(s)/carers.

5:8 All antibiotics must be clearly labelled with the child's name, the name of the medication (on a dispensed label from the pharmacist), the dose and the date of dispensing. In school the antibiotics should be stored in a secure cupboard or where necessary in a refrigerator. Many of the liquid antibiotics need to be stored in a refrigerator – if so; this will be stated on the label.

5:9 Some antibiotics must be taken at a specific time in relation to food. Again, this will be written on the label (a dispensed label from the pharmacist), and the instructions on the label must be carefully followed. Tablets or capsules must be given with a glass of water. The dose of a liquid

antibiotic must be carefully measured in an appropriate medicine spoon, medicine pot or oral medicines syringe provided by the parent/carer.

5:10 The appropriate records must be made. If the child does not receive a dose, for whatever reason, the parent must be informed that day.

5:11 **ANALGESICS (PAINKILLERS)**

For pupils who regularly need analgesia (e.g. for migraine), an individual supply of their analgesic should be kept in school. Parental consent must be in place. ***CHILDREN SHOULD NEVER BE GIVEN ASPIRIN OR ANY MEDICINES CONTAINING ASPIRIN.*** These should be accepted only in exceptional circumstances. Parent(s)/carers must clearly label the container with child's name, dose and time of administration and complete a Consent Form.

5:12 **NON-PRESCRIPTION MEDICINES**

Cough or throat sweets are not permitted due to choking risks. Non-prescription travel sickness medication will be administered by staff providing they are supplied in the original packaging and accompanied by a 'Request for school to administer medicine' form.(Appendix 1) Sunscreen is not a medicine and children are welcome to use this on sunny day to protect against sunburn (self-administered).

Our school will not give medication (prescription or non-prescription) to a child under 16 without a signed and completed medicines form, except in exceptional circumstances in which school have a supply of Calpol and Piriton and will seek verbal consent prior to administration with parent/carer.

6. BRINGING AND COLLECTING OF MEDICINES

6:1 The parent/carer is responsible for the bringing and collecting of medicines. If the child attends a club or the Kabin, it is the parent's responsibility to ensure arrangements for any necessary transfer to take place. Parents/carers will be recommended to ask for multiple prescriptions to aid this situation.

7. DISPOSAL OF MEDICINE

7:1 Parents/carers are responsible for ensuring that date expired medicines are returned to a pharmacy for safe disposal. They should collect medicines held by the school at the end of each school year.

8. RESIDENTIAL VISITS

8:1 On occasion it may be necessary for a school/centre to administer an "over the counter" medicine in the event of a pupil suffering from a minor ailment , such as a cold, sore throat while away on an Educational Visit . In this instance the parental consent form (EV4) will provide an "if needed" authority, which should be confirmed by phone call from the Group Leader to the parent/carer when this is needed, and a written record is kept with the visit documentation. This action has been agreed by the Council's Insurance and Legal Sections.

9. REFUSING MEDICINE

9:1 When a child refuses medicine the parent/carer should be informed the same day and be recorded accordingly. Staff cannot force a child to take any medicine.

10. SELF MANAGEMENT

10:1 Children are encouraged to take responsibility for their own medicine from an early age. A good example of this is children keeping their own asthma reliever if they are deemed responsible to do this.

11. TRAVEL SICKNESS

11:1 It has also been agreed by the Council's Insurance and Legal Sections that, in the event of a pupil suffering from travel sickness (by coach or public transport) the following procedure may apply:

11:2 **DAY VISITS (e.g. to a museum or exhibition)**

The pupil should be given the appropriate medication before leaving home, and when a written parental consent is received he/she may be given a further dose before leaving the venue for the return journey (in a clearly marked sealed envelope with child's details, contents, and time of medication). Medication is to be kept in the charge of a named member of staff, and the parental/carer consent is signed by that staff member before inclusion in the visit documentation.

12. GUIDELINES FOR THE ADMINISTRATION OF EPIPEN BY SCHOOL STAFF

12:1 Please see our Allergy Safety Policy for further details.

13. GUIDELINES FOR MANAGING ASTHMA

13:1 People with asthma have airways which narrow as a reaction to various triggers. The narrowing or obstruction of the airways causes difficulty in breathing and can usually be alleviated with medication taken via an inhaler. Inhalers are generally safe, and if a pupil took another pupil's inhaler, it is unlikely there would be any adverse effects.

1. If school staff are assisting children with their inhalers, a Medicine Form from parent(s)/carers should be in place. Asthma Action Plans, issued by the hospital, need only be in place if children have severe asthma which may result in a medical emergency.
2. Inhalers MUST be readily available when children need them. Pupils should be encouraged to carry their own inhalers. If the pupil is too young or immature to take responsibility for their inhaler, it should be stored in a readily accessible safe place e.g. the classroom. Individual circumstances need to be considered, e.g. in small schools; inhalers may be kept in the school office. Inhalers will be stored in the classroom of each individual child.
3. It would be considered helpful if parent(s)/carers could supply a spare inhaler for children who carry their own inhalers. This could be stored safely at school in case the original inhaler is accidentally left at home or the child loses it whilst at school. This inhaler must have an expiry date beyond the end of the school year.

4. All inhalers should be labelled with the child's name.
5. Some children, particularly the younger ones, may use a spacer device with their inhaler; this also needs to be labelled with their name. The spacer device needs to be sent home at least once a term for cleaning.
6. School staff should take appropriate disciplinary action if the owner or other pupils misuse inhalers.
7. Parent(s)/carers should be responsible for renewing out of date and empty inhalers.
8. Parent(s)/carers should be informed if a child is using the inhaler excessively.
9. Physical activities will benefit pupils with asthma, but they may need to use their inhaler 10 minutes before exertion. The inhaler MUST be available during PE and games. If pupils are unwell they should not be forced to participate.
10. If pupils are going on offsite visits, inhalers MUST still be accessible. School staff will ensure that inhalers kept within school are taken with them on the offsite visit.
11. It is good practice for school staff to have a clear out of any inhalers at least on an annual basis. Out of date inhalers, and inhalers no longer needed must be returned to parent(s).
12. Asthma can be triggered by substances found in school e.g. animal fur, glues and chemicals. Care should be taken to ensure that any pupil who reacts to these are advised not to have contact with these.

14. GUIDELINES FOR MANAGING HYPOGLYCAEMIA (HYPO'S OR LOW BLOOD SUGAR) IN PUPILS WHO HAVE DIABETES

14:1 Diabetes is a condition where the person's normal hormonal mechanisms do not control their blood sugar levels. In the majority of children, the condition is controlled by insulin injections and diet. It is unlikely that injections will need to be given during school hours, but some older children many need to inject during school hours. All staff will be offered training on diabetes and how to prevent the occurrence of hypoglycaemia. This might be in conjunction with paediatric hospital liaison staff or Primary Care Trust staff.

14:2 Staff who have volunteered and have been designated as appropriate by the head teacher will administer treatment for hypoglycaemic episodes.

14:3 *To prevent "hypos"*

1. There should be a Care Plan and Consent Form in place. It will be completed at the training sessions in conjunction with staff and parent(s). Staff should be familiar with pupil's individual symptoms of a "hypo". This will be recorded in the Care Plan.
2. Pupils must be allowed to eat regularly during the day. This may include eating snacks during class time or prior to exercise. Meals should not be unduly delayed e.g. due to extra curricular activities at lunchtimes or detention sessions. Off site activities e.g. visits, overnight stays, will require additional planning and liaison with parent(s).

14:4 *To treat "hypos"*

1. If a meal or snack is missed, or after strenuous activity or sometimes even for no apparent reason, the pupil may experience a "hypo". Symptoms may include sweating, pale skin, confusion and slurred speech.

2. Treatment for a “hypo” might be different for each child, but will be either dextrose tablets, or sugary drink, chocolate bar or hypostop (dextrose gel), as per Care Plan. Whichever treatment is used, it should be readily available and not locked away. Many children will carry the treatment with them. Expiry dates must be checked each term, either by a member of school staff or the school nurse.
3. It is the parent’s responsibility to ensure appropriate treatment is available. Once the child has recovered a slower acting starchy food such as biscuits and milk should be given. If the child is very drowsy, unconscious or fitting, a 999 call must be made and the child put in the recovery position. Do not attempt oral treatment. Parent(s)/carers should be informed of “hypos” where staff have issued treatment in accordance with Care Plan.

14:5 **If Hypostop has been provided**

The Consent Form should be available. Hypostop is squeezed into the side of the mouth and rubbed into the gums, where it will be absorbed by the bloodstream. The use of Hypostop must be recorded on the child’s Care Plan with time, date and full signature of the person who administered it. It is the parent’s responsibility to renew the Hypostop when it has been used.

DO NOT USE HYPOSTOP IF THE CHILD IS UNCONSCIOUS.

15. GUIDELINES FOR MANAGING CANCER

15:1 Children and young people with cancer aged 0–18 are treated in a specialist treatment centre. Often these are many miles from where they live, though they may receive some care closer to home. When a child or young person is diagnosed with cancer, their medical team puts together an individual treatment plan that takes into account:

- The type of cancer they have.
- Its stage (such as how big the tumour is or how far it has spread).
- Their general health.

15:2 The three main ways to treat cancer are:

- Chemotherapy.
- Surgery.
- Radiotherapy.

15:3 A treatment plan may include just one of these treatments, or a combination. Children and young people may be in hospital for long periods of time, or they may have short stays and be out of hospital quite a bit. It depends on the type of cancer, their treatment and how their body reacts to treatment.

15:4 Some can attend school while treatment continues. When cancer is under control, or in remission, children and young people usually feel well and rarely show signs of being unwell. If cancer comes back after a period of remission, this is known as relapse.

15:5 Treatment for cancer can also have an emotional and psychological impact. Children and young people may find it more difficult to cope with learning, returning to school and relationships with

other pupils. They may have spent more time in adult company, having more adult-like conversations than is usual, gaining new life experiences and maturing beyond their peers.

15:6 Treatment for cancer can last a short or a long time (typically anything from six months to three years), so a child or young person may have periods out of school, some planned (for treatment) others unplanned (for example, due to acquired infections).

15:7 When they return to school your pupil may have physical differences due to treatment side effects. These can include:

- Hair loss.
- Weight gain/loss.
- Increased tiredness.

15:8 There may also be longer term effects such as being less able to grasp concepts and retain ideas, or they may be coping with the effects of surgery.

15:9 **Falling behind with work**

Children and young people with cancer can worry that they have slipped behind their peers, especially older children doing exam courses. Young children may also worry more than they want to say. The school, and the child or young person's parents/carers, should be able to reassure them and if necessary arrange extra teaching or support in class.

15:10 Teachers may need to adjust their expectations of academic performance because of the child or young person's gaps in knowledge, reduced energy, confidence or changes in ability.

15:11 Staff may need to explicitly teach the pupil strategies to help with concentration and memory, and the pupil may initially need longer to process new concepts.

15:12 Wherever possible the child should be enabled to stay in the same ability sets as before, unless they specifically want to change groups.

15:13 Staff will regularly revise the pupils' timetable and school day as necessary.

15:14 **Having a 'key' person at school**

It's helpful to have one 'key' adult that the pupil can go to if they are upset or finding school difficult, plus a 'Plan B' person for times the usual person is not available

15:15 **Physical activity**

Make arrangements for the child or young person to move around the school easily e.g. allow them to leave lessons five minutes early to avoid the rush. Arrange for the pupil to have a buddy to carry their bags and for them to have access to lifts.

15:16 Some pupils may not want to be left out during PE despite tiredness or other physical limitations. Include the pupil as far as possible e.g. allow them to take part for 20 minutes rather than the full session, or find other ways for them to participate e.g. as referee or scorer. Their family will be aware if there are specific restrictions on them doing PE due to medical devices or vulnerability.

15:17 **Briefing staff**

Ensure that all staff, including lunchtime supervisors have been briefed on key information.

15:18 If staff are concerned about the pupil, it's important that they phone the parents/carers to discuss the significance of signs or symptoms. Parents/carers can collect the child and seek further medical advice if necessary.

15:19 It would be rare for there to be an acute emergency, but if this occurs (as with any child) call a 999 ambulance, and ensure that the crew are aware that the child or young person is on, or has recently finished, cancer treatment.

15:20 Circulate letters about infection risks when requested by the child's family or health professionals. Inform other school staff about long-term effects, such as fatigue, difficulty with memory or physical changes.

16. EMERGENCY PROCEDURES

16:1 In a medical emergency, first aid is given, an ambulance is called and parents/carers are notified. Should an emergency situation occur to a pupil who has a Care Plan, the emergency procedures detailed on the plan are followed and a copy of the Care Plan is given to the ambulance crew. A member of staff should accompany a child in the ambulance and remain with the child until the parent/carer arrives. Taking children to the doctors/hospital in staff cars is not advisable but in the case of an emergency another adult will also accompany the child.

17. Further Information and Guidance

Asthma UK

18 Mansell Street, London, E1 8AA
Tel: 020 7786 4900
www.asthma.org.uk

Diabetes UK

Macleod House, 10 Parkway, London, NW1 7AA
Tel: 0345 123 2399*
www.diabetes.org.uk

Epilepsy Action

New Anstey House, Gate Way Drive, Yeadon, Leeds, LS19 7XY
Tel: 0113 210 8800
www.epilepsy.org.uk

CLIC Sargent (Cancer)

Horatio House, 77-85 Fulham Palace Road, London, W6 8JA
Tel: 0300 330 0803
www.clicsargent.org.uk

ALL HALLOWS' C OF E PRIMARY SCHOOL

FIRST AID

POLICY STATEMENT

All Hallows' C of E Primary School undertakes to ensure compliance with the relevant legislation with regard to the provision of first aid for all employees and ensures best practice by extending the arrangements as far as is reasonably practical to children and others who may be affected by our activities.

Responsibility for first aid at All Hallows' C of E Primary School is held by the Headteacher.

All first aid provision is arranged and managed in accordance with advice provided by the Health & Safety Team at Nottinghamshire County Council.

All members of staff have a statutory obligation to follow and cooperate with the requirements of this policy.

All accidents are recorded on the school's MIS system so that occurrences can be monitored and steps taken to reduce identified risks.

AIMS AND OBJECTIVES

Our first aid policy requirements are achieved by:

- Carrying out a First Aid Needs Assessment to determine the first aid provision requirements of our school. This will be reviewed periodically or following any significant changes that may affect first aid provision.
- Ensuring that there is a sufficient number of trained first aid staff on duty and available for the numbers and risks on the premises in accordance with the First Aid Needs Assessment.
- Ensuring that there are suitable and sufficient facilities and equipment available to administer first aid in accordance with the First Aid Needs Assessment.
- Ensuring the above provisions are clear and shared with all who may require them.

The Headteacher will ensure that appropriate numbers of appointed persons, school first aid trained staff, emergency first aiders, qualified first aiders and paediatric first aid trained staff are nominated, as identified by the completion of the First Aid Needs Assessment, that they are adequately trained to meet their statutory duties.

APPOINTED PERSONS

- Headteacher.
- Deputy Headteacher.
- Senior Midday Supervisors.

Through law the minimum requirement is to appoint a person (the Appointed Person) to be on site at all times during the working day. These appointed persons are in place to take charge of first aid arrangements including looking after equipment and calling emergency services.

Appointed Persons are not necessarily First Aiders and should not provide first aid for which they have not been trained.

SCHOOL FIRST AID TRAINED STAFF

Emergency First Aiders (Those completing the HSE approved 1 day emergency first aid course) where possible:

- All Class Teachers.
- All Teaching Assistants.
- All Midday Supervisors.
- All Administrative Staff.

Paediatric First Aid Trained Staff:

- At least two members of the team.

EQUIPMENT ORGANISATION

The main equipment store for first aid is located in the KS2 stock cupboard.

First aid boxes are located in strategic locations in both buildings.

There are also first aid kits to be used for trips and visits.

DESIGNATED AREAS FOR TREATMENT

First aid will be administered during the day in the designated area in the reception area outside the school office.

FIRST AID – SEQUENCE OF EVENTS

Upon being summoned in the event of an accident, the first aider/appointed person takes charge of the first aid administration/emergency training commensurate with their training. Following their assessment of the injured person, they are able to administer appropriate first aid and make a balanced judgement as to whether there is a requirement to call an ambulance.

The first aider/appointed person will always call an ambulance on the following occasions:

- In the event of a serious injury.
- In the event of a significant head injury.
- In the event of a period of unconsciousness.
- Where there is a possibility of a fracture or where it is expected.
- Whenever the first aider is unsure of the severity of the injuries.
- Whenever the first aider is unsure of the correct treatment.

If the ambulance is called, the caller must speak to the emergency services operator and give the following information:

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.

The member of staff will then alert a member of the Senior Management Team that an ambulance has been called. They will then contact the child's parents/carers and make arrangements as to who will accompany the child in the ambulance.

On occasions, it may be quicker for the child to be taken to hospital in a member of staff's car (normally the Headteacher's or Deputy Headteacher's). In this instance, two members of staff will accompany the child in the car and the child's parents will be contacted.

In the event of an accident involving a child, where appropriate it is our policy to always notify parents/carers of their child's accident if it:

- Is considered to be a serious (or more than minor) injury.
- Requires first aid treatment.
- Injury to the head.
- Requires attendance at hospital.

NOTIFICATION TO PARENTS/CARERS

Parents and carers are notified in the following ways:

- For minor accidents, an online accident slip is completed. This details the accident and treatment received. A copy of this will be sent to parents/carers via the school messaging system.
- For more serious incidents parents will be contacted by telephone using emergency contact numbers. It is important therefore that parents/carers update their details if there are any changes to phone numbers or who should be contacted.
- In the event school not being able to contact parents/carers, a message will be left and other emergency contacts will be tried. If no contact can be made attempts will be made to contact the parents/carers in the interim. A first aider or an appointed person will wait with the child until parents/carers can be contacted and arrive.
- In the event that a child receives hospital treatment and parents/carers cannot be contacted prior to attendance, the first aider or appointed person will accompany the child to hospital and remain with them until parents/carers can be contacted and arrive at the hospital.

Appendix 1

All Hallows' Medicine Form

Please note, in line with our Medicine and First Aid Policy, Medicine will only be administered once a day, and usually at lunchtime (unless agreed otherwise and outlined in a Health Care Plan).

I give permission for the school to administer the following medicine

during school time:

Child's name: _____

Medicine Type: _____

Dosage: _____

Reason for the medicine: _____

Time to be given: _____

Signed: _____

Date: _____

Medicines should be clearly labelled with the child's name and have a spoon where appropriate. Please collect the medicine at the end of the day. Thank you.

APPENDIX 2

Guidance on infection control in schools and other childcare settings

HSC Public Health Agency

March 2017

Diarrhoea and vomiting illness	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	
E. coli 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 young children under five 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 of cases who may require microbiological clearance Please consult the Duty Room for further advice
Cryptosporidiosis*	Exclude for 48 hours from the last episode of diarrhoea	Exclusion from swimming is advisable for two weeks after the diarrhoea has settled

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

Rashes and skin infections	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: Vulnerable children and female staff – pregnancy
Cold sores, (Herpes simplex)	None	Avoid kissing and contact with the sores. Cold sores are generally mild and self-limiting
German measles (rubella)*	Four days from onset of rash (as per "Green Book")	Preventable by immunisation (MMR x 2 doses). See: Female staff – pregnancy
Hand, foot and mouth	None	Contact the Duty Room if a large number of children are affected. Exclusion may be considered in some circumstances
Impetigo	Until lesions are crusted and healed, or 48 hours after commencing antibiotic treatment	Antibiotic treatment speeds healing and reduces the infectious period
Measles*	Four days from onset of rash	Preventable by vaccination (MMR x 2). See: Vulnerable children and female staff – pregnancy
Molluscum contagiosum	None	A self-limiting condition
Ringworm	Exclusion not usually required	Treatment is required
Roseola (infantum)	None	None
Scabies	Child can return after first treatment	Household and close contacts require treatment
Scarlet fever*	Child can return 24 hours after commencing appropriate antibiotic treatment	Antibiotic treatment recommended for the affected child. If more than one child has scarlet fever contact PHA Duty Room for further advice
Slapped cheek (fifth disease or parvovirus B19)	None once rash has developed	See: Vulnerable children and female staff – pregnancy
Shingles	Exclude only if rash is weeping and cannot be covered	Can cause chickenpox in those who are not immune i.e. have not had chickenpox. It is spread by very close contact and touch. If further information is required, contact the Duty Room. SEE: Vulnerable Children and Female Staff – Pregnancy
Warts and verrucae	None	Verrucae should be covered in swimming pools, gymnasiums and changing rooms

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

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

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