

SOUTH DARLEY C.E.
PRIMARY SCHOOL



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SOUTH DARLEY C of E PRIMARY SCHOOL

SUPPORTING PUPILS WITH MEDICAL CONDITIONS POLICY

(including outbreak guidance for Diarrhoea and
Vomiting)

Person/Committee responsible for reviewing/updating this plan	Full Governing Body
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Date of Review	Governors Meeting Reference Number	Approved by name	Comments
13.03.17	FGB13032017.12.1	CHAIR	
22.01.18	PHSSC22012018.7.4	P SIDDALL	

Supporting Pupils with Medical Conditions

As part of South Darley Primary School's commitment to inclusivity, we seek to operate in a manner that enables children with both short and long term medical conditions to achieve regular attendance at school. This wish is balanced with the welfare of the affected child and the welfare of the other children attending the school.

This policy sets out how we will achieve this and what responsibilities staff and parents have in implementation. In addition, the policy sets out how the school will administer medicines.

The Responsibilities of the School and its staff

The school will ensure that this policy is understood and accepted by staff. It will be readily accessible to parents and will be published on the school website. The policy will also be promoted to parents through the school prospectus and school information pack for parents.

School staff do not have a duty to administer medication. School staff participation in the administration of medicine to school pupils is on a voluntary basis and the individual decision of a staff member on their involvement to administer medication must be respected.

All staff will ensure that they are familiar with normal precautions for avoiding infection and follow basic hygiene procedures.

Each person who administers medicine will:

- Receive a copy of this policy
- Read the written instructions/parental consent form for each child prior to administering medicines
- Check the detail on the parental consent form against those on the label of the medication.
- Confirm the dosage/frequency on each occasion and consult the medicine record to ensure there is no double dosing
- Check that the medication belongs to the named pupil and is within the medicine's expiry date
- Understand and take appropriate hygiene precautions to minimise the risk of cross-contamination
- Ensure that all medicines are returned for safe storage
- Update the written records each time medicine is administered.

The Headteacher will routinely check the medicine administration records and countersign to evidence compliance with the written guidance or identify and address any non-compliance.

The Responsibilities of Parents

The responsibility for ensuring that children with medication needs receive the correct 'treatment' rests ultimately with their parent/guardians, or with a young person capable of self-administering his or her own medication. Parents and doctors should decide how best to meet each child's requirements. To help avoid unnecessary taking of medicines during the school day, parents should:-

- Be aware that a three times daily dosage can usually be spaced evenly throughout the day and taken in the morning, after school hours and at bedtime;

- Ask the prescriber if it is possible to adjust the medication to enable it to be taken outside the school day.

Where this cannot be arranged, parents should consider whether or not, the child could return home for this, or the parent should come to school to administer the medicine. If this is not possible, the procedures contained within this policy will be adopted.

Short Term Medical Conditions.

Many children will need to take medicines during the day at some time during the school day. This should be for a short period only, to enable the completion of a course of antibiotics or other medication. To allow this will minimise the time a child needs to be absent from school. However, such medicines should only be taken to school where it would be detrimental to a child's health if it were not administered during the school day.

Long term medical needs.

Parents and carers are encouraged to be open with staff about any long-term medical condition their child may have. Where this condition is known before a child enters school, parents and carers are encouraged to talk to the SENDCo about the needs of their child and how their health problems are best managed before the child enters the school. Where an illness or condition develops after a child enters school, parents and carers are asked to speak to the SENDCo as soon as a diagnosis is made.

South Darley Primary School wishes to work with parents and carers to support any child with any long-term medical condition and/or disability and to put appropriate plans and procedures in place. The SENDCo will work with parents to agree a medical support plan taking the following into account:

- Any Individual Treatment Plan the child has
- Any medical advice specific to the child
- Any relevant statutory guidance and/or guidance from Derbyshire County Council
- The wishes of the parents and child

The medical support plan will be kept under continuous review and adapted and amended as required. In some instances, the medical condition and /or medications may affect the child's concentration and memory. Serious illness or disability may also have psychological effects. Where appropriate the SENDCo will assist in the development of an Education, Care and Health Plan to support the child. The aim of the school will be to support children with long term medical conditions in becoming increasingly independent and able to self-administer their medications.

Individual Treatment Plans

The school will utilise Individual Treatment Plans for children with specific medical needs requiring specialised or emergency medication. The plan will clarify for staff, parents and the child the help that can be provided. Staff will agree with the lead health professional and the child's parents how often they will jointly review the Individual Treatment Plan. The plan will include action to be taken in an emergency.

Infectious diseases.

Guidance on quarantine periods for common infectious diseases is attached to this policy and will be published on the school website. During the quarantine periods parents and carers are asked not to bring any child into school who has any of the named conditions.

Minor emergencies

Staff will usually carry out routine procedures for which a parent has given consent without contacting them e.g. such as cleaning minor grazes.

Unusual Occurrences, Serious Illness or Injury

When children become unwell during the school day and needs to return home, the staff will contact parents/carers or guardians using the contact details provided. If parents or relatives are not available when a pupil becomes seriously unwell or injured, the Headteacher will, if necessary call an ambulance to transport the child to hospital. A member of staff will accompany the child to hospital and will remain with the child until the parent arrives. Health professionals are responsible for any decisions on medical treatment when parents are not available. School staff will always treat an unconscious child as a 999 medical emergency.

Allergy/anaphylaxis

Parents must notify the school where it is known that the pupil has an acute allergic condition. Any pupil with an acute allergic condition will have an Individual Treatment Plan completed. Where a child experiences an extreme and severe allergic reaction, staff will follow the identified treatment outlined in the Individual Treatment Plan. Immediate emergency medical aid will be called in all cases when an adrenaline injection has been administered and the doctor/ambulance service will be informed of the acute allergic reaction.

The parent will be responsible for ensuring that the school is kept supplied with injections that are 'in date'. The Headteacher will ensure appropriate training and yearly updates are given to staff. Where staff have consented to administer adrenaline, where possible a minimum of two responsible trained persons will be present when administering. If there are no consenting staff members to administer the medication, then an ambulance must be called immediately so that appropriate treatment can be administered.

As the medication is required immediately, the adrenaline injection will be available to the responsible person at all times, including off-site, trips/visits etc.

Asthma

Parents must notify the school where it is known that the pupil has asthma.

The school will maintain a register of all pupils who are known to have asthma or who have been prescribed a reliever inhaler.

Parents are required to provide the school with a copy of their child's Individual Asthma Care Plan. In the event of a child not yet having an individual Asthma Care Plan, parents will be asked to complete a generic Asthma Care Plan for the school.

Parents of children with diagnosed asthma must provide the school with a 'reliever' inhaler. The inhaler, not the box, must be clearly labelled with the child's name and that it is a 'reliever'. The use of a 'spacer' (holding chamber) is encouraged as it is the most efficient way of getting the treatment

into the lungs of a child. The availability of a spacer will be recorded and the spacer must also be clearly labelled with the child's name.

Both the reliever and the spacer will be kept in the pupil's classroom and will be taken on all off-site visits or trips that the pupil attends. Where possible, junior children will carry their own inhalers. It is not necessary to lock the inhalers away for safety reasons. Where staff assist a child to use an inhaler, an Individual Treatment Plan should be agreed with the parents and followed when dispensing medication.

It is unlikely that children requiring oral steroid tablets will be attending school but in the unlikely event, the tablets should be administered at home and not during the school day.

A copy of the guidance 'An asthma attack – what to do' will be kept in each classroom.

Diabetes/Insulin

Parents must inform the school if their child has been diagnosed with diabetes. Each child will have an Individual Care Plan and emergency pack (containing fast acting sugar e.g. glucose, or Lucozade tablets/Glucogel and/or snack foods) detailing

- The safe storage of the insulin and pen injector
- Location of a private and safe room in which to do the injection
- Arrangements to ensure the child is able to eat immediately after giving the injection.
- The recommended snack prior to, during and after exercise as appropriate.

In addition children with diabetes will

- Be given priority in at mealtimes if they so wish
- Be allowed to have snacks as directed by their diabetes team.

Epilepsy

We ask that parents inform the school if their child has been diagnosed with epilepsy and strongly advise that they do so. WE REASSURE PARENTS THAT CONFIDENTIALITY WILL BE MAINTAINED. For each child who is likely to have prolonged seizures, an Individual Treatment Plan will be agreed by the parents and school. The plan will state

- What type of seizure to treat with emergency medication (and how to identify each seizure type)
- What medication to give and how and when to give it
- The dose
- At what point a paramedic ambulance should be called for
- Any other special instructions.

Prescription Medications.

If possible where a child attending school is receiving prescribed medication, their parent or carer should administer the medication. Where this is not possible the parent or carer must complete a Parental Consent Form for school staff to administer the medication in accordance with the prescription and advice from the parent or carer. This form will be checked by a member of the school staff who will then agree to administer the medication and countersign the Parental Consent Form. Where the administration of any specific prescription requires technical or medical knowledge, training will be given to staff by an appropriately qualified trainer. If more than one

medicine is to be given, a separate Parental Consent Form must be completed for each medication. Staff will only agree to administer medicines that are in the original container dispensed by the pharmacy and after checking the pharmacy label includes the following information:

- The child's name
- The date the medicine was prescribed
- The medication is still in date
- The dosage/prescribing instructions
- How the medication is to be stored

When the medication is administered, the member of staff will enter the following details on the Parental Consent Form:

- Date and time medication given
- Dosage given
- Any other relevant details (for example if the child only swallows a small amount of the dose)

The member of staff will then countersign this entry to confirm the details are correct.

At the end of the school day a member of staff will show the Parental Consent Form to the parent or carer collecting the child and ask them to check that the details are correct.

Non-prescription medications (e.g. pain relief and allergy medications)

If a parent or carer wishes their child to receive a non-prescription medication and the member of staff agrees to give it, the parent or carer must complete a Parental Consent Form for each medication. Staff will only give age appropriate medication to a child in accordance with the stated dose. The member of staff will not exceed the maximum stated dose. The Parental Consent Form will be completed as for prescription medications.

Staff will not administer Aspirin or Ibuprofen unless prescribed by a doctor. Staff will also not administer doses other than as prescribed in the written instructions/prescription.

Refusal to take medicines

Staff can only administer medicines with the agreement of the child. Any specific instructions to assist in the administration of medicine should be recorded in the medical consent form submitted by the parent. Any refusal to take medicine will also be recorded by staff.

When a child refuses to take medicines

- School staff will inform parents the same day
- Where refusal may result in an emergency, parents will be informed immediately.

Storage of Medicines

All medicines will be clearly labelled with the child's name and stored in accordance to the prescription and/or parents' instructions, for example in the refrigerator or lockable cupboard or room. Where emergency medicines may be required, (e.g. asthma inhalers, Insulin, rectal Diazepam and Epipens) alternative methods of storage may be appropriate so that the medications can be readily accessed in emergency.

Except for emergency medicines, parents are requested not to leave medicines at school. School staff will not dispense medicines that have expired and they will be returned to the parents.

Parents must notify the school when a pupil requires the use of a controlled drug.

The school has completed a risk assessment for the storage of medication, which is kept under review. Controlled drugs will be kept in a locked cabinet.

Employee Medicines

All staff will ensure that any medication brought into school for personal use is kept securely and children do not have access to them. Staff medicines will not be stored with children's medicine.

Disposal of Medicines

The safe disposal of all medicines remains the responsibility of the parents/carers/guardians. All medicines will be returned to the parent at the end of the course of treatment.

Medicine administration errors/near miss incidents

If a medicine administration error or near miss occurs, South Darley CE Primary School will follow the local authority guidance for reporting and recording the incident. A copy of this guidance is available from the school office.

Confidentiality

Medical information will be regarded as confidential by staff and personal data properly safeguarded. Records relating to the administration of medicines are classed as health records and will be stored confidentially. Instructions are shared on a 'need to know' basis in order that a child's well-being is safeguarded and any individual treatment plan is implemented.

Access to Education – The Equalities Act 2010

The Equality Act 2010 provides a single, consolidated source of anti-discrimination law, covering all the types of discrimination that are unlawful. Under the new act it is unlawful to offer/provide a lesser standard of service to a child with a disability. In general, disabled children can expect services to be provided to them on the same terms and to the same standard as other children, and can also expect steps to be taken to help overcome particular difficulties that a particular disabled person may face.

The Equalities Act defines disability as when a person has a 'physical or mental impairment which has a substantial and long term adverse effect on that person's ability to carry out normal day to day activities'. Some specified medical conditions such as multiple sclerosis and cancer are considered as disabilities. This has relevance for children with ongoing needs for medication.

South Darley CE Primary School will make reasonable adjustments to its service provision where possible, to help disabled children overcome particular difficulties that they may face in accessing the education provided by the school.

Annex 1

Outbreak Guidance for Schools and Nurseries.

Diarrhoea and Vomiting Illness (gastroenteritis)

1. Introduction

This guidance provides important information on outbreaks of diarrhoea and vomiting illness for schools and nurseries. Outbreaks can be caused by a range of bacteria or viruses, and it is important in every suspected outbreak to seek prompt expert advice. For the purposes of this policy an outbreak is classed as two or more linked cases or **more cases than you would usually expect**. The guidance aims are to ensure that staff are aware of their responsibility to act promptly if an outbreak of infection is suspected either in themselves or in the children.

- Don't wait for several cases of, for example, sickness and diarrhoea to occur before you report it.
- Put controls into place as prompt action could prevent a major outbreak of infection.
- Ensure that information about what to do in a suspected outbreak of infection is cascaded to key staff.

2. What is gastroenteritis?

Gastroenteritis is a very common condition that causes diarrhoea and vomiting. It's usually caused by a bacterial or viral stomach bug. It affects people of all ages, but is particularly common in young children. **Most cases in children are caused by a virus called rotavirus. Cases in adults are usually caused by norovirus (the "winter vomiting bug")** or bacterial food poisoning. Gastroenteritis can be very unpleasant, but is not usually serious although can be very disruptive when affecting individuals in schools and nurseries. Symptoms can be a combination of any of the following:

- Nausea
- Vomiting
- Abdominal pain
- Diarrhoea
- Temperature

It is sometimes associated with a flu-like illness e.g. aching joints and limbs.

How is gastroenteritis spread?

The bugs that causes gastroenteritis can spread very easily from person to person by;

- **close contact with someone with gastroenteritis** – they may breathe out small particles of vomit
- **touching contaminated surfaces or objects**
- **eating contaminated food** – this can happen if an infected person doesn't wash their hands before handling food, or you eat food that has been in contact with contaminated surfaces or objects, or hasn't been stored and cooked at the correct temperatures (read more about the [causes of food poisoning](#)).

A person with gastroenteritis is most infectious from when their symptoms start until 48 hours after all their symptoms have passed, although they may also be infectious for a short time before and after this.

One vomit contains in excess of 30,000,000 viral particles: ingestion of between 10 or 100 viral particles may be enough to cause infection. To reduce the risk of transmission, it is essential that vomit and diarrhoea is cleaned up immediately.

3. What you should do to reduce the risk of gastroenteritis – Staff (including parent helpers, meal time assistants)

- If you have any of the above symptoms, do not come to work.
- Remain off work for **48 hours after the last symptom** (for example if the last symptom is at midday on Tuesday you should not return to school before midday on Thursday)
- You don't usually need to see your GP if you think you have gastroenteritis, however if you require further advice you can speak to NHS 111 or your GP.
- If symptoms commence during your working day – go straight home. The risk of spread is reduced considerably if contamination of the environment is reduced (see Appendix 1 for advice on cleaning).
- Inform the head teacher or manager of nursery.
- Staff should where possible supervise hand washing of pupils if possible.

REMEMBER, being at work with symptoms poses a risk to children and your work colleagues.

What you should do – Pupils

- Children who become ill during the day should be sent home as soon as possible
- If the child cannot go home they should be kept away from other children in a safe area and monitored until alternative safe arrangements can be put in place
- Parents should be informed verbally that the child should remain off school for **48hours after the last symptom** (for example if the last symptom is at midday on Tuesday the child should not return to school before midday on Thursday).
- You don't usually need to see your GP if you think your child has gastroenteritis, however if you are concerned about your child or require further information you can visit www.nhs.uk or speak to NHS 111 or your GP.

4. In the event of a suspected outbreak at school:

- The head teacher or nursery manager should inform Public Health England (PHE) 0344 225 4524 and the Health and Safety team 01629 536525. PHE will in turn notify any other relevant health professionals as required including local GP, local authority Environmental Health Officer.
- It is not usually necessary to close the premises during an outbreak of gastroenteritis unless the outbreak is impacting on the safe delivery of education ie due to levels of staff sickness. PHE and the Health and Safety team will provide advice around management of the outbreak and school closure.
- Wear protective clothing if dealing with spillages - gloves and plastic aprons that can be disposed of immediately following use, if cleaning up soiling e.g. vomit. Please see Cleaning of Bodily Fluid Spillages Policy.
- Wash hands on removal of gloves and if hands become soiled (scrupulous hand hygiene should be maintained). Wash hands if in contact with an affected child and at other times after using the toilet, before eating or handling preparing food etc. (see Appendix 2)
- Ensure environmental soiling is cleaned up **immediately** in line with the Local Authority's Cleaning of Bodily fluids Guidance
- Ensure warm water, liquid soap and paper towels are available in the toilet facilities.

- Risk assess activities where cross contamination is a potential risk such as sand, play dough, water and cooking until the outbreak is over.
- Arrange for toilets and facilities to be clean more frequently during the day to reduce the risk of transmission of the infection via environmental contamination paying particular attention to high touch surfaces such as e.g. toilet seats, toilet flush and door handles. Increase cleaning of other high touch surfaces including door handles, door frames and table tops. Seek advice on the need to undertake deep cleaning during and following an outbreak, speak to PHE or contact the Health and Safety Section for advice.
- Staff or children who become ill during the day should be sent home as soon as possible and if possible kept away from other children.
- Consider providing parents with information via newsletters or web sites around the recognition and management of gastroenteritis. Parents can be signposted to information on NHS choices at <http://www.nhs.uk/conditions/gastroenteritis/Pages/Introduction.aspx#transmission>
- The head teacher/nursery manager may be advised by the PHE to send out a letter providing parents with further information see appendix 2 sample letter.

During an outbreak the PHE may contact the school regularly to collect information about new cases. Please ensure that the information is documented on the outbreak form (Appendix 3) and is easily located.

In the event of school closure please ensure the Health and Safety Section and PHE have all appropriate emergency contact details for the school.

5. Some commonly asked questions about outbreaks in schools/nurseries

How do we know if it is viral or bacterial in nature?

Informing the PHE at the start of an outbreak will enable them to assess the likely nature of the outbreak. The following information is important: - symptoms, numbers affected, timescales, dates of onset of illness, duration of illness in affected individuals. (We do understand that this information may be difficult to collect and may be incomplete.)

If it is thought to be related to food handlers/food then the local environmental health officer at your council will provide advice regarding appropriate actions.

What happens when a child vomits in the food hall?

If possible the child should be sent home as soon as possible. Guidance on the safe cleaning of bodily fluids should be followed. Any vomit should be cleaned up immediately and disposed of into a plastic bag and secured and disposed of safely. Under no circumstances should vomit go into the food preparation area as this could pose a threat of further transmission if the environment becomes contaminated. Any children in the immediate vicinity of the vomiting should be offered alternative food stuffs, as the likelihood is that their food will have been contaminated by aerosol droplets, and they should wash their hands.

Under what circumstances would the school/nursery need to be closed?

It is not usually necessary to close premises during an outbreak of gastroenteritis, unless the outbreak is impacting on the safe delivery of education ie due to levels of staff sickness. PHE and Health and Safety team will be able to provide advice around management of the outbreak and school closure. If it is advised that the school is closed (due to staffing issues or to facilitate a deep clean if necessary, then it should be closed to all (both pupils and school staff) for the duration of the closure whilst it is cleaned.

Will every area of the school/nursery need to be cleaned even if it has not been contaminated?

Droplets of virus or bacteria are not visible and therefore it is important cleaning is increased across those areas of highest risk. A risk assessment should be undertaken by the school, taking into account the individuals or areas affected and the nature of school movement. PHE and Health and Safety teams will be able to provide further advice.

6. References

Further general guidance on health protection in schools and infectious diseases can be found in the following document.

<https://www.gov.uk/government/publications/health-protection-in-schools-and-other-childcare-facilities>

Hand washing

How to wash your hands properly

1 Wet your hands

2 Liquid soap

3 Lather and scrub - 20 sec

4 Rinse - 10 sec

5 Dry your hands

6 Turn off tap

DON'T FORGET TO WASH:

- between your fingers
- under your nails
- the tops of your hands

Template letter for parents

Date

Dear Parent/Guardian

I am writing to let you know that a number of children and staff at school/nursery have experience gastro-enteritis (diarrhoea and vomiting) over the last few days.

Gastroenteritis is a very common condition that causes diarrhoea and vomiting. It's usually caused by a bacterial or viral stomach bug. Gastroenteritis can be unpleasant, but is not usually serious and clears up by itself within a few days. The main symptoms of gastroenteritis are:

- diarrhoea
- feeling sick
- vomiting
- a mild fever

The bugs that cause gastroenteritis can spread very easily from person to person by close contact with someone with gastroenteritis, touching contaminated surfaces or objects, or eating contaminated food. Individuals are most infectious when their symptoms start until 48 hours after all their symptoms have passed.

In line with usual practice the school has contacted Public Health England and Derbyshire County Council Health and Safety team. Parents and carers are advised of the following;

- Please notify the school of the nature of the illness if your child is to be absent from school.
- Children with any of the symptoms above should remain off school for 48 hours after the last symptom. This is essential in order to reduce the spread of the illness to other children within the school.
- Children who become ill during the day should be collected as soon as possible.
- You don't usually need to see your GP if you think your child has gastroenteritis, however if you are concerned about your child or require further information you can visit www.nhs.uk or speak to NHS 111 or your GP.

Please be assured of our commitment to the health and well-being of our children and staff at all times. Should you have any concerns or questions, please feel free to telephone the school.....

Yours sincerely

Yours faithfully

Head Teacher/Nursery Manager

