Thomas A' Becket Infant School

Medicines in School Policy

Statement of Intent

Section 100 of the Children and Families Act 2014 places a duty on 'governing bodies of maintained schools, proprietors of academies and management committees of PRUs to make arrangements for supporting pupils at their school with medical conditions'. The governing body of Thomas A' Becket Infant School will ensure that these arrangements fulfil their statutory duties and follow guidance outline in 'Supporting pupils at school with medical conditions' December 2015'.

Medicines will be administered to enable the inclusion of pupils with medical needs, promote regular attendance and minimise the impact on a pupil's ability to learn. In an emergency all teachers and other staff in charge of children have a common law duty of care to act for the health and safety of a child in their care – this might mean giving medicines or medical care.

Signed
Chair of Governors Date

Organisation

The governing body will develop policies and procedures to ensure the medical needs of pupils at Thomas A' Becket Infant School are managed appropriately. They will be supported with the implementation of these arrangements by the Head teacher and school staff.

The Lead for Managing Medicines at Thomas A' Becket Infant School is Sam Cannings and in their absence Sarah Burling and Hannah Ifould. In their duties staff will be guided by their training, this policy and related procedures.

Implementation monitoring and review

All staff, governors, parents/carers and members of the Thomas A' Becket Infant School community will be made aware of and have access to this policy. This policy will be reviewed biennially and its implementation reviewed and as part of the Head teacher's annual report to Governors.

Insurance

Staff who follow the procedures outlined in this policy and who undertake tasks detailed in the RMP Medical Malpractice Treatment Table are covered under WSCC insurance policies. The medical audit is available to view on West Sussex Services for Schools under 'guide to insurance for schools'.

Claims received in respect of medical procedures not covered by the insurers will be considered under the Council's insurance fund.

Admissions

When the school is notified of the admission of any pupil the Lead for Managing Medicines will seek parental consent to administer short term-ad-hoc non-prescriptions medication using 'Template B: Parent/guardian consent to administer short-term non-prescribed 'ad-hoc' medicines'. An assessment of the pupil's medical needs will be completed this might include the development of an Individual Health Care Plans (IHP) or Education Health Care Plans (EHCP) and require additional staff training. The school will endeavour to put arrangements in place to support that pupil as quickly as possible. However the school may decide (based on risk assessment) to delay the admission of a pupil until sufficient arrangements can be put in place.

Pupils with medical needs

The school will follow Government guidance and develop an IHP or EHCP for pupils who:

- Have long term, complex or fluctuating conditions – these will be detailed using Template 1 (Appendix 1)
- Require medication in emergency situations – these will be detailed using Template 2 for mild asthmatics and Templates 3, 4, 5 and 6 for anaphylaxis (Appendix 1).

Parents/guardians should provide the Head teacher with sufficient information about their child's medical condition and treatment or special care needed at school. Arrangements can then be made, between the parents/guardians, Head teacher, school nurse and other relevant health professionals to ensure that the pupil's medical needs are managed well during their time in school. Healthcare plans will be reviewed by the school annually or earlier if there is a change in a pupil's medical condition.

Double signing of medication given is also carried out for those children that are diabetic and require insulin during the school day.

Home school diaries are used so that parents can monitor blood checks and treatments throughout the day.

All prescribed and non-prescribed medication

On no account should a child come to school with medicine if he/she is unwell. Parents may call into the school and administer medicine to their child, or they may request that a member of school staff administers the medicine. If a pupil refuses their medication, they should not be forced, the school will contact the parent/guardian and if necessary the emergency services. Pupils should not bring any medication to school for self-administration.

The school will keep a small stock of paracetamol and antihistamine, for administration with parental consent (see template B) for symptoms that arise during the school day. All other medication must be supplied by the parent/guardian in the original pharmacist's container clearly labelled and include details of possible side effects e.g. manufacturer's instructions and/or patient information leaflet (PIL). Medicines must be delivered to the school office with the appropriate consent form Template C and/or C1 (Appendix 2). The school will inform the parent/guardian of the time and dose of any medication administered by phone. Phone contact will be made with all parents, regardless of the time of administration.

Confidentiality

As required by the Data Protection Act 1998, school staff should treat medical information confidentially. Staff will consult with the parent, or the pupil if appropriate, as to who else should have access to records and other information about the pupil's medical needs and this should be recorded on the IHP or EHCP. It is expected that staff with contact to a pupil with medical needs will as a minimum be informed of the pupil's condition and know how to respond in a medical emergency.

Consent to administer medication

Parental/guardian consent to administer medication will be required as follows:

- **Short term ad-hoc non-prescribed medication** - The school will request parent/guardian consent to administer ad-hoc non-prescription by either using Template B (Appendix 2) when the pupil joins the school and by contacting the parent/guardian to gain consent at the time of administration (conversations will be recorded in the school log). The school will send annual reminders requesting parents/guardians to inform the school if there are changes to consent gained when the pupils joined the school. If the school is not informed of any changes by the parent/guardian it will be assumed that consent remains current.

- **Prescribed and non-prescribed medication** - each request to administer medication must be accompanied by 'Parental consent to administer medication form (Appendix 2 Template C and/or C1) or if applicable on the IHP)

Prescription Medicines

Medicine should only be brought to school when it is essential to administer it during the school day. In the vast majority of cases, doses of medicine can be arranged around the school day thus avoiding the need for medicine in school. Antibiotics for example are usually taken three times a day, so can be given with breakfast, on getting home from school and then at bedtime. Administration will be recorded using Template D or E and the parent/guardian informed. Parents/guardians are expected to remove any remaining medicine from school once the prescribed course has been completed.

Non-prescription Medicines

Under exceptional circumstances where it is deemed that their administration is required to allow the pupil to remain in school the school will administer non-prescription medicines. The school will not administer alternative treatments i.e. homeopathic or herbal potions, pills or tinctures or nutrition supplements unless prescribed or recommended by a Doctor and detailed on an IHP or EHC as part of a wider treatment protocol. As recommended by the Government in 'Supporting Pupils at School with Medical Conditions December 2015' the school will also not administer aspirin unless prescribed. The storage and administration for non-prescription medication will be treated as prescription medicines.

If the relevant symptoms develop during the school day as detailed under the paragraph below 'short term ad-hoc non-prescribed medication' the school will administer the following non-prescription medications:

- paracetamol (to pupils of all ages)
- antihistamine,

All other non-prescription medications will only be administered by staff, providing:

- The parent/guardian confirms daily the time the medication was last administered and this is recorded on Template C1 (Appendix 2);
- medication is licensed as suitable for the pupil's age;
- medication is suitable for the pupil i.e. if a child is asthmatic the medication is suitable for that condition;
- administration is required more than 3 to 4 times per day;
- medication is supplied by the parent or guardian in the original packaging with the manufacturer's instructions and/or (PIL);
- and accompanied by parental/guardian consent Template C and C1 (Appendix 2) and confirmation the medication has been administered previously without adverse effect;

The school will NOT administer non-prescription medication:

- as a preventative, i.e. in case the pupil develops symptoms during the school day;
- if the pupil is taking other prescribed or non-prescribed medication, i.e. only one non-prescription medication will be administered at a time;
- for more than 48 hours (unless approved by the School Nurse) – parents will be advised if symptoms persist to contact their Doctor;
- A request to administer the same or a different non-prescription medication that is for the same/initial condition will not be repeated for 2 weeks after the initial episode; and not for more than 2 episodes per term - it will be assumed that the prolonged expression of symptoms requires medical intervention, and parents/guardians will be advised to contact their Doctor.
- Skin creams and lotions will only be administered in accordance with the Schools Intimate Care Policy and procedures.
- Medication that is sucked i.e. coughs sweets or lozenges, will not be administered by the school.
- if parents/guardians have forgotten to administer non-prescription medication that is required before school – requests to administer will be at the discretion of the school and considered on an individual basis.

Short term ad-hoc non-prescribed medication

A small stock of standard paracetamol and antihistamine will be kept by the school for administration if symptoms develop during the school day.

ONLY the following will be administered following the necessary procedures:

- For relief from pain
  - Standard Paracetamol will be administered in liquid form for the relief of pain i.e. migraine, severe earache.

- For mild allergic reaction – anti-histamine (see Anaphylaxis)

- For travel sickness – medication will be administered if required ahead of the return trip on educational visits and must be age appropriate and supplied by the parent/guardian in its original packaging with the PIL.

Only 1 dose of any of the above medications suitable to the weight and age of the pupil will be administered during the school day.

Pain relief protocol for the administration of paracetamol
If a request for non-prescribed pain relief is made by a pupil or carer/staff (advocate for a non-verbal/non-communicating pupil)

- The school will contact the parent/guardian and confirm that a dose of pain relief (Paracetamol) was NOT administered before school, parents/guardians and if appropriate the pupil will also be asked if they have taken any other medication containing pain relief medication i.e. decongestants e.g. Sudafed, cold and flu remedies e.g. Lemsip and medication for cramps e.g. Feminax etc. and these conversations will be recorded. If a dose of pain relief has not been administered in the past 4 hours the school will with parental consent administer 1 dose.

- If the school cannot contact the parent/guardian and therefore cannot confirm if pain relief (Paracetamol and Ibuprofen) was administer before school then the school will refuse to administer pain relief.

If a dose of pain relief has been administered before school:

- Paracetamol - The school will not administer paracetamol until 4 hours have elapsed since the last dose (assume 8am) no more than 4 doses can be administered in 24 hours.

If a request for pain relief is made after 12pm:

- The school will make contact with the parent to gain consent as a matter of course.

The school will inform the parent/guardian if pain relief has been administered this will include the type of pain relief and time of administration.

Asthma

The school recognises that pupils with asthma need access to relief medication at all times. The school will manage asthma in school as outlined in the Asthma Toolkit. Pupils with asthma will be required to have an emergency inhaler and a spacer (if prescribed) in school. The school will ask the pupils parent or guardian to provide a second inhaler. Parents are responsible for this medication being in date and the school will communicate with the parents if new medication is required and a record of these communications will be kept. The school inhaler will only be used in an emergency and will always be used with a spacer as outlined in the Asthma Toolkit. The school will develop IHP's for those pupils with severe asthma, and complete the Individual Protocol for pupils with mild asthma.

Anaphylaxis

Every effort will be made by the school to identify and reduce the potential hazards/ triggers that can cause an allergic reaction to pupils diagnosed with anaphylaxis within the school population. The school complies with the School Nursing Service recommend that all staff are trained in the administration of auto injectors and that training is renewed annually.

In accordance with the Medicines and Healthcare Products Regulatory Agency (MHRA) advice the school will ask parent/ guardian(s) to provide 2 auto-injectors for school use. Parents are responsible for this medication being in date and the school will communicate with the parents if new medication is required and a record of these communications will be kept.

Mild Allergic Reaction

Non-prescription antihistamine will with parental consent be administered for symptoms of mild allergic reaction (i.e. itchy eyes or skin, rash or/and redness of the skin or eyes), the pupil must be monitored for signs of further allergic reaction. If antihistamine is not part of an initial treatment plan, anaphylaxis medication will be administered following the guidance for short term ad-hoc non-prescribed medication.

Some antihistamine medication can cause drowsiness and therefore the school will consider if it is necessary for pupils to avoid any contact hazardous equipment after administration of the medication i.e. P.E. Science, Design and Technology.

Hay fever

Parent(s)/guardian(s) will be expected to administer a dose of antihistamine to their child before school for the treatment of hay fever. The school will only administer antihistamine for symptoms of allergic reaction and not as a precautionary measure.

Severe Allergic Reaction

Where a GP/Consultant has recommended or prescribed antihistamine as an initial treatment for symptoms of allergic reaction this will be detailed on the pupils IHP. The school will administer 1 standard dose of antihistamine (appropriate to age and weight of the pupil) and it is very important that symptoms are monitored for signs of further allergic reaction. During this time pupils must NEVER be left alone and should be observed at all times.

If symptoms develop or there are any signs of anaphylaxis or if there is any doubt regarding symptoms then if the pupil has been prescribed an adrenaline auto injector it will be administered without delay an ambulance called and the parents informed.

Medical Emergencies

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 an IHP or EHC, the emergency procedures detailed in the plan are followed, and a copy of the IHP or EHC is given to the ambulance crew. If applicable the pupil's emergency medication will be administered by trained school staff, if the pupils medication isn't available staff will administer the schools emergency medication with prior parental consent.

In accordance with amendments made to the Human Medicines Regulations 2012 from October 2014 a sufficient number of salbutamol inhaler(s) spacer(s) will be held by the school to cover emergency use. Parents must provide 2 in date auto- injectors for administration to their child**.**

Parental consent to administer the 'school inhaler' will be gained when the pupil joins the school using Template 2 for asthmatics and Templates 3, 4, 5 and 6 for anaphylaxis (Appendix 1).The school will hold a register of the pupils diagnosed with asthma and/or anaphylaxis, and if parental consent has been given to administer the school medication. The school will be responsible for ensuring the school medication remains in date.

Instructions for calling an ambulance are displayed prominently by the telephone in the school office. (Appendix 2 Template G)

Controlled Drugs

The school does not deem a pupil prescribed a controlled drug (as defined by the Misuse of Drugs Act 1971) as competent to carry the medication themselves whilst in school. Controlled drugs will be stored securely in a non-portable locked medicines cabinet in a locked room and only named staff will have access. Controlled drugs for emergency use e.g. midazolam will not be locked away and will be easily accessible. The administration of a controlled drug will be witnessed by a second member of staff and records kept. In addition to the records required for the administration of any medication, a record will be kept of any doses used and the amount of controlled drug stock held in school. (Appendix 2 Templates D and E)

Storage and Access to Medicines

All medicines apart from emergency medicines (inhalers, adrenaline auto injector, midazolam etc.) will be kept securely (where access by pupils is restricted). Medicines are always stored in the original pharmacist's container. Pupils are told where their medication is stored and who holds the key and staff will be fully briefed on the procedures for obtaining their medication.

Emergency medicines such as inhalers, adrenaline auto injectors and midazolam must not be locked away. If appropriate certain emergency medication can be held by the pupil, or kept in a clearly identified container in his/her classroom. The school will make an assessment as to the competency of each individual pupil to carry their own medication. Parents will be asked to supply a second adrenaline auto injector and/or asthma inhaler for each child and they will be kept in the school office. Staff must ensure that emergency medication is readily available at all times i.e. during outside P.E. lessons, educational visits and in the event of an unforeseen emergency like a fire.

Medicines that require refrigeration are kept in the medical room in the school office to which pupil access is restricted, and will be clearly labelled. This fridge also has a child

lock attached. There are specific arrangements in place for the storage of controlled drugs see page 7.

Waste medication

Where possible staff should take care to prepare medication correctly. If too much medication is drawn into a syringe the remainder (amount above the required dose) should be returned to the bottle before administration. If only a half tablet is administered the remainder should be returned to the bottle or packaging for future administration.

If a course of medication has been completed or medication is date expired it will be returned to the parent/guardian for disposal.

Spillages

A spill must be dealt with as quickly as possible and staff are obliged to take responsibility/follow the guidelines. Spillages will be cleared up following the schools procedures and considering the control of infection. Any spilled medication will be deemed unsuitable for administration and if necessary parents will be asked to provide additional medication.

The school has additional procedures in place for the management of bodily fluids which are detailed in i.e. bodily fluids risk assessment.
If the school holds any cytotoxic drugs, there management will be separately risk assessed and follow Health and Safety Executive (HSE) guidance.

Record Keeping – administration of medicines

For legal reasons records of all medicines administered are kept at the school until the pupil reaches the age of 24. This includes medicines administered by staff during all educational or residential visits. The pupil's parent/ guardian will also be informed if their child has been unwell during the school day and medication has been administered. For record sheets see Appendix 2 Template D and E.
Diabetic children and other children that need regular blood checks, use the paperwork given by their healthcare team, and these are signed, checked and double signed each time medication given or bloods taken.

Recording Errors and Incidents

If for whatever reason there is a mistake made in the administration of medication and the pupil is:

- Given the wrong medication
- Given the wrong dose
- Given medication at the wrong time (insufficient intervals between doses)
- Given medication that is out of date
- Or the wrong pupil is given medication

Incidents must be reported to the Schools Senior Management Team who will immediately inform the pupil's parent/guardian. Details of the incident will be recorded locally as part of the schools local arrangements. Local records must include details of what happened, the date, who is responsible and any effect the mistake has caused. Senior Management will investigate the incident and change procedures to prevent reoccurrence if necessary. NB: Incidents that arise from medical conditions that are being well managed by the school do not need to be reported or recorded locally.

Staff Training

The school will ensure a sufficient number of staff complete Managing Medicines in Schools training before they can administer medication to pupils. The school will also ensure that other staff who may occasionally need to administer a medicine are trained in the procedure adopted by the school by the person who has completed the Managing Medicines course. Staff given instruction by the Lead for Medicines MUST complete a competency test and achieve a score of 100% in order to administer medication.

Supply and locum staff will be given appropriate instruction and guidance in order to support the pupils with medical needs in their care. All school staff are trained annually to administer an auto-injector and asthma inhaler in an emergency.
A record of all training must be maintained to show the date of training for each member of staff and when repeat or refresher training is required.

The school will ensure that the staff who administer medicine for specific chronic conditions are trained to administer those specific medicines, for example, Diabetes (insulin) Epilepsy (midazolam). Training in the administration of these specific medicines is arranged via the school nurse.

Educational Visits (Off - site one day)

Non-prescription medicines as detailed in this policy can be administered by staff, pupils must not carry non-prescription medication for self-administration.

All staff will be briefed about any emergency procedures needed with reference to pupils where needs are known and copies of care plans will be taken by the responsible person.

Only anti-histamine and travel sickness tablets will be carried and administered if necessary on school trips as non-prescription drugs.

Risk assessing medicines management on all off site visits

Pupils with medical needs shall be included in visits as far as this is reasonably practicable. School staff will discuss any issues with parents and/or health professionals so that extra measures (if appropriate) can be put in place. A copy of the pupils IHP or EHP will be taken on the visit and detail arrangements relating to the management of their medication(s) during the visit should be included in the plan.

If a pupil requires prescribed or non-prescribed medication during visit and an IHP or EHP has not been developed and the management of their medication differs from procedures followed whilst in school, the school will conduct a risk assessment and record their findings.

The results of risk assessments however they are recorded i.e. IHP, EHP etc. will be communicated to the relevant staff and records kept of this communication.

Covid Guidance

During the current Covid Pandemic, all parents with children who have long term medical needs have been spoken to regarding the suitability of sending their child into school. All staff are to wear full PPE when administering medication to children. Teaching Assistants to administer First Aid within the classroom as much as possible, however if a child should need to go the Welfare Room, the First Aider will wear full PPE and keep as much distance as is possible from the child whilst assessing the injury or illness. Children who show symptoms of Covid-19, cough or temperature are taken to the 'contamination room' with a member of staff in full PPE, and their parent collects immediately.

Complaints

Issuing arising from the medical treatment of a pupil whilst in school should in the first instance be directed to the Head teacher. If the issue cannot easily be resolved the Head teacher will inform the governing body who will seek resolution.

Appendix 1 – WSCC Care Plan Templates September 2017
Appendix 2 – WSCC Administering Medicines Templates September 2017
Appendix 3 – Summary guidance medicines policy

Committee	Signed by	Date
Leadership & Management	**Chair – Ruth Hilliard**	**16 May 2023**

Review Date: May 2024 or as guidelines change

Supporting documents

Individual healthcare plan (IHCP)

Attach photograph here

Name of school/setting	
Child's name	
Group/class/form	
Date of birth	
Child's address	
Medical diagnosis or condition	
Date	
Review date	

Family Contact Information

Name	
Relationship to child	
Phone no. (work)	
(home)	
(mobile)	
Name	
Relationship to child	
Phone no. (work)	
(home)	
(mobile)	

Clinic/Hospital Contact

Name	
Phone no.	

G.P.

Name	
Phone no.	

Who is responsible for providing support in school	

Describe medical needs and give details of child's symptoms, triggers, signs, treatments, facilities, equipment or devices, environmental issues etc.

Name of medication, dose, method of administration, when to be taken, side effects, contra-indications, administered by/self-administered with/without supervision

Daily care requirements

Specific support for the pupil's educational, social and emotional needs

Arrangements for school visits/trips etc

Other information

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

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

Plan developed with

Staff training needed/undertaken – who, what, when

The above information is, to the best of my knowledge, accurate at the time of writing and I give consent to school/setting staff administering medicine in accordance with the school/setting policy. I will inform the school/setting immediately, in writing, if there is any change in dosage or frequency of the medication or if the medicine is stopped. I agree that my child's medical information can be shared with school staff responsible for their care.

.

_____ _____

Signed by parent or guardian Print name

_____ _____

Date Review date

Copies to:

Individual protocol for an Emerade adrenaline auto injector

CHILD'S NAME……..... School use attach photo here

D.O.B. ……

Class ……

Nature of Allergy:

……

Contact Information

Name		Relationship to pupil	
Phone numbers	Work	Home	Mobile	Other

If I am unavailable please contact:

Name		Relationship to pupil	
Phone numbers	Work	Home	Mobile	Other

GP
Name:
Phone No:
Address:

Clinic/ Hospital Contact
Name:
Phone No:
Address:

MEDICATION **Emerade**
Name on Emerade & expiry date:
……

- **It is the parents responsibility to supply 2 EMERADE auto injectors and to ensure they have not expired**

Dosage & Method: **1 DOSE INTO UPPER OUTER THIGH**

- **The school staff will take all reasonable steps to ensure …….. does not eat any food items unless they have been prepared / approved by parents**

- **It is the schools responsibility to ensure this care plan is reviewed and parents inform the school of any changes in condition or treatment.**

Agreed by: School Representative……Date……

- **I agree that the medical information contained in this plan may be shared with individuals involved with my child's care and education.**

- **I give my consent for the school to administer my child's Emerade or the school held adrenaline auto-injector (if my child's pen is lost/forgotten or malfunctions) to be administered in an emergency as detailed in this plan**

Signed:……Print name…… Date……
I am the person with parental responsibility

Individual protocol for……..……using an EMERADE (Adrenaline auto injector)

Symptoms may include:

- Difficulty in swallowing / speaking / breathing
- Wheezy / irregular breathing / excessive coughing
- Hoarseness
- Nettle rash (hives) anywhere on body
- Sense of impending doom
- Swelling of throat and mouth
- Abdominal pain, nausea & vomiting
- Feeling of weakness (BP drops)
- Collapse & unconsciousness
- Cold and clammy

Stay Calm

Reassure……

One member of staff to Dial 999

REMEMBER

A = Airway
B = Breathing
C = Circulation

Give EMERADE first
then dial 999
Administer Emerade
in the upper outer thigh

Remove cap protecting the needle
Hold Emerade against upper outer thigh and press it against patients leg. You will hear a click when the adrenaline is injected.
Hold Emerade in place for 10 seconds.
Can be given through clothing, but not very thick clothing.
Note time injection given.
If no improvement give 2nd EMERADE 5 minutes later

Call Parents

Reassure

……

Telephoning for an ambulance

You need to say: "I have a child in anaphylactic shock".
Give school details:
Give details: Childs name has a severe allergy and what has happened.

DO NOT PUT THE PHONE DOWN UNTIL YOU ARE SURE ALL THE NECESSARY INFORMATION HAS BEEN GIVEN

Someone to wait by the school gate to direct the ambulance staff straight to the child.

Individual protocol for an Epipen adrenaline auto injector

CHILD'S NAME……..... ~~School use~~ attach photo here

D.O.B. ……

Class ……

Nature of Allergy:

……

Contact Information

Name				Relationship to pupil			
Phone numbers	Work		Home		Mobile		Other	

If I am unavailable please contact:

Name				Relationship to pupil			
Phone numbers	Work		Home		Mobile		Other	

GP
Name:
Phone No:
Address:

Clinic/ Hospital Contact
Name
Phone No:
Address:

MEDICATION EPIPEN

Name on EPIPEN & Expiry date:
……..

- **It is the parents responsibility to supply 2 EPIPEN auto injectors and to ensure they have not expired**

Dosage & Method: **1 DOSE INTO UPPER OUTER THIGH**

- **The school staff will take all reasonable steps to ensure ……. does not eat any food items unless they have been prepared / approved by parents**

- **It is the schools responsibility to ensure this care plan is reviewed and parents inform the school of any changes in condition or treatment.**

Agreed by: School Representative……Date……..

- **I agree that the medical information contained in this plan may be shared with individuals involved with my child's care and education.**

- **I give my consent for the school to administer my child's Epipen or the school held adrenaline auto-injector (if my child's pen is lost/forgotten or malfunctions) to be administered in an emergency as detailed in this plan**

Signed:……Print name…… Date……

I am the person with parental responsibility

Individual protocol for using an Epipen (Adrenaline Auto injector)

Symptoms may include:

- Difficulty in swallowing / speaking / breathing
- Wheezy / irregular breathing / excessive coughing
- Hoarseness
- Nettle rash (hives) anywhere on body
- Sense of impending doom
- Swelling of throat and mouth
- Abdominal pain, nausea & vomiting
- Feeling of weakness (BP drops)
- Collapse & unconsciousness
- Cold and clammy

Give EPIPEN first then dial 999

Administer Epipen in the upper outer thigh

Remove grey safety cap
Hold epipen with black tip downwards against thigh
jab firmly.
Hold epipen in place for 10 seconds
Can be given through clothing, but not very thick clothing.
Note time of injection given
If no improvement give 2nd EPIPEN 5 minutes later

Stay Calm

Reassure ……

One member of staff to Dial 999

REMEMBER

A = AIRWAY
B = BREATHING
C = CIRCULATION

Call Parents

Reassure

……

Telephoning for an ambulance

You need to say: "I have a child in anaphylactic shock".
Give school details:
Give details: Childs name has a severe allergy and what has happened.

DO NOT PUT THE PHONE DOWN UNTIL YOU ARE SURE ALL THE NECESSARY INFORMATION HAS BEEN GIVEN

Someone to wait by the school gate to direct the ambulance staff straight to the child.

Individual protocol for an Jext pen adrenline auto injector

CHILD'S NAME……..... School use attach photo here

D.O.B. ……

Class ……

Nature of Allergy:

……

Contact Information

Name				Relationship to pupil			
Phone numbers	Work		Home		Mobile		Other	

If I am unavailable please contact:

Name				Relationship to pupil			
Phone numbers	Work		Home		Mobile		Other	

GP
Name:
Phone No:
Address:

Clinic/ Hospital Contact
Name:
Phone No:
Address:

MEDICATION JEXT

Name on JEXT & expiry date: ……..

- **It is the parents responsibility to supply 2 JEXT pen auto injectors and to ensure they have not expired**

Dosage & Method: **1 DOSE INTO UPPER OUTER THIGH**

- **The school staff will take all reasonable steps to ensure ……. does not eat any food items unless they have been prepared / approved by parents**

- **It is the schools responsibility to ensure this care plan is reviewed and parents inform the school of any changes in condition or treatment.**

Agreed by: School Representative……Date……..

- **I agree that the medical information contained in this plan may be shared with individuals involved with my child's care and education.**

- **I give my consent for the school to administer my child's Jext pen or the school held adrenaline auto-injector (if my child's pen is lost/forgotten or malfunctions) to be administered in an emergency as detailed in this plan.**

Signed:……Print name…… Date……

I am the person with parental responsibility

Individual protocol for using a JEXT Pen (Adrenaline Autoinjector)

Symptoms may include:

- Difficulty in swallowing / speaking / breathing
- Wheezy / irregular breathing / excessive coughing
- Hoarseness
- Nettle rash (hives) anywhere on body
- Sense of impending doom
- Swelling of throat and mouth
- Abdominal pain, nausea & vomiting
- Feeling of weakness (BP drops)
- Collapse & unconsciousness
- Cold and clammy

Give JEXT pen first
Then call 999
Administer in the upper thigh

Remove yellow cap, place black tip against upper outer thigh, push injector firmly into thigh until it clicks.
Hold in JEXT Pen in place for 10 seconds. Can be given through clothing, but not very thick clothing
Note time of injection given
If no improvement give 2nd JEXT Pen
5 minutes later

Stay Calm

Reassure ……

One member of staff to Dial 999

REMEMBER

A = AIRWAY
B = BREATHING
C = CIRCULATION

Call Parents

Reassure

……

Telephoning for an ambulance
You need to say: "I have a child in anaphylactic shock".
Give school details:
Give details: Childs name has a severe allergy and what has happened.
DO NOT PUT THE PHONE DOWN UNTIL YOU ARE SURE ALL THE NECESSARY INFORMATION HAS BEEN GIVEN
Someone to wait by the school gate to direct the ambulance staff straight to the child.

Individual protocol for Antihistamine as an initial treatment protocol for mild allergic reaction

CHILD'S NAME……..... School use attach photo here

D.O.B. ……

Class ……

Nature of Allergy:

……

……

Contact Information

Name				Relationship to pupil			
Phone numbers	Work		Home		Mobile		Other	

If I am unavailable please contact:

Name				Relationship to pupil			
Phone numbers	Work		Home		Mobile		Other	

GP
Name:
Phone No:
Address:

Clinic/ Hospital Contact
Name:
Phone No:
Address:

MEDICATION - Antihistamine

Name of antihistamine & expiry date
……

- **It is the parents responsibility to ensure the Antihistamine has not expired**

Dosage & Method: **As prescribed on the container.**

- **It is the schools responsibility to ensure this care plan is reviewed and parents inform the school of any changes in condition or treatment.**

Agreed by: School Representative……..Date……..

I agree that the medical information contained in this plan may be shared with individuals involved with my child's care and education, and I give my consent to the school to administer anti-histamine as part of my child's treatment for anaphylaxis. I confirm I have administer this medication in the past without adverse effect.

Signed:……Print name……Date……
I am the person with parental responsibility

Individual protocol for using Antihistamine (e.g. Piriton)

Symptoms may include:

- Itchy skin
- Sneezing, itchy eyes, watery eyes, facial swelling (does not include lips/mouth)
- Rash anywhere on body

Stay Calm

Reassure

……

Give <u>Antihistamine</u> delegated person responsible to administer antihistamine, as per instructions on prescribed bottle

Observe patient and monitor symptoms

Inform parent/guardian to collect

…….

from school

If ~~symptoms progress and~~ there is any difficulty in swallowing/speaking /breathing/ cold and clammy Dial 999

A = Airway
B = Breathing
C = Circulation

If child is prescribed an adrenaline auto injector administer it - follow instructions on protocol

<u>If symptoms progress Dial 999 - Telephone for an ambulance</u>

You need to say: "I have a child in anaphylactic shock".
Give school details:
Give details: Pupils name has a severe allergy and what has happened.

DO NOT PUT THE PHONE DOWN UNTIL YOU ARE SURE ALL THE NECESSARY INFORMATION HAS BEEN GIVEN

Someone to wait by the school gate to direct the ambulance staff straight to the child.

Individual protocol for Asthma

Please complete the questions below, sign this form and return without delay.

CHILD'S NAME……..

D.O.B. ……..…

Class ……

School use attach photo here

Contact Information

Name				Relationship to pupil			
Phone numbers	Work		Home		Mobile		Other	

If I am unavailable please contact:

Name				Relationship to pupil			
Phone numbers	Work		Home		Mobile		Other	

1. Does your child need an inhaler in school? Yes/No (delete as appropriate)

2. Please provide information on your child's current treatment. (Include the name, type of inhaler, the dose and how many puffs?)

……Do they have a spacer?

……

3. What triggers your child's asthma?

……

4. It is advised that pupils have a spare inhaler in school. Spare inhalers may be required in the event that the first inhaler runs out is lost or forgotten. Inhalers must be clearly labelled with your child's name and must be replaced before they reach their expiry date. The school will also keep a salbutamol inhaler for emergency use.

Please delete as appropriate:

- ☐ My child carries their own inhaler YES/NO
- ☐ My child REQUIRES/DOES NOT REQUIRE a spacer and I have provided this to the school office
- ☐ I am aware I am responsible for supplying the school with in date inhaler(s)/spacer for school use and will supply this/these as soon as possible. YES/NO

5. Does your child need a blue inhaler before doing exercise/PE? If so, how many puffs?

……

6. Do you give consent for the following treatment to be given to your child as recognised by Asthma Specialists in an emergency? - Yes/No (delete as appropriate)

- ☐ Give **6 puffs of the blue inhaler via a spacer**
- ☐ Reassess after 5 minutes
- ☐ If the child still feels wheezy or appears to be breathless they should have a further **4 puffs of the blue inhaler via a spacer**
- ☐ Reassess after 5 minutes

- **If their symptoms are not relieved with 10 puffs of blue inhaler then this should be viewed as a serious attack:**
- **CALL AN AMBULANCE and CALL PARENT**
- **While waiting for an ambulance continue to give 10 puffs of the reliever inhaler every few minutes**

Please sign below to confirm you agree the following:

- I agree to ensure that my child has in-date inhalers and a spacer (if prescribed) in school.
- I give consent for the school to administer my child's inhaler in accordance with the emergency treatment detailed above.
- I agree that the school can administer the school emergency salbutamol inhaler if required.
- I agree that my child's medical information can be shared with school staff responsible for their care.

Signed:……Print name…… Date……
I am the person with parental responsibility

Please remember to inform the school if there are any changes in your child's treatment or condition. Thank you

Parental Update (only to be completed if your child no longer has asthma) My child …….. no longer has asthma and therefore no longer requires an inhaler in school or on school visits.	
Signed *I am the person with parental responsibility*	Date

For office use:

	Provided by parent/school	Location (delete as appropriate)	Expiry date	Date of phone call requesting new inhaler	Date of letter (attach copy)
1st inhaler		With pupil/In classroom			
2nd inhaler Advised		In office/first aid room			
Spacer (if required)					
Record any further follow up with the parent/carer:					

West Sussex County Council
Thomas A' Becket Infant School
Pelham Road, Worthing, West Sussex, BN13 1JB

Individual Protocol for non-prescribed medication

This form should be completed in conjunction with Template C – parental consent

Under exceptional circumstances where it is deemed that their administration is required to allow the pupil to remain in school the school will administer non-prescription medicines for a maximum of 48 hours.

Date (requirement reviewed daily)	Time last dose administered at home as informed by parent/guardian	Dosage given in school	Time	Comments
Day 1				
Day 2				

3 main side effects of medication as detailed on manufacturer's instructions or PIL		
1.	**2.**	**3.**

Emergency procedures – if the pupil develops any of the signs or symptoms mentioned above or any other signs of reaction as detailed on the manufacturer's instructions and/or PIL this might be a sign of a negative reaction or if it is suspected that the child has taken too much medication in a 24 hour period staff will call 999 and then contact the parent/guardian(s).

I agree that the medical information contained in this plan may be shared with individuals involved with my child's care and education.
I am aware that each day I must inform the school when I last administered the medication and that I will be informed by phone or text message when medication has been administered.

Agreed by:
Parent/guardian……..…Date……

West Sussex County Council

Thomas A' Becket Infant School

Pelham Road, Worthing, West Sussex, BN13 1JB

Parental consent to administer medication

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

Date for review to be initiated by	
Name of child	
Date of birth	
Group/class/form	
Medical condition or illness	

Medicine

Name/type of medicine *(as described on the container)*	
Expiry date	
Dosage and method	
Timing	
Special precautions/other instructions	
Are there any side effects that the school/setting needs to know about?	
Self-administration – y/n	
Procedures to take in an emergency	

NB: Medicines must be in the original container as dispensed by the pharmacy and the manufacturer's instructions and/or Patient Information Leaflet (PIL) must be included

Contact Details

Name	
Daytime telephone no.	
Relationship to child	
Address	
I understand that I must deliver the medicine personally to the Main Office	

The above information is, to the best of my knowledge, accurate at the time of writing and I give consent to school/setting staff administering medicine in accordance with the school/setting policy. I confirm that this medication has been administered to my child in the past without adverse effect. I will inform the school/setting immediately, in writing, if there is any change in dosage or frequency of the medication or if the medicine is stopped.

Signature(s) Date

West Sussex County Council
Thomas A' Becket Infant School
Pelham Road, Worthing, West Sussex, BN13 1JB

Parent/guardian consent to administer short-term non-prescribed 'ad-hoc' medicines

The school will not administer medication unless this form is completed and signed. This information will be kept securely with your child's other records. If further information is needed we will contact you. Please do not hesitate to contact the school if there are any issues you wish to discuss.

Pupils Name	**D.O.B**
Gender	**Class**

The Medicines Policy permits the school to administer the following non-prescription medication if your child develops the relevant symptoms during the school day. Pupils will be given a standard dose suitable to their age and weight. You will be informed when the school has administered medication by phone. The school holds a small stock of the following medicines:

☐ **Paracetamol**

☐ **Anti-histamine**

Tick the non-prescription medications above that you give your consent for the school to administer during the school day and confirm that you have administered these medications in the past without adverse effect. Please keep the school informed of any changes to this consent.

Signature(s) Parent/Guardian _____

Print name _____

Date_____

West Sussex County Council
Thomas A' Becket Infant School
Pelham Road, Worthing, West Sussex, BN13 1JB

Pupil Health Information Form

This information will be kept securely with your child's other records. If further information is needed we will contact you. Please do not hesitate to contact the school if there are any issues you wish to discuss.

Childs Name	**D.O.B**
Gender	**Year/Tutor Group**

Please complete if applicable
Has your child been diagnosed with or are you concerned about any of the following:

Condition	**Yes**	**No**	**Medication**
Asthma NB:Parents of pupils with must also sign an asthma protocol form available from the school			
Allergies/Anaphylaxis NB:Parents of pupils prescribed an auto injector must also sign The relevant auto injector protocol form available from the school			
Epilepsy			
Diabetes			

Is your child taking regular medication for any condition other than those listed on the previous page – continue on a separate sheet if necessary.

Condition	Medication, emergency requirements

Please use the space below to tell us about any other concerns you have regarding your child's health, continue on a separate sheet if necessary:

Sussex County Council

Thomas A' Becket Infant School

Pelham Road, Worthing, West Sussex, BN13 1JB

Record of Controlled medication administered to an individual child

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

Staff signature _____

Signature of parent _____

Date			
Time given			
Dose given			
Controlled drug stock			
Name of member of staff			
Staff initials			

Witnessed by _____

Date			
Time given			
Dose given			
Controlled drug stock			
Name of member of staff			
Staff initials			
Witnessed by			

D: Record of medicine administered to an individual child (Continued)

Date			
Time given Dose			
given Controlled			
drug stock			
Name of member of staff			
Staff initials			
Witnessed by			

Date			
Time given Dose			
given Controlled			
drug stock			
Name of member of staff			
Staff initials			
Witnessed by			

Date			
Time given Dose			
given Controlled			
drug stock			
Name of member of staff			
Staff initials			
Witnessed by			

Date			
Time given Dose			
given Controlled			
drug stock			
Name of member of staff			
Staff initials			
Witnessed by			

Record of medicine administered to all children

Name of school/setting	Thomas A' Becket Infant School, Pelham Road, Worthing BN13 1JB

Date	Child's name	Time	Name of medication	Dose given	Any reactions	Signature	Print name	Comments

ASTHMA TOOLKIT

Document creation date: August 2014

Version: 1

Date of review: August 2016

Review frequency – Bi - annual

Author: Liz Darke Health and Safety Officer

Safety of information reviewed by:

Agreed by:

What is asthma?

Asthma is a condition that affects the small tubes (airways) that carry air in and out of the lungs. When a person with asthma comes into contact with something that irritates their airways (an asthma trigger), the muscles around the walls of the airways tighten so that the airways become narrower and the lining becomes inflamed and starts to swell. Sometimes, sticky mucus or phlegm builds up, which can further narrow the airways. These reactions cause the airways to become narrower and irritated - making it difficult to breath and leading to symptoms of asthma. Triggers can include, hot or cold weather, increased humidity, fumes, powders, physical exercise and stress.

It's difficult to say for sure what causes asthma however you're more likely to develop asthma if you have a family history of asthma, eczema or allergies. It's likely that this family history, combined with certain environmental factors, influences whether or not someone develops asthma.

Asthma is a widespread, serious but controllable condition, and schools should ensure that pupils can and do participate fully in all aspects of school life. Pupils with asthma need immediate access to reliever inhalers and in an emergency, a spacer.

The school should ensure that all staff (including supply teachers and support staff) who have pupils with asthma in their care, know who those pupils are and know the school's procedure to follow in the event of an asthma attack.

Symptoms of asthma

The usual symptoms of asthma are:

- coughing
- wheezing
- shortness of breath
- tightness in the chest.

Not everyone will get all of these symptoms. Some people experience them from time to time; a few people may experience these symptoms all the time and occasionally some may not experience any symptoms.

Asthma medicines

Immediate access to reliever medicines is essential. Pupils with asthma are encouraged to carry their reliever inhaler as soon as the parent/carer, doctor/asthma nurse and class teacher agree they are mature enough. Those deemed competent to do so may self-administer their asthma medication. The reliever inhalers of younger children should be kept in the classroom.

It is advised that the school has an in date spare reliever inhaler on site. These are held in case the pupil's own inhaler runs out, or is lost or forgotten and are kept in the [school office/first aid room]. All inhalers must be labelled with the child's name by the parent/carer.

The school can ask a pupils parent or guardian to provide a second inhaler. If the school chooses to ask a parent or guardian to provide a second inhaler and a second inhaler is not provided, the school must ensure they purchase an inhaler from a pharmacist as outlined below.

Alternatively the school can choose to ask parents for one inhaler and keep a small stock of back-up inhalers. From October 1st 2014 schools will be able to purchase salbutamol inhalers for emergency use from their local pharmacist provided it is done on an occasional basis and not for profit. Schools wishing to purchase inhalers should put their request in writing on headed paper signed by the principal or head teacher stating:

- The name of the school for which the product is required
- The purpose for which that product is required
- The total quantity required

It is recommended that emergency asthma medication is delivered via a spacer device and schools should ensure they have a spacer on site. Spacers can be purchased from a local pharmacist and should be cleaned between uses. Wash spacer in warm soapy water, rinse with clean running water (shouldn't be rinsed – reduces effectiveness) and leave to dry naturally.

School staff who agree to administer medicines are insured by the local authority when acting in agreement with this policy. All school staff will facilitate pupils to take their medicines when they need to.

Record keeping

When a child joins the school, parents/carers are asked to declare any medical conditions (including asthma) that require care within school, for the school's records. At the beginning of each school year, parents are requested to update details about medical conditions (including asthma) and emergency contact numbers.

All parents/carers of children with asthma are given an asthma information form to complete and return to school. From this information the school keeps its asthma records. All teachers know which children in their class have asthma. Parents are required to update the school about any change in their child's medication or treatment. Records must be kept for the administration of asthma medication as for any other prescribed medication.

Exercise and activity - PE and games

All children are encouraged to participate fully in all aspects of school life including PE. Children are encouraged/reminded to use their inhalers before exercise (if instructed by the parent/carer on the asthma form) and during exercise if needed. Staffs are fully aware of the importance of thorough warm up and cool down. Each pupil's inhaler will be labelled and kept in a box at the site of the lesson.

School Environment

It is recommended that schools endeavour to ensure that the school environment is favourable to pupils with asthma. The school will need to take into consideration, any particular triggers to an asthma attack that an individual may have and seek to minimise the possibility of exposure to these triggers.

Training

It is best practice that all school staff are trained to recognise the symptoms of worsening asthma, how to respond in an emergency and how to administer of reliever medication (inhaler).

Asthma Attacks – School's Procedure

In the event of an asthma attack, staff will follow the school procedure:

- Encourage the pupil to use their inhaler
- Summon a first aider who will bring the pupil's Asthma Information Form and will ensure that the inhaler is used according to the dosage on the form
- If the pupil's condition does not improve or worsens, the First Aider will follow the 'Emergency asthma treatment' procedures
- The First Aider will call for an ambulance if there is no improvement in the pupil's condition
- If there is any doubt about a pupil's condition an ambulance will be called

Mild Symptoms:

- **Cough**
- **Feeling of 'tight chest'**
- **Wheeze**

Ensure that the pupil has access to their reliever (blue inhaler)

- **Sit the pupil down in a quiet place if possible**
- **Younger pupils or those using 'puffer' style inhalers should use a spacer**
- **Allow the pupil to take 2 or 4 puffs of the inhaler**
- **Assess effect and if fully recovered, the child may rejoin usual activities**

Moderate Symptoms:

- **Increased cough and wheeze**
- **Mild degree of shortness of breath but able to speak in sentences**
- **Feeling of 'tight chest'**
- **Breathing a little faster than usual**
- **Recurrence of symptoms / inadequate response to previous 'puffs'**

Ensure that the pupil has access to their reliever (blue inhaler)

- **Sit the pupil down in a quiet place if possible and loosen any tight clothing around their neck**
- **Younger pupils or those using 'puffer' style inhalers should use a spacer**
- **Allow the pupil to take 4 or 6 puffs of the inhaler**
- **Assess effect, if fully recovered the pupil may rejoin activities but a parent/carer should be informed**

Severe symptoms:

- **Not responding to reliever medication**
- **Breathing faster than usual**
- **Difficulty speaking in sentences**
- **Difficulty walking/lethargy**
- **Pale or blue tinge to lips/around the mouth**
- **Appears distressed or exhausted**

Ensure that the pupil has access to their reliever (blue inhaler)

- **Sit the pupil down in a quiet place if possible and loosen any tight clothing around their neck**
- **Younger pupils or those using 'puffer' style inhalers should use a spacer**
- **Allow the pupil to take 6 puffs of the blue inhaler**
- **Assess effect, If the child still feels wheezy or appears to be breathless they should have a <u>further 4 puffs</u> of the blue inhaler**
- **Reassess:**
- **If symptoms are not relieved with 10 puffs of blue inhaler then this should be viewed as a serious attack:**

- **CALL AN AMBULANCE and CALL PARENT**
- **While waiting for an ambulance continue to give 10 puffs of the reliever inhaler every 5 minutes**

Salbutamol is a safe and effective medication which can be lifesaving if given correctly at an appropriate dose. 10 puffs of a Salbutamol inhaler is equivalent in effect to a nebuliser (although not in dose, a nebuliser contains the equivalent of 50 puffs of inhaler) and is a completely safe dose to give, even to small children. Giving 10 puffs of Salbutamol, even if given several times whilst waiting for help, will not cause overdose and will not cause harm. Help must be sought if 10 puffs does not relieve a child's symptoms to ensure a child received emergency medical attention at the right time. A maximum of 10 puffs of salbutamol can be given in a four hour period before help should be sought.

Reference: S. West & J. Applebee (2014) Paediatric Respiratory Nurse Specialist Team
Western Sussed Hospitals NHS Foundation Trust

How to use an Aerochamber Spacer (with mask)

1/ Remove the cap on the inhaler

2/ Shake the inhaler and insert into the device

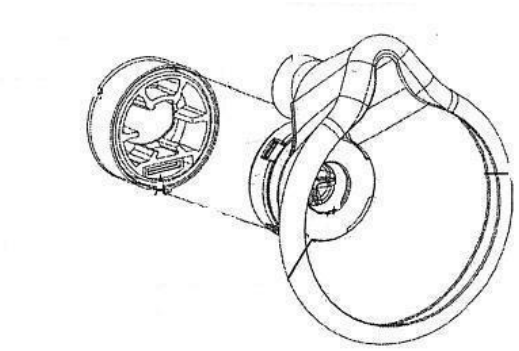
3/ Put the mask over the face, ensuring a good seal around the nose and chin

4/ Press the canister down once to release a dose of the medicine into the Aerochamber

5/ Breathe in and out normally 5 times with the mask over the face, watch for the yellow valve on the mask moving with each breath

6/ If required, repeat another dose straight away

7/ Shake the inhaler between every 2 doses



Caring for your Aerochamber

1/ Wash your Aerochamber no more than once a month

2/ Wash your Aerochamber in warm, soapy water, DO NOT RINSE OFF THE SOAP but do rinse the face mask

3/ Leave the spacer to air dry, DO NOT WIPE

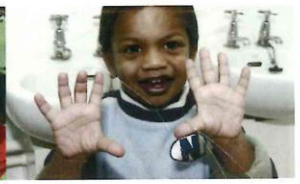
4/ Your spacer will need to be replaced every year or sooner if it is showing signs of wear, speak to your GP or asthma nurse

Guidance on Infection Control In Schools and other Child Care Settings

Prevent the spread of infections by ensuring: routine immunisation, high standards of personal hygiene and practice, particularly hand washing, and maintaining a clean environment.

Please contact your local Health Protection Unit (HPU) on _____ if you would like any further advice or information.

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 (48hr rule applies).	Exclusion from swimming should be for 2 weeks following last episode of diarrhoea.
E. coli 0157 VTEC	Exclusion is important for some children. Always consult with HPU.	Exclusion applies to young children and those who may find hygiene practices difficult to adhere to. Local HPU will advise. Exclusion from swimming should be for 2 weeks following last episode of diarrhoea.
Typhoid* [and paratyphoid*] (enteric fever)	Exclusion is important for some children. Always consult with HPU.	Exclusion applies to young children and those who may find hygiene practices difficult to adhere to. Local HPU will advise. Exclusion from swimming should be for 2 weeks following last episode of diarrhoea.
Shigella (Dysentery)	Exclusion may be necessary.	Exclusion (if required) applies to young children and those who may find hygiene practices difficult to adhere to. Local HPU will advise. Exclusion from swimming should be for 2 weeks following last episode of diarrhoea.
Respiratory Infections		
'Flu' (influenza)	Until recovered.	SEE: vulnerable children.
Tuberculosis*	Always consult with HPU.	Not usually spread from children. Requires quite prolonged, close contact for spread.
Whooping cough* (Pertussis)	Five days 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. HPU will organise any contact tracing necessary.

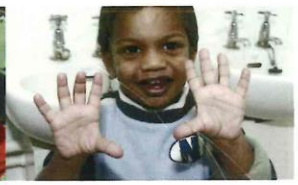


Rashes/Skin

	Recommended period to be kept away from school, nursery, or childminders	Comments
Athletes foot	None.	Athletes foot is not a serious condition. Treatment is recommended.
Chicken pox	5 days from onset of rash.	SEE: vulnerable children and female staff – pregnancy.
Cold sores, (herpes simplex)	None.	Avoid kissing and contact with the sores. Cold sores are generally a mild self-limiting disease.
German measles (rubella)*	5 days from onset of rash.	Preventable by immunisation (MMR x 2 doses). SEE: female staff - pregnancy.
Hand, foot & mouth	None.	Contact HPU if a large number of children are affected. Exclusion may be considered in some circumstances.
Impetigo	Until lesions are crusted or healed.	Antibiotic treatment by mouth may speed healing and reduce infectious period.
Measles*	5 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	Until treatment commenced.	Treatment is important and is available from pharmacist. N.B. For ringworm of scalp treatment by GP is required. Also check and treat symptomatic pets.
Roseola (infantum)	None.	None.
Scabies	Child can return after first treatment.	Two treatments 1 week apart for cases. Contacts should have one treatment; include the entire household and any other very close contacts. If further information is required contact your local HPU.
Scarlet fever*	5 days after commencing antibiotics.	Antibiotic treatment recommended for the affected child.
Slapped cheek / fifth disease. Parvovirus B19	None.	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 chicken pox. It is spread by very close contact and touch. If further information is required contact your local HPU. SEE: vulnerable children and female staff – pregnancy.
Warts and Verrucae	None.	Verrucae should be covered in swimming pools, gymnasiums and changing rooms.

Other infections

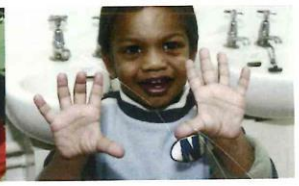
Conjunctivitis	None.	If an outbreak/cluster occurs consult HPU.
Diphtheria *	Exclusion is important. Always consult with HPU.	Preventable by vaccination. HPU will organise any contact tracing necessary.
Glandular fever	None.	About 50% of children get the disease before they are five and many adults also acquire the disease without being aware of it.



Other infections	Recommended period to be kept away from school, nursery, or childminders	Comments
Head lice	None.	Treatment is recommended only in cases where live lice have definitely been seen. Close contacts should be checked and treated if live lice are found. Regular detection (combing) should be carried out by parents.
Hepatitis A*	Exclusion may be necessary. Always consult with HPU.	Good personal and environmental hygiene will minimise any possible danger of spread of hepatitis A. SEE: cleaning up body fluid spills and PPE information below.
Hepatitis B* and C*	None.	Hepatitis B and C are not infectious through casual contact. Good hygiene will minimise any possible danger of spread of both hepatitis B and C. SEE: cleaning up body fluid spills and PPE information below.
HIV / AIDS	None.	HIV is not infectious through casual contact. There have been no recorded cases of spread within a school or nursery. Good hygiene will minimise any possible danger of spread of HIV. SEE: cleaning up body fluid spills and PPE information below.
Meningococcal meningitis* / septicaemia*	Until recovered.	Meningitis C is preventable by vaccination. There is no reason to exclude siblings and other close contacts of a case. The HPU will give advice on any action needed and identify contacts requiring antibiotics.
Meningitis* due to other bacteria	Until recovered.	Hib meningitis and pneumococcal meningitis are preventable by vaccination. There is no reason to exclude siblings and other close contacts of a case. Always contact the HPU who will give advice on any action needed and identify contacts requiring antibiotics.
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 hand washing and environmental cleaning, are important to minimise any danger of spread. If further information is required contact your local HPU.
Mumps*	Five days from onset of swollen glands.	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 notifable disease to the proper officer of the Local Authority. In addition organisations may be required via locally agreed arrangements to inform their local HPU. Regulating bodies (e.g. Office for Standards in Education (OFSTED)/Commission for Social Care Inspection (CSCI)) may wish to be informed – please refer to local policy.

Outbreaks: if a school, nursery or childminder suspects an outbreak of infectious disease they should inform their Health Protection Unit (HPU). Advice can also be sought from the school health service.



GOOD HYGIENE PRACTICE

For more advice contact your local Health Protection Unit or school health service.

- **Handwashing#** is one of the most important ways of controlling the spread of infections, especially those that cause diarrhoea and vomiting and respiratory disease. The recommended method is the use of liquid soap, water and paper towels. Always wash hands after using the toilet, before eating or handling food, and after handling animals. Cover all cuts and abrasions with water proof dressings.

- **Coughing and Sneezing**easily spread infections. Children and adults should be encouraged to cover their mouth and nose with a tissue. Wash your hands after using or disposing of tissues. Spitting should be discouraged.

- **Cleaning** of the environment, including toys and equipment should be frequent, thorough, and follow national guidance e.g. use colour coded equipment, COSHH, correct decontamination of cleaning equipment. Monitor cleaning contracts and ensure cleaners are appropriately trained with access to Personal Protective Equipment PPE (see below)

- **Cleaning of blood and body fluid spillages.** All spillages of blood, faeces, saliva, vomit, nasal, and eye discharges should be cleaned up immediately (always wear PPE). When spillages occur, clean using a product which combines both a detergent and a disinfectant. Use as per manufacturers instructions and ensure it is effective against bacteria and viruses, and suitable for use on the affected surface. NEVER USE mops for cleaning up blood and body fluid spillages use disposable paper towels and discard clinical waste as described below. A spillage kit should be available for blood spills.

- **Personal Protective Clothing (PPE).** Disposable non powdered vinyl or latex free CE marked gloves and disposable plastic aprons, must be worn where there is a risk of splashing or contamination with blood/body fluids. (E.g. nappy or pad changing) Goggles should also be available for use if there is a risk of splashing to the face. Correct PPE should be used when handling cleaning chemicals.

- **Laundry** should be dealt with in a separate dedicated facility. Soiled linen should be washed separately at the hottest wash fabric will tolerate. Wear PPE when handling soiled linen. Soiled children's clothing should be bagged to go home, never rinse by hand.

- **Clinical waste.** Always segregate domestic and clinical waste in accordance with local policy. Used nappies/pads, gloves, aprons and soiled dressings should be stored in correct clinical waste bags in foot operated bins. All clinical waste must be removed by a registered waste contractor. All clinical waste bags should be less than 2/3rds full and stored in a dedicated, secure area whilst awaiting collection.

SHARPS INJURIES AND BITES

If skin is broken make wound bleed/wash thoroughly using soap and water. Contact GP or occupational health or go to Accident and Emergency immediately. Ensure local policy is in place for staff to follow. Contact HPU for advice if unsure.

ANIMALS

Animals may carry infections, so wash hands after handling animals. Health and Safety Executive (HSE) guidelines for protecting the health and safety of children should be followed.

- Animals in school (permanently or visiting). Ensure animals living quarters are kept clean and away from food areas. Waste should be disposed of regularly, and litter boxes not accessible to children. Children should not play with animals unsupervised. Veterinary advice should be sought on animal welfare and animal health issues and the suitability of the animal as a pet. Reptiles are not suitable as pets in schools and nurseries as all species carry salmonella.

- Visits to farms. Ensure the farm is well managed, with grounds and public areas as clean as possible and animals prohibited from outdoor picnic areas. Check handwashing facilities are adequate and accessible with running water, liquid soap and disposable towels. (If necessary discuss with local Environmental Health Department or HSE). Ensure children wash and dry hands thoroughly after contact with animals, animal faeces, before eating or drinking, after going to the toilet and before departure. Ensure children understand not to eat or drink ANYTHING while touring the farm, not to put fingers in mouths, eat anything which may have fallen on the ground, or any animal food. Children should only eat in the places they are told to, and after washing hands well. Use waterproof plasters to protect any cuts or grazes not covered by clothes.

VULNERABLE CHILDREN

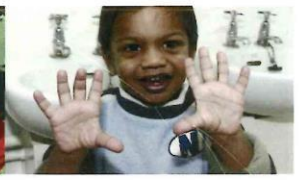
Some medical conditions make children vulnerable to infections that would rarely be serious in most children, these include: those being treated for leukaemia or other cancers, on high doses of steroids by mouth and with conditions which seriously reduce immunity. Schools and nurseries and childminders will normally have been made aware of such children. They are particularly vulnerable to chicken-pox or measles and if exposed to either of these the parent/carer should be informed promptly and further medical advice sought. It may be advisable for these children to have additional immunisations e.g. pneumococcal and influenza.
NB. Shingles is caused by the same virus as chickenpox virus therefore anyone who has not had chickenpox is potentially vulnerable to the infection if they have close contact with a case of shingles.

FEMALE STAFF – PREGNANCY

In general, if a pregnant woman develops a rash or is in direct contact with someone with a potentially infectious rash this should be investigated by a doctor. The greatest risk to pregnant women from such infections comes from their own child/children rather than the workplace.

- Chickenpox can affect the pregnancy if a woman has not already had the infection. If exposed early in pregnancy (first 20 weeks) or very late (last three weeks), the GP and ante-natal carer should be informed promptly and a blood test should be done to check immunity. NB. Shingles is caused by the same virus as chickenpox virus therefore anyone who has not had chickenpox is potentially vulnerable to the infection if they have close contact with a case of shingles.

- German measles (Rubella). If a pregnant woman comes into contact with German Measles she should inform her GP and ante-natal carer immediately to ensure investigation. The infection may affect the developing baby if the woman is not immune and is exposed in early pregnancy. All female staff under the age of 25 years, working with young children should have evidence of two doses of MMR vaccine.



- Slapped cheek disease (Parvovirus B19) can occasionally affect an unborn child. If exposed early in pregnancy (before 20 weeks) inform whoever is giving ante-natal care as this must be investigated promptly.

- Measles during pregnancy can result in early delivery or even loss of the baby. If a pregnant woman is exposed immediately inform whoever is giving ante-natal care to ensure investigation. All female staff under the age of 25 years, working with young children should have evidence of two doses of MMR vaccine.

IMMUNISATIONS

Immunisation status should always be checked at school entry and at the time of any vaccination. Any immunisations that have been missed should be given and further catch-up doses organised at school or through the child's GP.

For the most up to date immunisation advice check on www.immunisation.nhs.uk or the school health service can advise on the latest national immunisation schedule. From September 2006 this is:

2 months old	Diphtheria, tetanus, pertussis, polio and Hib (DTaP/IPV/Hib) Pneumococcal (PCV)	One injection One injection
3months old	Diphtheria, tetanus, pertussis, polio and Hib (DTaP/IPV/Hib) Meningitis C (Men C)	One injection One injection
4 months old	Diphtheria, tetanus, pertussis, polio and Hib (DTaP/IPV/Hib) Pneumococcal (PCV) Meningitis C (Men C)	One injection One injection One injection
Around 12 months	Hib/meningitis C	One injection
Around 13 months	Measles Mumps and Rubella (MMR) Pneumococcal (PCV)	One injection One injection
Three years four months to five years old	Diphtheria, tetanus, pertussis, polio (DTaP/IPV) Measles Mumps and Rubella (MMR)	One injection One injection
13 to 18yrs old	Tetanus, diphtheria, and polio (Td/IPV)	One injection

This is the UK Universal Immunisation Schedule. Children who present with certain risk factors may require additional immunisations. Some areas have local policies, check with HPU.

Staff immunisations

All staff should undergo a full occupational health check prior to employment; this includes ensuring they are up to date with immunisations. All staff aged 16 – 25 years should be advised to check they have had 2 doses of MMR.

Prevent the spread of infections by ensuring: routine immunisation, high standards of personal hygiene and practice, particularly hand washing, and maintaining a clean environment.

Please contact your local Health Protection Unit (HPU) on _____ if you would like any further advice or information.

Useful links: www.hpa.org.uk • www.dh.gov.uk • www.nhsdirect.nhs.uk • www.wiredforhealth.gov.uk
www.defra.gov.uk • www.hse.gov.uk • www.dfes.gov.uk • www.immunisation.nhs.uk
Fact Sheets and further information are also available at www.hpa.org.uk.
Hygiene education resource: www.healthcareA2Z.org.uk • www.buginvestigators.co.uk

Hard copies, in poster format, are available from:

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