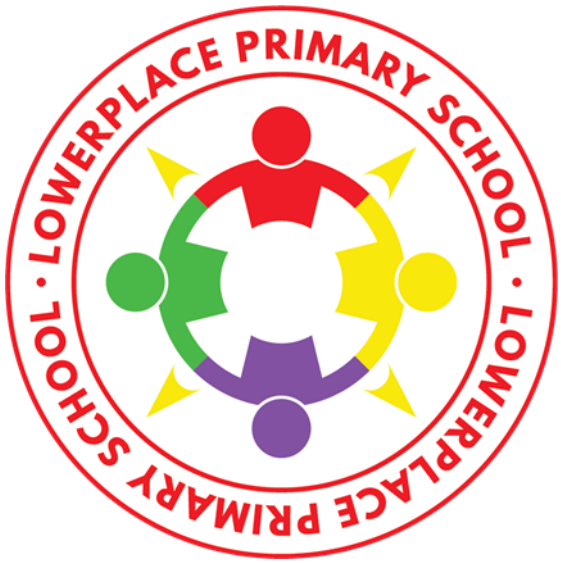

Medical Conditions Policy

2025

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Lowerplace Primary School wishes to ensure that pupils with medical conditions receive appropriate care and support at school. All pupils have an entitlement to a full- time curriculum or as much as their medical condition allows. This policy has been developed in line with the Department for Education's statutory guidance released in April 2014 – "Supporting pupils at school with medical conditions" under a statutory duty form section 100 of the Children and Families Act 2014. The statutory duty came into force on 1st September 2014

The school will have regard to the statutory guidance issued. We take account of it; carefully consider it and we make all efforts to comply. Pupils with special medical needs have the same right of admission to school as other children. However, teachers and other school staff in charge of pupils have a common law duty to act in place of the parent and may need to take immediate action in an emergency. This duty also extends to teachers leading activities taking place off the school site. This could extend to a need to administer medicine. The prime responsibility for a child's health lies with the parent who is responsible for the child's medication and should supply the school with up to date information

Ofsted places a clear emphasis on meeting the needs of pupils with SEN and Disabilities, also including those pupils with medical conditions.

Definitions of Medical Conditions

Pupils' medical needs may be broadly summarised as being of two types

- Short term affecting their participation in school activities because they are on a course of medication
- Long term potentially limiting their access to education and require extra care and support (deemed special medical needs)

Aims

- To ensure pupils at school with medical conditions, in terms of both physical and mental health, are properly supported so they can play a full and active role in school life, remain healthy and achieve their academic potential.

- To ensure the needs of children with medical conditions are effectively supported in consultation with health and social care professionals, their parents and the pupils themselves.

Policy Implementation

All schools are expected by Ofsted to have a policy dealing with medical needs and to be able to demonstrate that this is implemented effectively. The responsibility for administering and the implementation of this policy is Ms Karen Martin – Head teacher.

In addition, Sarah Cave and Asma Bi will be named personnel responsible for supporting students with medical needs.

Key Roles and Responsibilities

Supporting a child with a medical condition during school hours is not the sole responsibility of one person. The school will work collaboratively with any relevant person or agency to provide effective support for the child.

The Local Authority (LA) is responsible for:

- Promoting co-operation between relevant partners regarding supporting pupils with medical conditions.
- Providing support, advice /guidance and training to schools and their staff to ensure Individual Healthcare Plans (IHP) are effectively delivered.
- Working with schools to ensure pupils attend full-time or make alternative arrangements for the education of pupils who need to be out of school for fifteen days or more due to a health need and who otherwise would not receive a suitable education.

The Governing Body of Lowerplace Primary School is responsible for:

- Ensuring arrangements are in place to support pupils with medical conditions.
- Ensuring the policy is developed collaboratively across services; clearly identifies roles and responsibilities and is implemented effectively.
- Ensuring that the Supporting Pupils with Medical Conditions Policy does not discriminate on any grounds including, but not limited to protected characteristics: ethnicity/national/ origin, religion or belief, sex, gender reassignment, pregnancy & maternity, disability or sexual orientation.
- Ensuring the policy covers arrangements for pupils who are competent to manage their own health needs.
- Ensuring that all pupils with medical conditions are able to play a full and active role in all aspects of school life, participate in school visits / trips/ sporting activities, remain healthy and achieve their academic potential.
- Ensuring that relevant training is delivered to a sufficient number of staff who will have responsibility to support children with medical conditions and that they are signed off as competent to do so. Staff to have access to information, resources and materials.
- Ensuring written records are kept of, any and all, medicines administered to pupils.
- Ensuring the policy sets out procedures in place for emergency situations.
- Ensuring the level of insurance in place reflects the level of risk.
- Handling complaints regarding this policy as outlined in the school's Complaints Policy.

The Head Teacher is responsible for:

- Ensuring the policy is developed effectively with partner agencies and then making staff aware of this policy.
- The day-to-day implementation and management of the Supporting Pupils with Medical Conditions Policy and Procedures Lowerplace Primary School
- Administering and implementing this policy
- All staff are aware of the policy and understand their role in its implementation
- All staff who need to know are aware of the child's condition
- There are sufficient trained numbers of staff to implement the policy and deliver against all Individual Healthcare Plans (IHPs) including contingency and emergency situations.
- Ensuring the correct level of insurance is in place for teachers who support pupils in line with this policy.

The Named Personnel are responsible for:

- Developing, monitoring and reviewing Individual Healthcare Plans.
- Sufficient staff are suitably trained.
- All relevant staff are made aware of a child's condition.
- Cover arrangements in case of staff absence/turnover is always available.
- Supply teachers are briefed.
- Risk assessments for visits and activities out of the normal timetable are carried out.
- Individual healthcare plans are monitored (at least annually).
- Transitional arrangements between schools are carried out.
- If a child's needs change, the above measures are adjusted accordingly.
- Continuous two way liaison with school nurses and school in the case of any child who has or develops an identified medical condition.
- Ensuring confidentiality and data protection.
- Assigning appropriate accommodation for medical treatment/ care.
- Considering the purchase of a defibrillator.
- Voluntarily holding 'spare' salbutamol asthma inhalers for emergency use.

Medical conditions register.

- Schools admissions forms should request information on pre-existing medical conditions. Parents must have easy pathway to inform school at any point in the school year if a condition develops or is diagnosed. Consideration could be given to seeking consent from GPs to have input into the IHP and also to share information for recording attendance.
- Supply staff and support staff should similarly have access to the medical list on a need to know basis. Parents should be assured data sharing principles are adhered to.

- For pupils on the medical conditions list key stage transition points meetings should take place in advance of transferring to enable parents, school and health professionals to prepare IHP and train staff if appropriate. The register should be kept, updated and reviewed regularly by the nominated member of staff. Each class / form tutor should have an overview of the list for the pupils in their care, within easy access.
- School will keep a record of medical conditions supported, training undertaken and a list of teachers qualified to undertake responsibilities under this policy.

School Staff members are responsible for:

- Taking appropriate steps to support children with medical conditions and familiarising themselves with procedures which detail how to respond when they become aware that a pupil with a medical condition needs help. A first-aid certificate is not sufficient.
- Knowing where controlled drugs are stored and where the key is held.
- Taking account of the needs of pupils with medical conditions in lessons.
- Undertaking training to achieve the necessary competency for supporting pupils with medical conditions, with particular specialist training if they have agreed to undertake a medication responsibility.
- Allowing inhalers, adrenalin pens and blood glucose testers to be held in an accessible location, following DfE guidance.
- May be asked to provide support to children with medical conditions, including administration of medicines.

Insurance

- Teachers who undertake responsibilities within this policy will be assured by the Head teacher that are covered by the LA/school's insurance.
- Full written insurance policy documents are available to be viewed by members of staff who are providing support to pupils with medical conditions. Those who wish to see the documents should contact the Head Teacher.

The School Nursing Team is responsible for:

- Notifying the school when a child has been identified as having a medical condition which will require support in school.
- Liaising with clinicians on appropriate support for the child.

Other Healthcare professionals are responsible for:

- Should notify the School Nursing Team when a child has been identified as having a medical condition that will require support at school.
- May provide advice on developing healthcare plans.

- Specialist local teams may be able to provide support for particular conditions (e.g. asthma, diabetes).
- Providing advice and liaising with named personnel regarding IHPs.

Children are responsible for:

- Contributing to and involved in discussion about their medical support needs and contribute and comply with their IHP.

Parents are responsible for:

- Providing the school with sufficient and up to date information about their child's medical needs.
- Providing medicines and equipment as required.
- Carrying out any action they have agreed to as part of the IHP implementation.
- Ensuring that they, or another nominated adult , are contactable at all times.
- Assisting in the development and reviewing of their child's IHP.
- Checking the 'Spotty book' and following the exclusion advice for infectious sickness and diseases

Spotty book - Copy held in School Office

https://www.england.nhs.uk/south/wp-content/uploads/sites/6/2017/09/spotty-book-2018.pdf

Individual Healthcare Plans

Any pupil with a medical condition requiring medication or support in school should have an Individual Healthcare Plan(IHP) which details the support that child needs. If the parents, healthcare professional and school agree that a healthcare plan is appropriate, a record of the child's medical condition and any implications for the child will be kept in the school's medical record and the child's individual record.

Where children are joining Lowerplace at the start of a new academic year, these arrangements should be in place for the start of term. Where a child joins mid-term or a new diagnosis is given, arrangements should be in place as soon as possible, ideally within two weeks.

Where necessary (the Head teacher will make the final decision), an Individual Healthcare Plan (IHP) will be developed in collaboration with the pupil, parents/carers, Head teacher, named personnel responsible for Medical Needs and medical professionals.

IHPs will be easily accessible to all relevant staff, including supply/agency staff, whilst preserving confidentiality. Staffrooms are inappropriate locations under Information Commissioner's Office (ICO) advice for displaying IHP as visitors /parent helpers etc. may enter. If consent is sought from parents a photo and instructions may be displayed. More discreet location for storage such as Intranet or locked file is more appropriate.

However, in the case of conditions with potential life-threatening implications the information should be available clearly and accessible to everyone.

IHPs will be reviewed at least annually or when a child's medical circumstances change, whichever is sooner.

Where a pupil has an Education, Health and Care plan or special needs statement, the IHP will be linked to it or become part of it.

Where a child is returning from a period of hospital education or alternative provision or home tuition, collaboration between the LA /AP provider and school is needed to ensure that the IHP identifies the support the child's to reintegration.

The following information that will be considered when writing an individual healthcare plan:

- the medical condition, its triggers, signs, symptoms and treatments
- the pupil's resulting needs, including medication and other treatments, times, facilities, equipment, testing, dietary requirements and environmental issues
- specific support for the pupil's educational, social and emotional needs
- the level of support needed including in emergencies
- who will provide support, their training needs, expectation of their role, confirmation of their proficiency and cover arrangements
- who in school needs to be aware of the child's condition and the support required
- arrangements for written permission from parents and the head teacher for medication to be administered by a member of staff or self-administered (children who are competent should be encouraged to take responsibility for managing their own medicines and procedures, with an appropriate level of supervision)
- separate arrangements or procedures required for school trips or other school activities outside of the normal school timetable that will ensure the child can participate
- confidentiality
- what to do if a child refuses to take medicine or carry out a necessary procedure
- what to do in an emergency, who to contact and contingency arrangements
- where a child has SEN but does not have an Education, Health and Care plan, their special educational needs should be mentioned in their individual healthcare plan

Reference : Appendices A and B

Transport arrangements

- Where a pupil with an IHP is allocated school transport the school should invite a member of the Education Department Transport team to participate in the IHP meeting. A copy of the IHP will be copied to the Transport team and kept on the pupil record. The IHP must be

passed to the current operator for use by the driver /escort and the Transport team will ensure that the information is supplied when a change of operator takes place.

- For some medical conditions the driver/ escort will require adequate training. For pupils who receive specialised support in school with their medical condition this must equally be planned for in travel arrangements to school and included in the specification to tender for that pupil's transport.
- When prescribed controlled drugs need to be sent in to school, parents will be responsible for handing them over to the adult in the car in a suitable bag or container. They must be clearly labelled with name and dose etc.
- Controlled drugs will be kept under the supervision of the adult in the car throughout the journey and handed to a school staff member on arrival. Any change in this arrangement will be reported to the Transport team for approval or appropriate action.

Education Health Needs (EHN) referrals

All pupils of compulsory school age who because of illness, lasting 15 days or more, would not otherwise receive a suitable full-time education are provided for under the local authority's duty to arrange educational provision for such pupils.

- In order to provide the most appropriate provision for the condition the EHN team accepts referrals where there is a medical diagnosis from a medical consultant.

Medicines

- Where possible, unless advised it would be detrimental to health, medicines should be prescribed in frequencies that allow the pupil to take them outside of school hours.
- If this is not possible, prior to staff members administering any medication, the parents/carers of the child must complete and sign a parental consent to administration of medicine form. No child will be given any prescription or non-prescription medicines without written parental consent except in exceptional circumstances.
- Where a pupil is prescribed medication by a healthcare professional without their parents'/carers' knowledge, every effort will be made to encourage the pupil to involve their parents while respecting their right to confidentiality.
- No child under 16 years of age will be given medication containing aspirin without a doctor's prescription.
- Medicines MUST be in date, labelled, and provided in the original container (except in the case of insulin which may come in a pen or pump) with dosage instructions. Medicines which do not meet these criteria will not be administered.
- A maximum of four weeks' supply of the medication may be provided to the school at one time.

- A child who has been prescribed a controlled drug may legally have it in their possession if they are competent to do so, but passing it to another child for use is an offence. Monitoring arrangements may be necessary. Schools should otherwise keep controlled drugs that have been prescribed for a pupil securely stored in a non-portable container and only named staff should have access. Controlled drugs should be easily accessible in an emergency
- Medications will be stored in the School Office.
- Any medications left over at the end of the course will be returned to the child's parents.
- Written records will be kept of any medication administered to children.
- Pupils will never be prevented from accessing their medication.
- Emergency salbutamol inhaler kits may be kept voluntarily by school.
- General posters about medical conditions (diabetes, asthma, epilepsy etc.) are recommended to be visible in the medical room and staff room.
- Lowerplace Primary School cannot be held responsible for side effects that occur when medication is taken correctly.
- Staff will not force a pupil, if the pupil refuses to comply with their health procedure, and the resulting actions will be clearly written into the IHP which will include informing parents.

Emergencies

- Medical emergencies will be dealt with under the school's emergency procedures which will be communicated to all relevant staff so they are aware of signs and symptoms.
- Pupils will be informed in general terms of what to do in an emergency such as telling a teacher.
- If a pupil needs to be taken to hospital, a member of staff will remain with the child until their parents arrive.

  Please see Reference H – Calling Emergency Services

Day trips, residential visits and sporting activities

- Unambiguous arrangements should be made and be flexible enough to ensure pupils with medical conditions can participate in school trips, residential stays, sports activities and not prevent them from doing so unless a clinician states it is not possible.
- To comply with best practice risk assessments should be undertaken, in line with H&S executive guidance on school trips, in order to plan for including pupils with medical conditions. Consultation with parents, healthcare professionals etc. on trips and visits will be separate to the normal day to day IHP requirements for the school day.

Unacceptable Practice

Each case will be judged individually but in general the following is not considered acceptable.

- Preventing children from easily accessing their inhalers and medication and administering their medication when and where necessary.
- Assuming that pupils with the same condition require the same treatment.
- Ignoring the views of the pupil and/or their parents or ignoring medical evidence or opinion.
- Sending pupils with medical conditions home frequently or preventing them from taking part in activities at school
- Sending the pupil to the medical room or school office alone or with an unsuitable escort if they become ill (unless specified in IHP).
- Penalizing children for their attendance record if their absences are related to their medical condition that is recognized under this policy.
- Preventing children from drinking, eating or taking toilet breaks whenever they need to in order to manage their medical condition effectively
- If it requires parents to attend school to administer medication or provide medical support to their child, including toileting issues (no parent should have to give up working because the school is failing to support their child's medical needs)
- Preventing children from participating, or create unnecessary barriers to children participating in any aspect of school life, including school trips (such as requiring parents to accompany the child) Making parents feel obliged or forcing parents to attend school to administer medication or provide medical support, including toilet issues.
- Creating barriers to children participating in school life, including school trips.
- Refusing to allow pupils to eat, drink or use the toilet when they need to in order to manage their condition.

Complaints

- All complaints should be raised with the school in the first instance.
- The details of how to make a formal complaint can be found in the School Complaints Policy.

Definitions

Parent(s)' is a wide reference not only to a pupil's birth parents but to adoptive, step and foster parents, or other persons who have parental responsibility for, or who have care of, a pupil.

- 'Medical condition' for these purposes is either a physical or mental health medical condition as diagnosed by a healthcare professional which results in the child or young person requiring special adjustments for the school day, either ongoing or intermittently. This includes; a chronic or short-term condition, a long-term health need or disability, an illness, injury or recovery from treatment or surgery. Being 'unwell' and common childhood diseases are not covered.
- 'Medication' is defined as any prescribed or over the counter treatment.
- 'Prescription medication' is defined as any drug or device prescribed by a doctor, prescribing nurse or dentist and dispensed by a pharmacist with instructions for administration, dose and storage.
- A 'staff member' is defined as any member of staff employed at Lowerplace Primary School

Appendix A

Model process for developing Individual Healthcare Plans (IHPs)

1. Parent or healthcare professional informs school that child has been newly diagnosed, or is due to attend new school, or is due to return to school alter a long-term absence, or that needs have changed

2. Head teacher or named member of school staff to whom this has been delegated, co-ordinates meeting to discuss child's medical support needs; and identifies member of school staff who will provide support to pupil

3. Meeting to discuss and agree on need for IHP to include key school staff, child, parent, relevant healthcare professional and other medical/health clinician as appropriate (or to consider written evidence provided by them)

4. Develop IHP in partnership - agree who leads on writing it. Input from healthcare professional must be provided

5. School staff training needs identified and a school risk assessment completed if required. Parents/Carers will receive copies of these.

6. Healthcare professional commissions/delivers training and staff signed-off as competent - review date agreed.

7. Healthcare professional commissions/delivers training and staff signed-off as competent - review date agreed.

8. IHP reviewed annually or when condition changes. Parent or healthcare professional to initiate.

Appendix B

Individual Healthcare Plans (IHP)

In accordance with policy page 8

Name of school/setting	**Lowerplace Primary**
Child's name	
Group/class/form	
Date of birth	
Child's address	
Medical diagnosis or condition Paediatrics/Consultant letter	
Date	
Review date	

Family Contact Information

Names 1. 2.	
Phone nos. (work)	
(home)	
(mobile)	
Relationship to child	

Clinic/Hospital Contact Name	
Phone no.	
G.P. Name	
Phone number	
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	
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	
Risk assessment completed	
Form copied to	
Other information	

Appendix C

Epilepsy

The main symptom of epilepsy is repeated seizures. These are sudden bursts of electrical activity in the brain that temporarily affect how it works.

Seizures can affect people in different ways, depending on which part of the brain is involved.

Some seizures cause the body to jerk and shake (a "fit"), while others cause problems like loss of awareness or unusual sensations. They typically pass in a few seconds or minutes.

Seizures can occur when you're awake or asleep. Sometimes they can be triggered by something, such as feeling very tired.

Types of seizures

Simple partial (focal) seizures or 'auras'

A simple partial seizure can cause:

- a general strange feeling that's hard to describe
- a "rising" feeling in your tummy – like the sensation in your stomach when on a fairground ride
- a feeling that events have happened before (déjà vu)
- unusual smells or tastes
- tingling in your arms and legs
- an intense feeling of fear or joy
- stiffness or twitching in part of your body, such as an arm or hand

You remain awake and aware while this happens.

These seizures are sometimes known as "warnings" or "auras" because they can be a sign that another type of seizure is about to happen.

Complex partial (focal) seizures

During a complex partial seizure, you lose your sense of awareness and make random body movements, such as:

- smacking your lips
- rubbing your hands
- making random noises
- moving your arms around
- picking at clothes or fiddling with objects
- chewing or swallowing

You won't be able to respond to anyone else during the seizure and you won't have any memory of it.

Tonic-clonic seizures

A tonic-clonic seizure, previously known as a "grand mal", is what most people think of as a typical epileptic fit.

They happen in two stages – an initial "tonic" stage, shortly followed by a second "clonic" stage:

1. **tonic stage** – you lose consciousness, your body goes stiff, and you may fall to the floor
2. **clonic stage** – your limbs jerk about, you may lose control of your bladder or bowel, you may bite your tongue or the inside of your cheek, and you might have difficulty breathing

The seizure normally stops after a few minutes, but some last longer. Afterwards, you may have a headache or difficulty remembering what happened and feel tired or confused.

Absences

An absence seizure, which used to be called a "petit mal", is where you lose awareness of your surroundings for a short time. They mainly affect children, but can happen at any age.

During an absence seizure, a person may:

- stare blankly into space
- look like they're "daydreaming"
- flutter their eyes
- make slight jerking movements of their body or limbs

The seizures usually only last up to 15 seconds and you won't be able to remember them. They can happen several times a day.

Myoclonic seizures

A myoclonic seizure is where some or all of your body suddenly twitches or jerks, like you've had an electric shock. They often happen soon after waking up.

Myoclonic seizures usually only last a fraction of a second, but several can sometimes occur in a short space of time. You normally remain awake during them.

Clonic seizures

Clonic seizures cause the body to shake and jerk like a tonic-clonic seizure, but you don't go stiff at the start.

They typically last a few minutes and you might lose consciousness.

Tonic seizures

Tonic seizures cause all your muscles to suddenly become stiff, like the first stage of a tonic-clonic seizure.

This might mean you lose balance and fall over.

Atonic seizures

Atonic seizures cause all your muscles to suddenly relax, so you may fall to the ground.

They tend to be very brief and you'll usually be able to get up again straight away.

Status epilepticus

Status epilepticus is the name for any seizure that lasts a long time, or a series of seizures where the person doesn't regain consciousness in between.

It's a medical emergency and needs to be treated as soon as possible.

Epilepsy protocol

The individual healthcare plan (IHP) with specific regard for Epilepsy

Not all children with epilepsy will need an IHP. For example, they might only ever have seizures in their sleep, and not have any other effects from their epilepsy. However, if you feel that your child should have an IHP, you should discuss this with their teacher. If there is disagreement about whether one is needed, the head teacher will make the final decision.
An IHP is where most children will have all the important information kept. This should include any educational needs, if these needs are not recorded anywhere else. If your child has both an IHP and an education and health care plan (EHCP) these two plans should be linked together.
To produce an IHP, the school will work together with you and your child, and a relevant healthcare professional. This could be your child's epilepsy specialist or epilepsy specialist nurse or the school nurse. Here is a recommended list of things to discuss when you are developing an IHP for your child:

- Their type of epilepsy
- Their type of seizures
- What happens before, during and after a seizure
- How long their seizures last
- Appropriate first aid
- What the school should do after your child has had a seizure
- How long your child needs to rest following a seizure
- When the school should call an ambulance
- What the school should do in an emergency
- Triggers for your child's seizures (if any)
- Any warnings your child has that they may be about to have a seizure (for example a headache or an aura)
- Any medicine they take, and when they need to take it
- Any medicine side-effects that the school needs to be aware of
- Any particular activities that you think may put your child at risk, and what can be done to reduce the risk
- Any adjustments that need to be made to the classroom environment, to support their learning
- Any other provisions the school needs to make, for example extra time in exams
- Any other medical conditions that your child has
- Who the healthcare professionals involved in your child's care are
- Any behaviour or emotional issues that the school needs to be aware of
- Who else in school needs to know about your child's epilepsy – class teacher, dinner time assistants and friends

The IHP is available for anyone who needs the information, but it will also make sure your child's details stay confidential – these will be stored in the First aid box alongside any medicine, a summary will also be displayed in the staff room with your child's photograph. Your child's medical condition will be shared with all staff who come into contact with your child.

IHPs will be reviewed every year, or earlier if your child's epilepsy or needs change. They will be developed with your child's best interests in mind and ensure that the school assesses and manages risks to your child's education, health and social wellbeing.

Appendix D

Medication Permission

Pupil Information

Name	DOB	Class
Name of Medication	• •	
Reason for Medication/triggers	• •	
Dose and method of medication (how much, when taken)	• •	
When it is to be taken (time)		
Quantity (received by school)		
Quantity (returned to parent)		
Emergency contact names/ numbers	Names 1. 2.	Number 1. 2.

I give my permission for to receive his /her medication in school.

Signature …… Print Name ……

Date ……

All medicines have to been prescribed by a Doctor. Medicines must be bought to school in a plastic box that is labelled with the following;

- **a current photograph of your child**
- **child's full name**
- **class name.**
- **medicines must have the prescription label on each item**
- **If your child has Asthma please complete the Asthma form**

Appendix E

Date	Name	Class

This is to inform you that your child used (circle type of inhaler)

Ventolin (blue) and/or Clenil (Brown) and /or ……..

inhaler today at am/pm during

This was due to them (circle symptoms)

feeling breathless, wheezy, coughing more than usual.

Any additional symptoms

Staff sign	Parents contacted Yes/ No Time

Emergency Inhaler Use

(Print on Blue paper)

Appendix F

Sickness and Diarrhoea

Children should not be sent to school if there is any doubt about their fitness. All children suffering from diarrhoea and/or sickness should stay at home until a period of **not less than 48 hours** has elapsed since the last occasion when the diarrhoea or vomiting took place. This is to prevent further spread of any infection amongst the children and staff.

Please contact the School Office before 9:30 am if your child is unwell and will not be attending school.

Reference to(can be found at end of Appendices)

Health Protection Agency (2010) Guidance on Infection Control in Schools and other childcare settings. HPA: London

Ref : Notes on Infectious diseases in schools and Nurseries - Public Health England Sept 2018

(Appendix 4 pages 99-100)

Infectious/Contagious diseases

Please let the school know if your child has German measles, measles or chicken pox or any other highly contagious illness. A guide to the more common childhood illnesses can be found at the end of this document, but please note that this is only a guide and it must be stressed that if you are in any doubt whatever, you must consult a doctor.

Appendix G

Head Lice

FACTS

Head lice are small, six legged wingless insects, pin sized when they hatch.

They cannot fly, jump or swim. Instead they spread by clambering from one head to another, anyone with hair can catch them. The female louse lays eggs in sacs (nits) which are very small, dull in colour and well camouflaged. These will hatch in 7-10 days. Lice then take a further 6-14days to become fully grown. *Head lice are not fussy about hair length or condition*.

DETECTION

Head lice are well camouflaged and may not be detected by a quick inspection. After washing and conditioning your child's hair, use a fine comb to untangle the hair. Then, using a head lice comb (available from your local pharmacy or supermarket) comb the hair in sections, comb the hair from the roots to the ends, checking the comb after each stroke, work through every section of the hair. This procedure should be done on a regular basis to prevent the cycle of head lice, all family members should be checked.

TREATMENTS

If you find head lice then you have two options;

Option 1

This involves killing the lice with lotions and creams available from any pharmacy or supermarket (your GP can prescribe treatment if a live louse is found). Treating lice with a treatment product will only treat the current lice and must be repeated after seven days, also be aware that treatment will not prevent further infestations.

Option 2

Systematic combing. This involves physically removing the lice using conditioners and combing as described in the detection section above. This is required on a daily basis until no more lice are found.

Please check your child's hair regularly to prevent head lice from spreading further.

With reference to Public Health England details at end of document

Appendix H

Calling the emergency services – please complete form and complete Emergency Service register (R Kingsford office)

Request an ambulance - dial 999, ask for an ambulance and be ready with the information below.

Speak clearly and slowly and be ready to repeat information if asked.

Your telephone number	**Lowerplace number 01223 5577017**
Your name	
Your location as follows	**Campkin Road** **Cambridge**
Postcode	**CB4 2NB**
Time of call to 999	
Provide the exact location of the patient within the school setting	
Provide the name of the child and a brief description of their symptoms times	
Inform Ambulance Control of the best entrance to use and state that the crew will be met and taken to the patient	
Put a completed copy of this form by the phone take phone with you to patient- copy form to ambulance staff	

Appendix I

Exclusion Table

The table below is correct at time of printing. The current exclusion table can be found in the Health protection for school, nurseries and other childcare facilities guidance.

Infection	Exclusion period	Comments
Athlete's foot	None	Athlete's foot is not a serious condition. Treatment is recommended.
Chickenpox	Five days from onset of rash	Blister on the rash must be dry and crusted over
Cold sores (herpes simplex)	None	Avoid kissing and contact with the sores. Cold sore are generally mild and heal without treatment
Conjunctivitis	None	If an outbreak or cluster occurs, consult your local health protection team
Diarrhoea and vomiting	Whilst symptomatic until 48 hours after resolution of symptoms	See diarrhoea and vomiting section of guidance. Seek further advice from your local health protection team if unsure
Diphtheria*	Exclusion is essential. Always consult with your local health protection team	Preventable by vaccination. Family contacts must be excluded until cleared to return by your local health protection team
Flu (Influenza)	Until recovered	Report outbreaks to your local health protection team
Glandular Fever	None	
Hand foot and mouth	None	Contact your local health protection team if a large number of children are affected. Exclusion may be considered in some circumstances
Head lice	None	Treatment only recommended when live lice are seen
Hepatitis A*	Exclude until seven days after onset of jaundice (or seven days after symptom onset if no jaundice)	In an outbreak of hepatitis A, your local health protection team will advise on control measures
Hepatitis B*, C*, HIV	None	Hepatitis B, C and HIV are blood borne viruses that are not infectious through casual contact. Contact your local health protection team for

		more advice.
Impetigo	Until lesions are crusted/healed for 48 hours after starting antibiotic treatment	Antibiotic treatment speeds healing and reduces the infectious period
Measles*	Four days from onset of rash and recovered	Preventable by vaccination (2 doses of MMR). Promote MMR for all pupils and staff. Pregnant staff contacts should seek prompt advice from their GP or midwife
Meningococcal meningitis/septicaemia*	Until recovered	Meningitis ACWY and B are preventable by vaccination. Your local health protection team will be to advise
Meningitis* due to other bacteria	Until recovered	Hib and pneumococcal meningitis are preventable by vaccination. Your local health protection team will be able to advise
Meningitis viral*	None	Milder illness than bacterial meningitis. Siblings and other close contacts of a case need not be excluded
MRSA	None	Good hygiene, in particular handwashing and environmental cleaning are important to minimise spread. Contact your local health protection team for more information
Mumps*	Five days after the onset of swelling	Preventable by vaccination with 2 doses of MMR. Promote MMR for all pupils and staff
Ringworm	Not usually required	Treatment is needed
Rubella (German measles)	Four days from onset of rash	Preventable by vaccination with 2 doses of MMR. Promote MMR for all pupils and staff. Pregnant staff contacts should seek prompt advice from their GP or midwife
Scarlet fever	Exclude until 24 hours of appropriate antibiotic treatment completed	A person is infectious for 2-3 weeks if antibiotics are not administered. In the event of two or more suspected cases, please contact your local health protection team for more advice
Scabies	Can return after first treatment	Household and close contacts require treatment at the same time

Slapped cheek/Fifth disease/Parvovirus B19	None (once rash has developed)	Pregnant contacts of case should consult with their GP or midwife
Threadworms	None	Treatment recommended for child and household
Tonsillitis	None	There are many causes but most cases are due to viruses and do not need an antibiotic treatment
Tuberculosis (TB)	Always consult your local health protection team BEFORE disseminating information to staff, parents or carers	Only pulmonary (lung) TB is infectious to others. Needs close, prolonged contact to spread
Warts and verrucae	None	Verrucae should be covered in swimming pools, gyms and changing rooms
Whooping cough (pertussis)*	Two days from starting antibiotic treatment or 21 days from onset of symptoms if no antibiotics	Preventable by vaccination. After treatment, non-infectious coughing may continue for many weeks. Your local health protection team will organise any contact tracing.

***denotes a notifiable disease. It is the statutory requirement that doctors report a notifiable disease to the proper officer of the local authority (usually a consultant in communicable disease control).**

Health Protection Agency (2010) Guidance on Infection Control in Schools and other childcare settings. HPA: London

Ref : Notes on Infectious diseases in schools and Nurseries - Public Health England Sept 2018 (Appendix 4 pages 99-100)

Appendix J

Reference materials

'The Spotty Book'

Notes on infectious diseases in Schools and Nurseries (copy in school)

Public Health England

Web address for the above publication September 2018

https://www.england.nhs.uk/south/wp-content/uploads/sites/.../spotty-book-2018.pdf