



THE MULBERRY HOUSE SCHOOL

All The Mulberry House School Policies are always to be read and considered in conjunction with the Equal Opportunities, Race Equality and Inclusion Policies

MEDICAL POLICY INCLUDING FIRST AID

This Policy of The Mulberry House School applies to all sections of the school including the Early Years Foundation Stage.

Legal Framework and Statutory Guidance

This policy is written in accordance with and has due regard to the following legislation and statutory guidance:

- ◆ Children and Families Act 2014 (Section 100)
- ◆ Supporting Pupils at School with Medical Conditions (DfE)
- ◆ First Aid in Schools (DfE)
- ◆ EYFS Statutory Framework
- ◆ Health and Safety (First Aid) Regulations 1981
- ◆ Human Medicines (Amendment) Regulations 2017
- ◆ Keeping Children Safe in Education (KCSIE)
- ◆ Equality Act 2010
- ◆ UK GDPR and Data Protection Act 2018

MEDICAL CONDITIONS

The Mulberry House School is an inclusive community that aims to support and welcome pupils with medical conditions. This policy has been drawn up in accordance with the DfE guidance 'Supporting pupils at school with medical conditions'.

Aims

This school aims to provide all pupils with all medical conditions the same opportunities as others at school.

We will help to ensure they can:

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

To identify the first aid needs of the School in line with the Management of Health and Safety at Work Regulations 1999 and the DfE guidance on *First aid in schools*.

- ◆ To ensure first aid is administered in a timely and competent manner and that provision is available at all times while people are on school premises, and also off the premises whilst on school visits.



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Objectives

- ◆ To appoint the appropriate number of suitably trained people as Appointed Persons and First Aiders to meet the needs of the School.
- ◆ To provide relevant training and ensure monitoring of training needs.
- ◆ To provide sufficient and appropriate resources and facilities.
- ◆ To inform staff and parents of the School's First Aid arrangements.
- ◆ To keep accident records and to report to the HSE as required under the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 1995.

Introduction

- ◆ The founder and directors ensure that suitable accommodation is provided in order to cater for the medical and therapy needs of pupils, including—
 - (a) accommodation for the medical examination and treatment of pupils;
 - (b) accommodation for the short-term care of sick and injured pupils, which includes a washing facility and is near to a toilet facility; and
 - (c) an additional medical accommodation for pupils with complex needs
 - (d) the accommodation provided may be used for other purposes (apart from teaching)
- ◆ The Mulberry House School ensures all staff members understand their duty of care to children in the event of an emergency. The Medical Carer for the First School is Carla Garcia Fernandez & Maria Adela Fojo Nebril for the Second School.
- ◆ All staff feel confident in knowing what to do in an emergency.
- ◆ The school understands that certain medical conditions are serious and can be potentially life threatening, particularly if ill managed or misunderstood.
- ◆ The school understands the importance of medication being taken as prescribed.
- ◆ All staff understand the medical conditions that affect children at this school.
- ◆ Staff receive training on the impact medical conditions can have on pupils.

This school is an inclusive community that aims to support and welcome pupils with medical conditions:

- i. This school understands that it has a responsibility to make the school welcoming and supportive to pupils with medical conditions who currently attend and to those who may enrol in the future.
- ii. Pupils with medical conditions are made aware of their conditions, this enable them to keep themselves safe by speaking up if they feel unwell. Pupils feel confident in the support they receive from the school to help them do this.
- iii. This school is aware of the common triggers that can make medical conditions worse or can bring on an emergency. The school is actively working towards reducing or eliminating these health and safety risks.



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- iv. This school aims to include all pupils with medical conditions in all school activities.
- v. Parents of pupils with medical conditions feel secure in the care their children receive at this school.
- vi. The school ensures all staff understand their duty of care to children and young people in the event of an emergency.

This school's medical conditions policy has been drawn up in consultation with a wide range of local key stakeholders within both the school and health settings.

This school has consulted on the development of this medical condition policy with a wide-range of key stakeholders within both the school and health settings. These key stakeholders include:

- ◆ pupils with medical conditions
- ◆ parents
- ◆ Headteacher
- ◆ Teachers and Key Person
- ◆ SENCo
- ◆ members of staff trained in first aid
- ◆ all other school staff

The medical conditions policy is supported by a clear Healthcare plan for staff, parents and other key stakeholders to ensure its full implementation.

Parents are informed and regularly reminded about the medical conditions policy:

- ◆ at the start of every term when a new medical form is filled in.
- ◆ when their child is enrolled as a new pupil.
- ◆ via the school's website, where it is available all year round.
- ◆ through school-wide communication about results of the monitoring and evaluation of the policy.

School staff are informed and regularly reminded about the medical conditions policy:

- ◆ via the school's website, where it is available all year round.
- ◆ at scheduled management of medicines & allergies training every 2 years and when needed on the acceptance of a place of a child with an allergy/medical condition.
- ◆ 12-hour Paediatric First aid training is held every 2 years.
- ◆ through school-wide communication about results of the monitoring and evaluation of the policy.
- ◆ all supply and temporary staff are informed of the policy and their responsibilities.

All staff understand and are trained in what to do in an emergency for the most

common serious medical conditions at this school.



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- ◆ Staff at this school understand their duty of care to pupils in the event of an emergency. In an emergency situation school staff are required under common law duty of care to act like any reasonably prudent parent. This may include administering medication.
- ◆ All staff who work with groups of pupils at this school receive training and know what to do in an emergency for the pupils in their care with medical conditions.
- ◆ Action for staff to take in an emergency for the common serious conditions at this school is displayed in prominent locations for all staff including the offices and the staff rooms.
- ◆ This school uses Healthcare Plans to inform the appropriate staff (including supply teachers and support staff) of pupils in their care who may need emergency help.
- ◆ This school has procedures in place so that a copy of the pupil's Healthcare Plan is sent to the emergency care setting with the pupil. On occasions when this is not possible, the form is sent (or the information on it is communicated) to the hospital as soon as possible.
- ◆ This school has made arrangements with the local hospital to ensure the timely transfer of Healthcare Plans to the hospital in the event of an emergency.
- ◆ For the more serious accidents the pupil will be sent to hospital with their parent/guardian, if contact has been made in a timely manner, or by ambulance (Please refer to the Health & Safety Policy).

All staff understand and are trained in the school's general emergency procedures.

All staff know what action to take in the event of a medical emergency. This includes:

- ◆ how to contact emergency services, and
- ◆ what information to give,
- ◆ who to contact within the school,
- ◆ Informing parents/carers.

All new staff members are given the medical conditions policy in their induction pack and it is discussed with the medical carer during their first week of employment.

- ◆ Training is refreshed for all staff as necessary throughout the term or year.
- ◆ Action to take in a general medical emergency is displayed in prominent locations for staff. These include the staff room and offices.
- ◆ If a pupil needs to be taken to hospital, two members of staff will always accompany them and will stay with them until a parent arrives. The school tries to ensure that at least one of the staff members will be one the pupil knows.
- ◆ Staff should not take pupils to hospital in their own car.

The school has clear guidance on the administration of medication at school.

Consent to administer medicines:

If a pupil requires regular prescribed or non-prescribed medication at school, parents are asked to provide consent on their child's Medical Form giving the staff permission to administer medication on a regular/daily basis, if required.



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All parents/legal guardians will need to give written consent for use of the schools spare Auto-adrenaline injector (AAI) as part of a pupils individual Health Care Plan.

Administration – emergency medication

Pupils do not carry and administer their own emergency medication; however, they know where their medication is stored and how to access it.

Pupils understand the arrangements for a member of staff (and the float member of staff) to assist in helping them take their medication safely.

Oral Medication

- ◆ The Medical Carer may give oral medication provided it is given strictly in accordance with the instructions written on the medication container by the pharmacist at the medical practitioner's direction and is requested by a parent/legal guardian in writing.
- ◆ Non-prescribed oral medications (such as analgesics and over-the-counter medications) should not be given by the Medical Carer.

Administration – general

- a) Training is given to all staff members to administer medication to pupils.
- b) Parents at this school understand that if their child's medication changes or is discontinued, or the dose or administration method changes, that they should notify the school immediately.
- c) If a pupil at this school refuses their medication, staff record this and follow procedures. Parents are informed as soon as possible.
- d) All staff attending off-site visits are aware of any pupils with medical conditions on the visit. They receive information about the type of condition, what to do in an emergency and any other additional support necessary, including any additional medication or equipment needed.

This school has clear guidance on the storage of medication at school.

Location of First Aid Equipment

First aid kits can be found in each classroom within the school and the gardens, staff room and medical rooms. First aid kits are also taken on all school trips. A visitor first aid kit is located in the school office.

Safe storage – emergency medication

Emergency medication is readily available to pupils who require it at all times during the school day or at off-site activities. If the emergency medication is a controlled drug and needs to be locked up, the keys are readily available and not held personally by members of staff.

Safe storage – non-emergency medication

All non-emergency medication is kept in a secure place, in a lockable/out of reach cupboard in a cool, dry place. Pupils with medical conditions know where their medication is stored.

Staff ensure that medication is only accessible to those for whom it is prescribed.



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Safe storage – general

Medical carers ensure the correct storage of medication at school.

- ◆ The medical carers along with the parents of pupils with medical conditions, ensure that all emergency and non-emergency medication brought in to school is clearly labelled with the pupil's name, the name and dose of the medication and the frequency of dose.
- ◆ All medication is supplied and stored, in its original containers. All medication is labelled with the pupil's name, the name of the medication, expiry date and the prescriber's instructions for administration, including dose and frequency.
- ◆ Medication is stored in accordance with instructions, paying particular note to temperature.
- ◆ Some medication for pupils at this school may need to be refrigerated. All refrigerated medication is stored in an airtight container and is clearly labelled. Refrigerators used for the storage of medication are in a secure area, inaccessible to unsupervised pupils or lockable as appropriate.
- ◆ All medication is sent home with pupils at the end of the school term. Medication is not stored in school holidays.
- ◆ It is the parent's responsibility to ensure new and in-date medication comes into school on the first day of the new academic term.
- ◆ Senior members of each team are responsible for checking the dates of medication.

Safe disposal

Parents at this school are asked to collect out-of-date medication.

- ◆ If parents do not pick up out-of-date medication, or at the end of the school term, medication is taken to a local pharmacy for safe disposal.
- ◆ The medical carers (1st and 2nd school) are responsible for checking the dates of medication and arranging for the disposal of any that have expired. This check is done at the beginning of the school term.

This school has clear guidance about record-keeping.

Emergency Forms

Parents at this school are asked if their child has any health conditions or health issues on the registration form, which is filled out at the start of each school year. Parents of new pupils starting at other times during the year are also asked to provide this information on registration forms.

Drawing up Healthcare Plans

This school uses a Medical Form with a health care plan to record important details about individual children's medical needs at school, their triggers, signs, symptoms, medication and other treatments. Further documentation can be attached to the Medical Form if required.

A Medical Form, accompanied by an explanation of why and how it is used, is sent to all parents of pupils with a long-term medical condition.

This is sent:

- ◆ at the start of each term



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- ◆ at registration
- ◆ when a diagnosis is first communicated to the school.

If a pupil has a short-term medical condition that requires medication during school hours, a medication form plus explanation is sent to the pupil's parents to complete.

The parents, healthcare professional and pupil with a medical condition, are asked to fill out the pupil's Medical Form together. Parents then return these completed forms to the school.

This school ensures that the medical carer is also present, if required to help draw up a Medical Form for pupils with complex healthcare or educational needs.

School Medical Form register

Medical Forms are used to create a centralised register of pupils with medical needs. The Medical carers have responsibility for the register at this school.

The Medical carers follow up with the parents any further details on a pupil's Medical Form required or if permission for administration of medication is unclear or incomplete.

Ongoing communication and review of Healthcare Plans

Parents at this school are regularly reminded to update their child's Medical Form if their child has a medical emergency or if there have been changes to their symptoms (getting better or worse), or their medication and treatments change.

Staff at this school use opportunity such as teacher-parent consultations to check that information held by the school on a pupil's condition is accurate and up to date.

Every pupil with a Medical Form at this school has their plan discussed and reviewed at least once a year.

Storage and access to Medical Forms

Medical Forms are kept in a secure central location at school (2nd school office).

Apart from the central copy, the medical carers also hold a copy of the medical form. These copies are updated at the same time as the central copy.

All members of staff who work with groups of pupils have access to the Medical Forms of pupils in their care.

When a member of staff is new to a class group, for example due to staff absence, the school makes sure that they are made aware of (and have access to) the Medical Forms of pupils in their care.

This school ensures that all staff protect pupil confidentiality.

This school seeks permission from parents to allow the Medical Form to be sent ahead to emergency care staff, should an emergency happen during school hours or at a school activity outside the normal school day. This permission is included on the Healthcare Plan.

Other record-keeping

This school keeps an accurate record of each occasion an individual pupil is given or supervised taking medication. Details of the supervising staff member, pupil, dose, date and time are recorded.



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If a pupil refuses to have medication administered, this is also recorded and parents are informed as soon as possible.

This school ensures that the whole school environment is inclusive and favourable to pupils with medical conditions. This includes the physical environment, as well as social, sporting and educational activities

Physical environment

This school is committed to providing a physical environment that is accessible to pupils with medical conditions.

Pupils with medical conditions are included in the consultation process to ensure the physical environment at this school is accessible.

This school's commitment to an accessible physical environment includes out-of-school visits. The school recognises that this sometimes means changing activities or locations.

Outings Risk Assessments

Risk assessments are carried out by this school to reduce triggers prior to any out-of-school visit and medical conditions are considered during this process. Factors this school considers include: how all pupils will be able to access the activities proposed, how routine and emergency medication will be stored and administered, and where help can be obtained in an emergency.

Arrangements should be made to ensure that the required level of cover of both Paediatric First Aiders and Appointed persons are available at all times when people are on school premises.

There will be at least one person on outings who has a current Paediatric First Aid certificate.

Founder and Directors have a responsibility to:

- ◆ as of 1st September 2014, section 100 of the Children and Families Act 2014 places a statutory duty on Founder and Directors' to make arrangements for supporting pupils with medical conditions.
- ◆ ensure the health and safety of their staff and anyone else on the premises or taking part in school activities (this includes all pupils). This responsibility extends to those staff and others leading activities taking place off-site, such as visits, outings or trips
- ◆ ensure the schools health and safety policies and risk assessments are inclusive of the needs of pupils with medical conditions and reviewed annually.
- ◆ make sure the medical conditions policy is effectively implemented, monitored and evaluated and regularly updated
- ◆ ensure that the school has robust systems for dealing with medical emergencies and critical incidents, at any time when pupils are on site or on out of school activities.
- ◆ should ensure pupils with medical conditions are supported to enable the fullest participation possible in all aspects of school life. She should also ensure that any members of school staff who provide support to pupils with medical conditions are able to access information and other teaching support materials as needed.
- ◆ to ensure first aid is administered in a timely and competent manner by the drawing up and effective implementation of a written first aid policy;



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- ◆ provide adequate numbers of appropriately trained staff.
- ◆ to ensure the provision of proper equipment, for off-site activities as well as in the school itself.
- ◆ ensuring that a risk assessment of the school is carried out;
- ◆ providing sufficient funding for first aid provision;
- ◆ guidance on first aid issues;
- ◆ ensuring that adequate insurance is in place;
- ◆ receiving and considering reports from the School; and
- ◆ reviewing the policy at least every three years.

The internal management responsibility for first aid is delegated to the Headteacher.

The Headteacher has a responsibility to:

- ◆ ensure the school is inclusive and welcoming and that the medical conditions policy is in line with local and national guidance and policy frameworks
- ◆ ensure the policy is put into action, with good communication of the policy to all staff, parents/carers, founders and directors
- ◆ ensure every aspect of the policy is maintained
- ◆ ensure that if the oversight of the policy is delegated to another senior member of staff ensure that the reporting process forms part of their regular supervision/reporting meetings
- ◆ monitor and review the policy at regular intervals, with input from and the founder, directors, parents/carers, staff and external stakeholders
- ◆ report back to the founder and directors about implementation of the health and safety and medical conditions policy.
- ◆ ensure through consultation with the founder and directors that the policy is adopted and put into action.
- ◆ has overall responsibility for the development of individual healthcare plans.
- ◆ to ensure sufficient trained numbers of staff are available to implement the policy and deliver against all individual health care plans including in contingency and emergency situations.

The Headteacher (Erika Billmore) is responsible for:

- ◆ reviewing the Schools' first-aid needs following any changes to staff, building/site activities, off-site facilities, etc.
- ◆ appointing a competent person to be in charge of first aid provision
- ◆ delegating appropriate responsibilities to the person in charge;
- ◆ developing and reviewing detailed procedures;
- ◆ ensuring that staff, pupils and parents are aware of the School's first aid arrangements



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- ◆ ensuring that training is up-to-date.
- ◆ providing information packs for new staff as part of their induction programme
- ◆ giving all staff information on the location of equipment, facilities and first-aid personnel

The Headteacher and Senior Deputy Headteacher and qualified First Aiders will:

- ◆ monitor the number of trained first aiders, alerting them to the need for refresher courses and organises their training sessions.
- ◆ monitor the emergency first-aid training received by other staff and organises appropriate training.
- ◆ they will be responsible for ensuring that first aid is administered in a timely and competent manner, in accordance with their training, to those that become injured or fall ill whilst at work or on the premises.

The names of the Appointed Medical Carers are displayed in the staff room, school offices and on the notice boards.

All staff have a responsibility to:

- ◆ be aware of the potential triggers, signs and symptoms of common medical conditions and know what to do in an emergency
- ◆ All staff must inform a senior member to call an ambulance in an emergency
- ◆ understand the school's medical conditions policy
- ◆ know which pupils in their care have a complex health need and be familiar with the content of the pupil's Individual Health Plan
- ◆ know the schools registered first aiders and where assistance can be sought in the event of a medical emergency
- ◆ know the members of the schools if there is a need to seek assistance in the event of an emergency.
- ◆ maintain effective communication with parents/carers including informing them if their child has been unwell at school
- ◆ ensure pupils who need medication have it when they go on a school visit or out of the classroom
- ◆ be aware of pupils with medical conditions who may be experiencing bullying or need extra social support
- ◆ understand the common medical conditions and the impact these can have on pupils.
- ◆ ensure that all pupils with medical conditions are not excluded unnecessarily from activities they wish to take part in
- ◆ ensure that pupils have the appropriate medication or food during any exercise and are allowed to take it when needed.
- ◆ follow universal hygiene procedures if handling body fluids



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- ◆ ensure that pupils who present as unwell should be questioned about the nature of their illness, if anything in their medical history has contributed to their current feeling of being unwell, if they have felt unwell at any other point in the day, if they have an Individual Health Plan and if they have any medication. The member of staff must remember that while they can involve the pupil in discussions regarding their condition, they are *in loco parentis* and as such must be assured or seek further advice from a registered first aider if they are in doubt as to the child's health, rather than take the child's word that they feel better.
- ◆ ensure pupils who have been unwell have the opportunity to catch up on missed school work
- ◆ be aware that medical conditions can affect a pupil's learning and provide extra help when pupils need it, in liaison with the SENCo.
- ◆ liaise with parents/carers, SENCo coordinator and welfare officers if a child is falling behind with their work because of their condition

The School has a rolling paediatric first aid training programme. Paediatric first aid trained staff are expected to carry out first aid timely and competently manner when needed.

However, all staff in charge of pupils (including volunteer staff) must use their best endeavours at all times, particularly in emergencies, to secure the welfare of the pupils. Staff should know what action must be taken in an emergency (such as a student having an epileptic fit)

It is accepted that there are practicable difficulties regarding teachers leaving classes to administer first aid or to call for first aid, and School internal arrangements will take this into account.

Trained staff may take action beyond the initial management stage. Other staff must provide aid only to the level of qualification or competence they possess.

If a person requires first aid, staff in the area must not move the patient. A First Aider must be summoned.

The Head will ensure that all staff know what to do in an emergency and how a First Aider can be called quickly.

First aiders have an additional responsibility to:

- ◆ when necessary ensure that an ambulance is called.
- ◆ ensure they are trained in their role as 1st aider (paediatric first aid).
- ◆ Take charge when a child is injured or becomes ill.
- ◆ Give timely and competent help to children with common injuries or illnesses and those arising from specific hazards at school.

SENCo coordinator have the additional responsibility to:

- ◆ ensure teachers make the necessary arrangements if a pupil needs special consideration or access arrangements in exams or coursework.
- ◆ **Pupils have a responsibility to:**
- ◆ treat other pupils with and without a medical condition equally
- ◆ tell their parents/carers, teacher or nearest staff member when they are not feeling well
- ◆ let a member of staff know if another pupil is feeling unwell



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- ◆ treat all medication with respect
- ◆ know how to gain access to their medication in an emergency
- ◆ ensure a member of staff is called in an emergency situation.

The **parents** of a child at this school have a responsibility to:

- ◆ tell the school if their child has a medical condition
- ◆ ensure the school has a complete and up-to-date Healthcare Plan for their child
- ◆ inform the school about the medication their child requires during school hours
- ◆ inform the school of any medication their child requires while taking part in visits, outings or field trips and other out-of-school activities
- ◆ tell the school about any changes to their child's medication, what they take, when, and how much
- ◆ inform the school of any changes to their child's condition
- ◆ ensure their child's medication and medical devices are labelled with their child's full name
- ◆ provide the school with appropriate spare medication labelled with their child's name
- ◆ ensure that their child's medication is within expiry dates
- ◆ keep their child at home if they are not well enough to attend school
- ◆ ensure their child catches up on any school work they have missed
- ◆ ensure their child has regular reviews about their condition with their doctor or specialist healthcare professional
- ◆ Ensure their child has a written care/self-management plan from their doctor or specialist healthcare professional to help their child manage their condition.

The medical conditions policy is regularly reviewed, evaluated and updated. Updates are produced every year.

In evaluating the policy, this school seeks feedback on the effectiveness and acceptability of the medical conditions policy with a wide-range of key stakeholders within the school and health settings. The views of pupils with various medical conditions are actively sought and considered central to the evaluation process.

The Founder, Directors, Headteacher and staff are responsible for the health and safety of pupils in their care.

Staff taking medication/other substances

Staff must not be under the influence of alcohol or any other substance which may affect their ability to care for children. If staff are taking medication which may affect their ability to care for children, they should seek medical advice. The Headteacher must ensure that those members of staff only work directly with children if medical advice confirms that that medication is unlikely to impair that staff member's ability to look after children properly. Staff medication on the premises must be stored securely in the medication boxes in the staff room of the 1st school and the office of the 2nd school. All medication must be kept out of reach at all times.



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MANAGEMENT OF MEDICINES

Management of Children Medication

Assisting a Child Taking Medication at School

When absolutely necessary, provision may be made for students to be given prescribed medications during authorised school activities.

Where agreement has been reached between the parent/legal guardian, the Headteacher, and Medical Carer, the recommended guidelines below should be observed.

General

- a) Should medication prescribed by the student's medical practitioner be required to be taken by the student while at school or involved in school approved activities, a parent/legal guardian must, in the first instance, complete a medical information form.
- b) The Medical Carer holds responsibility to give medication to a student while at school or while involved in school approved activities, following the completion of a short/long term medical form.
- c) The Medical Carer or another appointed person will give medication inline with the instructions written on the medication container by the pharmacist at the medical practitioner's direction should be followed. The Medical Carer should **not** accept the instructions solely of the parent/legal guardian. The pharmacist/chemist will write frequency and amount - not times. Parent could state the time it was last given and requested time to be given. The instructions on the medical form need to indicate specific times at which medication is to be given.
- d) At no time should any medication provided for one student be used for another student. At all times, medication must be kept in a secure place.
- e) All unused medication is to be returned to the parent/legal guardian of the student.
- f) The first dose of any new medication must not be given at school due to the possibility of developing allergies.
- g) Medication not in the prescribed container must not be given.

Adrenaline injector/Epi-pens

As a general principle teachers or other persons on the school's staff must not give any injections.

There may be certain circumstances however which may require exemptions such as a person's severe allergy to a substance which, when occurs, will cause death by anaphylactic shock. In such instances adrenaline may be lifesaving given in the form as prescribed by the medical practitioner. An Epi-pen/Anaphylaxis form must be completed by the parent/legal guardian.

The Medical Carer who:

- ◆ is experienced in the procedure of giving such injections;
- ◆ has received training; and
- ◆ is willing to give such injections.



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- ◆ may then only give such injections in circumstances where:
 - ❖ there are full written instructions from the medical practitioner on giving of such injections;
 - ❖ an explanation is given by the medical practitioner of possible complications arising from the giving of such injections;
 - ❖ this is deemed an emergency procedure on written advice by the medical practitioner.

It is a requirement that if a child has to bring two Epi-pen/Adrenaline injectors to school, then two such pens **must** be provided and any other medication which could be deemed lifesaving.

In accordance with the Human Medicines (Amendment) Regulation, 1st October 2017, The Mulberry House School is allowed to have spare adrenaline auto-injector (AAI) devices without prescription, for emergency use in children who are at risk of anaphylaxis but their own device is not available, not working (e.g. because it is broken, or out of date) or their own prescribed AAI cannot be administered correctly without delay. Parents/legal guardians will need to give written consent for use of the schools spare AAIs as part of a pupils' individual health care plan. Ensure that any spare AAI is used only in pupils where both medical authorisation and written parental consent have been provided.

ASTHMA MANAGEMENT

Teaching staff will be made aware of any child with severe asthma by confidential email at or before the beginning of term by the school medical carers. Pupils must remember their inhalers at all times, but Staff must ensure that pupils carry their inhalers when leaving the main school site for any reason, prior to leaving. Pupils may not leave site without it.

The Mulberry House School recognises that asthma is a serious condition which can be life threatening. We ensure that all pupils with asthma can and do fully participate safely in all aspects of school life including out of school activities.

Trigger factors for asthma may include: change in weather conditions, animal fur, viral illness or chest infection, exercise, pollen, chemicals, air pollutants, emotional situations and excitement.

Persons with asthma need immediate access to their reliever inhaler (usually blue). Younger pupils may need help/encouragement to administer their inhaler. It is the parent's responsibility to ensure that School is provided with a named, in date reliever inhaler which is always accessible to the pupil. Inhalers are kept in the classroom locker with the class teacher.

HOW TO RECOGNISE AN ASTHMA ATTACK

The signs of an asthma attack are:

- Persistent cough (when at rest)
- A wheezing sound coming from the chest (when at rest)
- Difficulty breathing (the child could be breathing fast and with effort, using all accessory muscles in the upper body)
- Nasal flaring
- Unable to talk or complete sentences. Some children will go very quiet.
- May try to tell you that their chest 'feels tight' (younger children may express this as tummy ache)



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CALL AN AMBULANCE IMMEDIATELY AND COMMENCE THE ASTHMA ATTACK PROCEDURE WITHOUT DELAY IF THE CHILD:

- Appears exhausted
 - ◆ Has a blue/white tinge around lips
 - ◆ Is going blue
 - ◆ Has collapsed

WHAT TO DO IN THE EVENT OF AN ASTHMA ATTACK

- ◆ Keep calm and reassure the child
- ◆ Encourage the child to sit up and slightly forward
- ◆ Use of the child's own prescribed inhaler
- ◆ Remain with the child while the inhaler and spacer are brought to them. Loosen tight clothing
- ◆ Call for school medical carer/first aider for help
- ◆ If there is no immediate improvement, continue to give two puffs at a time every two minutes, up to a maximum of 10 puffs
- ◆ Stay calm and reassure the child. Stay with the child until they feel better. The child can return to school activities when they feel better
- ◆ If the child does not feel better or you are worried at ANYTIME before you have reached 10 puffs, shout for help to CALL 999 FOR AN AMBULANCE
- ◆ If an ambulance does not arrive in 10 minutes give another 10 puffs in the same way
- ◆ The child's parents or carers should be contacted after the ambulance has been called
- ◆ The member of staff should always accompany a child taken to hospital by ambulance and stay with them until a parent or carer arrives.
- ◆ Document events. This should include where and when the attack took place (e.g. PE lesson, playground, classroom), how much medication was given, at what times and by whom

DIABETES MANAGEMENT

Signs and symptoms of low blood sugar level (hypoglycaemia)

Onset can be quite quick and may be due to a missed/late meal, missing snacks, infection, more exercise, warm weather, too much insulin and stress. Individuals should test their own blood sugar levels if testing equipment available. Symptoms include:

- ◆ pale
- ◆ glazed eyes
- ◆ blurred vision
- ◆ confusion/incoherent
- ◆ shaking
- ◆ headache
- ◆ change in normal behaviour-weepy/aggressive/quiet
- ◆ agitated/drowsy/anxious
- ◆ tingling lips
- ◆ sweating
- ◆ hunger
- ◆ dizzy
- ◆ leading to unconsciousness

Action



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- ◆ Give fast acting glucose (Lucozade drink or glucose tablets) - the casualty should have their own emergency supply in School Office. Adults could carry glucose tablets in their pocket. This will raise the blood sugar level quickly
- ◆ Call School Medical carer/First Aider
- ◆ After 5 - 10 minutes follow this up with 2 biscuits, a sandwich or a glass of milk. Do not leave the casualty unaccompanied at any time
- ◆ Allow access to regular snacks and check blood sugar level again and as necessary
- ◆ Inform parents as soon as possible

Action to be taken if the pupil becomes unconscious

- ◆ Place casualty in recovery position and call School Medical carer/First Aider
- ◆ Do not attempt to give glucose by mouth as this may cause choking
- ◆ Telephone 999
- ◆ Inform parents/next of kin as soon as possible
- ◆ Accompany casualty to hospital and await arrival of parent

Signs and symptoms of high blood sugar level (hyperglycaemia)

This develops much more slowly over time but can be much more serious if untreated. Caused by too little insulin, eating more carbohydrate, infection, stress and less exercise than normal. Symptoms may include:

- ◆ feeling tired and weak
- ◆ feeling thirsty
- ◆ passing urine more often
- ◆ nausea and vomiting
- ◆ drowsy
- ◆ breath smelling of acetone
- ◆ blurred vision
- ◆ unconsciousness

Action

- ◆ inform School Medical carer/First Aider at once
- ◆ arrange for blood glucose testing if possible
- ◆ recovery position for unconsciousness
- ◆ inform parents/next of kin as soon as possible
- ◆ call 999 and accompany casualty, await arrival of parents/next of kin

EPILEPSY MANAGEMENT

How to recognise a seizure

There are several types of epilepsy but seizures are usually recognisable by the following symptoms:

- ◆ casualty may appear confused and fall to the ground
- ◆ slow noisy breathing
- ◆ possible blue colouring around the mouth, returning to normal as breathing returns to normal
- ◆ rigid muscle spasms
- ◆ twitching of one or more limbs and/or face
- ◆ possible incontinence

Action



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- ◆ try to help casualty to floor if possible but do not put yourself at risk of injury
- ◆ move furniture etc away from casualty in order to prevent further injury
- ◆ place a cushion or something soft under the casualty's head
- ◆ clear the area of students
- ◆ call /First Aider
- ◆ cover casualty with a blanket as soon as possible in order to hide any incontinence
- ◆ stay with casualty throughout duration of the seizure
- ◆ as the seizure subsides place casualty into recovery position
- ◆ inform parents as soon as possible
- ◆ send for ambulance if this is the casualty's first seizure or, if a casualty known to have epilepsy has a seizure lasting for more than 5 minutes, or if an injury occurs as a result of the seizure. The child or adult must be accompanied until parent/next of kin arrives
- ◆ casualty to rest for as long as necessary
- ◆ reassure other pupils and staff

Medical Information / Health Care Plan

Please complete and return to the office

STUDENT INFORMATION	
Surname:	Given names:
Date of birth:	Year level:
Name of parent/guardian:	Address:
Home phone:	Mother work phone:
Father work phone:	Parent/s mobile/fax number/s:
First contact if parents not available:	Relationship to child (e.g. uncle):
Home address:	Home phone number:



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Work phone number:	Second contact if first unavailable:
Home address:	Home phone number:
Work phone number:	Medicare number & expiry:
Private health insurance fund & number:	Hospital preference:
G.P.:	Phone:
Address:	Private dentist:
Phone:	Address:

Medical History
Daily care requirements / medical needs (e.g before physical activity / at lunchtime)
Give details of triggers and of the signs & symptoms associated with the child's medical needs



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

Follow-up care

If medication is required on a regular basis (e.g. ventolin) please list medication, and time to be used on medical authority form.

I give permission for this Medical information / Healthcare plan to be sent ahead to emergency care staff, should an emergency happen during school hours or at a school activity outside the normal school day.

Parents / Legal Guardians Signature

Medical Authority Form for long-term medical conditions

Date	
Child's Name	
Class	

Reviewed: Feb-26
Reviewed by: CGF/MAFN/EB
Next Review Due: Feb-27



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Name of Medication		
Prescribed Dose		
Time to be given		
Time last given		
How medication is administered & why		
Period of Authorisation	From	To
Comments		



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Parent/Legal Guardians Signature	
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Medical Authority Form for short term medical conditions

Date		
Child's Name		
Class		
Name of Medication		
Prescribed Dose		
Time to be given		
Time last given		
How medication is administered & why		
Period of Authorisation	From	To
Comments		



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Parent/Legal Guardians Signature	



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Outings Medical Authority Form

Date		
Child's Name		
Class		
Name of Medication		
Prescribed Dose		
Time to be given		
Time last given		
How medication is administered & why		
Period of Authorisation	From	To
Comments		



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Parent/Legal Guardians Signature	



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Name: _____

Dosage Record Sheet

Comments:



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ANAPHYLAXIS - USE OF EPIPEN/ADRENALINE AUTO-INJECTORS

Child Details	
Full name	
Address	
Date of birth	
Allergy	



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Contact Details	
Name of parent	
Telephone numbers	
Second contact name and number	

MEDICATION	
Authorisation/Consent to use a spare Adrenaline Auto-injector	
Name(s) of medication	
Expiry details	
Storage	

I agree to the staff taking responsibility and administering the Epipen in the event of a reaction taking place.



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ASTHMA – USE OF INHALER

CONTACT DETAILS	
Name of parent	
Telephone numbers	
Second contact name and number	

CHILD DETAILS	
Full Name	
Address	
Date of birth	
Allergy	

MEDICATION	
Name(s) of medication	
Expiry details	
Storage	



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I agree to the staff taking responsibility and administering the Salbutamol inhaler in the event of a reaction taking place.

Parent's name

Parent's signature

Allergies and Food Tolerances:

The school is committed to pupil safety and therefore has created this policy to reduce the risk of children having allergy related events while in its care.

Aims:

- ◆ To reduce the likelihood of a child with a known food allergy displaying a severe reaction to a specific food while in school.
- ◆ To foster an understanding of and sense of responsibility for the specific needs of the individual members of the school community.
- ◆ To create an awareness of the action to take should someone with a severe food allergy display its symptoms.

Children with allergies and food intolerances must be closely supervised at all times. Staff must sit with children during meal times. Children with allergies use plates of a different colour to raise awareness. All staff, especially new staff must be made aware of the children's allergies and any action to be taken. This should be reviewed and updated regularly. All staff attend training every two years on allergic reaction and how to use an EpiPen and inhaler. During induction all new staff receive training. Staff must be made aware of the emergency procedure for each child as well as symptoms and administration of any medication. This will be provided by the medical carer.

All cases should be discussed with the child's parents/carers to ensure that everybody is working together in a way that benefits the child. A written record of all that the child consumes must be kept and relayed back to the parent/carer on collection of the child. It is the responsibility of parents to notify the school of any changes to their child's condition.

There must be a list of children and their allergies/intolerances displayed in each room where food is stored or provided and a comprehensive list on display in the kitchen for the cook. This information must be clearly displayed and a signed emergency form is kept. In cases where a reaction may be very severe there should be designated, qualified staff who attend to that child's dietary needs using colour-coded utensils and crockery. All staff must be made aware of this and the reasons why. The Headteacher must have regular updates with the parent/carer to ascertain that everybody is continuing to follow the correct procedures for the child. Allergy list is updated regularly in accordance with new medical updates.

In the event of outings, a letter will be sent out in advance advising parents not to provide nuts or nut products in packed lunches.



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The Mulberry House School is an inclusive community that aims to support and welcome pupils with medical conditions. This policy should be read in conjunction with the Management of Medicine Policy.

Medical emergencies may raise safeguarding concerns. Any concerns relating to unexplained injuries, frequent accidents, delayed medical treatments, or inconsistent information provided by parent/carers will be reported and managed in accordance with the School's Safeguarding and Child Protection Policy and Keeping Children Safe in Education.



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All The Mulberry House School Policies are always to be read and considered in conjunction with Equal Opportunities, Race Equality and Inclusion Policies

Medical Carer for Prescribed Medicines:

Maria Adela Fojo Nebril
(Senior Deputy Headteacher)

This Policy of The Mulberry House School applies to all sections of the school including the Early Years Foundation Stage

Emergency Accident Procedure

If a sudden emergency should arise, the child must be taken to hospital as soon as possible. Two trained First Aiders should remain with the child and if possible one of these should be the designated Medical Carer.

Send for an ambulance – dial 999. Immediately after phoning the ambulance contact should be made with the child's parents. If you cannot get in touch with the parents, call the child's emergency contact.

Photocopy the child's Emergency Information Form to take to the hospital with the child. Be sure that the person accompanying the child to the hospital has this Emergency Information Form and can also give an accurate account of the accident and the child's condition.

In a case when a parent / carer is present, one senior member of staff should remain with the child and attend the hospital.



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All The Mulberry House School Policies are always to be read and considered in conjunction with Equal Opportunities, Race Equality and Inclusion Policies

Medical Carer for Prescribed Medicines:

Carla Garcia Fernandez
(Senior Teacher for First School)

This Policy of The Mulberry House School applies to all sections of the school including the Early Years Foundation Stage

Emergency Accident Procedure

If a sudden emergency should arise, the child must be taken to hospital as soon as possible. Two trained First Aiders should remain with the child and if possible one of these should be the designated Medical Carer.

Send for an ambulance – dial 999. Immediately after phoning the ambulance contact should be made with the child's parents. If you cannot get in touch with the parents, call the child's emergency contact.

Photocopy the child's Emergency Information Form to take to the hospital with the child. Be sure that the person accompanying the child to the hospital has this Emergency Information Form and can also give an accurate account of the accident and the child's condition.

In a case when a parent/ carer is present, one trained First Aider and senior member of staff should remain with the child and attend the hospital.



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FIRST AID

Appointed Medical Carers:

They will:

- ◆ check the contents of the first-aid boxes termly
- ◆ ensure that the first aid provision is adequate and appropriate and available in each classroom;
- ◆ carry out appropriate risk assessments in liaison with the Head;
- ◆ ensure that the number of first aiders/appointed persons meets the assessed need;
- ◆ ensure that the equipment and facilities are fit for purpose;
- ◆ ensure that all staff know the procedures for calling for first aid, and their duties towards any person requiring first aid;
- ◆ regularly keep the Head and Health and Safety Postholders informed of the implementation of the policy;
- ◆ maintain a first-aid notice board in the entrances to both school buildings

First Aiders

The recommended number of certified first-aiders is one per 50 pupils/staff.

The Schools should appoint at least one Appointed Person per key stage.

At least one person with a current paediatric first aid certificate will be on the premises at all the times when Early Years Foundation Stage children are present and will accompany EYFS pupils on all off-site visits and outings.

Competency Review

The competency of fist aiders will be reviewed annually, and additional training will be provided where new medical conditions are identified or where a pupil joins the school with complex medical needs.

Qualifications and Training

First Aiders will hold a valid certificate of competence, issued by an organisation approved by the HSE. Appointed persons will undertake a twelve hour paediatric first aid course every two years.

Two senior members of staff will hold an 'emergency first aid at work' certificate to deal with any accidents or illnesses involving adults.

First-aid materials, equipment and facilities

The Headteacher must ensure that the appropriate number of first-aid containers according to the risk assessment of the site are available.

- ◆ There will always be at least one first-aid container on every floor.
- ◆ First aid containers should be kept near to hand washing facilities.



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- ◆ All first-aid containers must be marked with a white cross on a green background.
- ◆ First aid containers must accompany teachers off-site.
- ◆ Spare stock should be kept in school.

Responsibility for checking and restocking the first-aid containers lies with the Medical Carers.

Our first aid kit:

- ◆ Complies with the Health and Safety (First Aid) Regulations 1981.
- ◆ includes an Ofsted approved list of medical equipment.
- ◆ Is regularly checked by a designated member of staff and re-stocked etc.
- ◆ Is easily accessible to adults.
- ◆ Is kept out of the way of children.

List of qualified first aiders

- ◆ Erika Billmore
- ◆ Maria Adela Fojo Nebril
- ◆ Carla Garcia Fernandez

List of qualified paediatric first aiders.

- ◆ Alma Repaj
- ◆ Altina Liapasthica
- ◆ Alice Smith
- ◆ Angelika Stano
- ◆ Anne Nack
- ◆ Benjamin Morris
- ◆ Carla Garcia Fernandez
- ◆ Chloe Lincoln
- ◆ Darcey McAlister-Wober
- ◆ Erika Billmore
- ◆ Elizabeth Graham
- ◆ Fatima Amirzadah
- ◆ Hemisha Varsani
- ◆ Jemma Rady
- ◆ Kinza Naveed
- ◆ Lilly Werth
- ◆ Marc Andrews
- ◆ Mariama Saracouli
- ◆ Maria Adela Fojo Nebril
- ◆ Marina Hugh-Onslow
- ◆ Monque Johal
- ◆ Nirmala Varsani
- ◆ Nora Inacio
- ◆ Ombretta Cardia
- ◆ Parveen Farooq
- ◆ Priya Warrington



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- ◆ Samantha Lawrance
- ◆ Said El Omayry
- ◆ Sandhya Baid
- ◆ Shuzna Khatun
- ◆ Sylvie Blay
- ◆ Tamara Cran-Robinson
- ◆ Tanika Kapoor

Accommodation

A suitable room for medical treatment and care of children during school hours is provided. There are two clearly named First Aid rooms which are close to a lavatory and a wash basin. These rooms are the First School ground floor music room and the Second School office.

Hygiene/Infection control

Basic hygiene procedures must be followed by staff.

Hygienic Procedure for the disposal of bodily fluids: Staff must ensure that if they have cuts or abrasions that they are covered with waterproof or other suitable dressings before administering first aid. Staff should wear disposable gloves and aprons when dealing with bodily fluids, these are provided in all first aid boxes. All spillages must be cleared up as soon as possible.

Accidents involving blood, e.g. cuts, nose bleeds, etc carry the danger of Hepatitis B and HIV (AIDS) should follow the procedures listed above. **A record must be made of all incidents.**

Insurance

The Bursar will ensure that insurance arrangements provide full cover for claims arising from actions of staff acting within the scope of their employment.

The school will ensure that the adequate insurance is in place.

Reporting accidents

Statutory requirements:

Under the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 1995 (RIDDOR) some accidents must be reported to the HSE.

The Headteacher must keep a record of any reportable injury, disease or dangerous occurrence.

This must include:

- ◆ The date and method of reporting,
- ◆ The date, time and place of the event
- ◆ Personal details of those involved
- ◆ A brief description of the nature of the event or disease.

This record can be combined with other accident records.



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Any serious accident or injury to, or death of any child within the care of the school must be reported to the HSE and Ofsted as soon as is reasonably practicable and within a maximum of 14 days of the incident occurring and of the action taken.

We meet our legal requirements for the safety of our employees by complying with RIDDOR. We report to the local office of the Health & Safety Executive:

- ◆ Any accident to a member of staff requiring treatment by a GP or hospital
- and
- ◆ Any dangerous occurrences (i.e. an event which does not cause an accident but might have done)

Record keeping

The Headteacher must ensure that a record is kept of any first aid treatment given by first aiders or appointed persons.

The accident book:

- ◆ Is accessible to members of staff.
- ◆ All staff know where it is kept and how to complete it.
- ◆ Is reviewed at least termly to identify any potential or actual hazards.
- ◆ Is started at the beginning of each academic year. New books are continued in succession, as needed, until the end of that same year.

The accident books includes:

- ◆ The date, time and place of incident.
- ◆ The name (and class) of the injured or ill child/adult.
- ◆ Details of the injury/illness and what first aid was given.
- ◆ What happened to the person immediately afterwards.
- ◆ The name and signature of the parent/carer of the child or injured party if an adult.

In this way parents are informed as soon as possible and asked to sign the accident form ideally on the same day.

Each completed page from the accident book is filed in the child's personal folder and stored in the central storage system

The Headteacher must ensure that readily accessible accident records, written or electronic, are kept for a minimum of three years.

Data Protection and Confidentiality

All medical and accident records are treated as special category personal data and are stored, processed and shared in accordance with UK GDPR and the Data Protection Act 2018. Access is restricted to staff with a legitimate professional need to know.



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Guidance

National Guidance is provided in the government's document 'First Aid in Schools'.

Monitoring and Review

Monitoring of the first aid arrangements will be done via Health and Safety Management system. Appropriate records will be kept on the system.

The Head will review the first aid needs and arrangements annually, and will ensure that the appropriate level of first aiders/appointed persons are in post, and that the appropriate standards are met.

The employer will receive an annual report from the Head and will review the policy every two years.

Self-Administration of Medication

Where clinically appropriate and agreed with parents and relevant healthcare professional, pupils may be supported to self-administer medication (for example asthma inhalers or diabetes management). This will be clearly documented with the pupil's Individual Healthcare Plan.

Policy Review

This policy is reviewed annually, or sooner where there are changes to legislation, statutory guidance, or the medical needs of pupils.

Equality and Reasonable Adjustments

The school will make reasonable adjustments for pupils with medical conditions to ensure they are not placed at a substantial disadvantage, in accordance with Equality Act 2010.

Sickness and Medicine

If a child becomes ill whilst they are attending the school, they will be monitored and if it is felt that it is not beneficial for them to continue with us that day, the Team Leader will phone the parent/carer and inform them of the situation. Depending on the severity of the illness children will be taken to the Medical Room where a Paediatric first aider will monitor their condition.

If a child develops a seriously high temperature attempts to reduce the temperature by tepid sponging and giving fluids would be made. Emergency services and the parents would be phoned immediately.

If your child is taking antibiotics, we request that they be kept away from school for at least 48 hours to enable the medicine to take effect.

Medication and Safeguarding



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Failure to provide prescribed medication, delays in collection of an unwell child, or repeated attendance when the child is unfit to attend may be treated as a safeguarding concern and managed in line with the School's Safeguarding Policy.

Emergency Accident Procedure

Definition: Where a child sustains injury where there is a wound and /or potential hospitalisation. This procedure should not be followed for minor injuries.

The Headteacher must be informed of all accidents where an injury is sustained.

In the event of an accident or incident:

Causalities involving adults:

- ◆ Nominated first aider at work to assess situation and prevent any danger.
- ◆ Administer first aid if necessary.
- ◆ Headteacher or Senior Teacher are responsible for calling an ambulance.
- ◆ Write down details of any treatment and who gave treatment and witnesses to treatment.
- ◆ Record in the accident book
- ◆ If relevant, record a description of any clothing and footwear, worn by any casualties.

Causalities involving children:

- ◆ First aider to assess situation and prevent any danger.
- ◆ Headteacher or Senior Teacher are responsible for calling an ambulance and then informing the parents.
- ◆ Gather the emergency folder and hand to a Senior Teacher or the Headteacher.
- ◆ Write down details of any treatment and who gave treatment and witnesses to treatment.
- ◆ Record in the accident book
- ◆ If relevant, record a description of any clothing and footwear, worn by any casualties.

Record times:

- ◆ Of incident
- ◆ Calling of ambulance/police/fire and rescue service
- ◆ Time of arrival of above
- ◆ Notification of next of kin
- ◆ Names, identification numbers and incident numbers of any reports by above

Once the casualty has been dealt with, the following need to be obtained:



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- ◆ List of Witnesses (members of staff or otherwise. Should somebody not wish to provide a statement then obtain their details, if the person is required to give evidence then the solicitor can always apply for a subpoena)
- ◆ The date and time of the accident
- ◆ Statements from all members of staff that were in the vicinity (whether they saw anything or not) detailing the following:
 - ❖ Exactly where they were positioned (a sketch map of the area will assist)
 - ❖ What their role was (i.e. playground duty, teaching in classroom, etc.)
 - ❖ What they saw or heard
 - ❖ If they are first aider trained, what qualification they have and expiry date or re-classification date
- ◆ Sketch plan and photographs of the area concerned, in as much detail as possible.
- ◆ CCTV evidence
- ◆ Exact details of what any parents or relatives were told, who by and any replies.
- ◆ Copies of any risk assessments and/or instructions, rules etc.
- ◆ Details of any recorded checks on the areas and equipment
- ◆ Details of when first aid boxes were last checked
- ◆ This must be done within one hour of the accident.

Reporting

Consider Legal Obligation reports to:

- ◆ RIDDOR,
- ◆ Founder and Directors
- ◆ Independent Schools Inspectorate or Ofsted

Accident/Incident Investigation

Form an investigation team. This can be as large or small as you wish it may just consist of the Head and H&S post holder or more if necessary.

Look at all the evidence and try to establish the following:

- ◆ Immediate cause
- ◆ Underlying cause
- ◆ Root cause

The investigation is not about blaming people but trying to find out what, if anything, went wrong and how it can be avoided in the future



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Post Investigation:

Compile a report and consider distributing to the following:

- ◆ Insurers
- ◆ Enforcing body
- ◆ Acting solicitors

Check with insurers/solicitors prior to sending to injured person or legal representatives.

Further actions:

Review any risk assessments and safe systems of work and make any necessary changes

If the incident is of a serious nature, consider holding a full staff meeting to explain what happened; recap on safe procedures and practices and reduce the risk of rumours.

Consider offering counselling to staff (this may prevent staff absences in the future due to post traumatic stress disorder)

If in doubt, contact our Health and Safety Consultants, reviewed annually in the Autumn Term.

Appendix 1

Medical Guidelines

Disease and Incubation Period	Period when infectious	Period of exclusion
CHICKENPOX and SHINGLES 13-21 days	1 – 2 days before to 6 days after spots develop	Until the spots have crusted over and the child feels well.
CONJUNCTIVITIS 24-72 hours	During active infection	None if receiving prescribed treatment for an eye infection and there is no discharge from the eyes. None, unless the child is unwell or unable to participate in the school activities.
DIARRHOEA and VOMITING (Campylobacter, Cryptosporidiosis, Dysentery,	While having symptoms of diarrhoea and vomiting	Until symptom-free for 48 hours and the child feels well. In some circumstances advice may need to be



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Disease and Incubation Period	Period when infectious	Period of exclusion
Food Poisoning, Gastro-Enteritis, Giardiasis, Salmonellosis) Varies, few hours to few days		sought from Consultant in Communicable Disease Control (CCDC)
FIFTH DISEASE (Parvovirus or “slapped cheek” syndrome) Variable 4 – 20 days	Infectious before onset of rash	Until the child feels well None (once the rash has appeared)
HAND, FOOT AND MOUTH DISEASE (Coxsackie virus) 3-5 days	During acute stage of illness	Until the child feels well enough to attend
HEAD LICE AND BODY LICE (Pediculosis) Eggs hatch in 1 week	As long as eggs or lice remain alive	None if treated
HEPATITIS A 2-6 weeks	Several days before first symptom until 7 days after onset of jaundice	Until 7 days after onset of jaundice and the child feels well
HEPATITIS B 6 weeks – 6 months	Not infectious under normal school conditions	Until the child feels well
HERPES SIMPLEX (Cold sore) 2-12 days	During infection	None
HIV INFECTION Variable	Not infectious under normal school conditions	None
IMPETIGO Commonly 4-10 days	As long as septic spots are discharging pus	Until spots have healed Until lesions are crusted/heal
MEASLES 7-14 days	1 day before first symptom until 4 days after onset of rash	At least 4 days after onset of rash and the child feels well



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Disease and Incubation Period	Period when infectious	Period of exclusion
MUMPS 12-25 days, commonly 18 days	7 days before and up to 9 days after onset of swelling	At least CHANGE ----- 9 days to 5 days after onset of swelling and the child feels well
RINGWORM ON BODY (<i>Tinea corporis</i>) 4-10 days	As long as rash is present	None once under treatment
RUBELLA (German Measels) 16-18 days	1 week before to 1 week after onset of rash	Until 7 days after rash appears
SCABIES Few days to 6 weeks	Until mites and eggs are destroyed by treatment	Until day after treatment
SCARLET FEVER and STREPTOCOCCAL INFECTION 1-3 days	Dry sore throat starts until 24 hours after antibiotics started	Until day after treatment
THREADWORMS 2-6 weeks for life cycle to complete	When eggs are shed in the faeces (stools)	None once treated

Exclusion decisions are based on current NHS and UK Health Security guidance and the child's ability to participate safely in school activities.

Diseases notifiable to Local Authority and Ofsted under the *Public Health (Infectious Diseases) Regulations 1988*

- ◆ Acute poliomyelitis
- ◆ Anthrax
- ◆ Cholera
- ◆ Diphtheria
- ◆ Dysentery
- ◆ Food poisoning
- ◆ Leptospirosis



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- ◆ Malaria
- ◆ Measles
- ◆ Meningitis
 - ❖ *Meningococcal*
 - ❖ *Pneumococcal*
 - ❖ *haemophilus influenzae*
 - ❖ *viral*
 - ❖ *other specified*
 - ❖ *unspecified*
- ◆ Meningococcal septicaemia (without meningitis)
- ◆ Mumps
- ◆ Ophthalmia neonatorum
- ◆ Paratyphoid fever
- ◆ Plague
- ◆ Rabies
- ◆ Relapsing fever
- ◆ Rubella
- ◆ Scarlet fever
- ◆ Smallpox
- ◆ Tetanus
- ◆ Tuberculosis
- ◆ Typhoid fever
- ◆ Typhus fever
- ◆ Viral haemorrhagic fever
- ◆ Viral hepatitis
 - ❖ *Hepatitis A*
 - ❖ *Hepatitis B*
 - ❖ *Hepatitis C*
- ◆ Whooping cough
- ◆ Yellow fever

Leprosy is also notifiable, but directly to the Health Protection.