

Including Sandleford, our Early Years Foundation Stage provision

Illness and Medication Policy - Supporting Pupils at School with Medical Conditions

Authorised by	resolution of the Board of Governors
Date	Autumn 2016 (1-0-0) Summer 2019 (1-0-1)

This policy should be read in conjunction with the school's First Aid Policy.

At St Gabriel's we promote the health of all children, pupils and staff attending, and working in, the nursery and the school. We take all necessary steps to prevent the spread of infection, and to take appropriate action if any individual is unwell. Medication will only be administered when it would be to the detriment of the individual's wellbeing not to do so and only when parental permission has been given.

We will, where practical, support children and pupils with medical conditions so that such children and pupils can enjoy access to the same opportunities at school as any other child. St Gabriel's understands that certain medical conditions can be debilitating and potentially life threatening, particularly if poorly managed or misunderstood. The school understands the importance of medication and care being taken as directed by healthcare professionals and parents. Staff receive training surrounding the medical conditions of children within the St Gabriel's community and understand specific care needed. The school makes sure all staff understand their duty of care to children and young people in the event of an emergency.

Guidance from the DfE document 'Supporting Pupils at School with Medical Conditions' December 2015 is followed.

Sandleford Illness Policy

If there is a child or adult who attends the nursery who has an infectious disease, signs (which do not include any names), will be displayed so that parents are aware of the symptoms should they occur in their own child.

If a child is prescribed a new medication they have never had before, the child must remain at home for 24 hours after the first dose, so that the parent can observe any allergies that may occur. (See also the paragraph on antibiotics below.)

However, parents would be well-advised to bear in mind that a child attending nursery will be involved in a full and active nursery day, participating in outdoor play and other energetic activities. From past experience the school is aware that most young children who are recovering from illness need to be resting at home. In the interests of the wellbeing of each child, Sandleford has the right to refuse admission to a child who they feel is not sufficiently recovered from illness to cope with the demands of the Nursery day. This decision will be taken by the Nursery Manager/ Deputy in consultation with our School Nurse and will only be overturned on receipt of written confirmation of fitness to attend from a child's GP.

Each time a child has a new prescription for **antibiotics**, they will not be able to attend the nursery until 24 hours after the first dose. In the case of antibiotic eye drops, eardrops or creams, the first dose must be administered at home and children may then attend the nursery as usual, provided that any exclusion period for the condition has been observed. This is in case there is

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some reaction to the medicine and is based on advice from the Berkshire Healthcare Foundation Trust Pharmacy Department.

Infectious Disease Control Procedure (whole school including Sandlesford)

Advice from the Public Health England document 'Guidance on Infection Control in Schools and Other Childcare Settings' (March 2017) and Health Protection in Schools and Other Childcare Facilities (updated March 2019) are followed. See Appendix 1.

The table from the Public Health document, regarding infectious diseases and recommended exclusion periods, is attached as an Appendix and forms part of this policy. In keeping with this guidance, **children, pupils and staff may not attend school or nursery for 48 hours after the last episode of diarrhoea and/or vomiting.**

When an outbreak of a communicable disease is suspected the School Nurse will complete the Public Health England outbreak action checklist - see Appendix 4

If necessary, the School Nurse will complete an Outbreak Case Record and contact the local HP team, to discuss the situation and agree any actions necessary.

Procedure for when a child/pupil falls ill at nursery or School

Please refer to the procedures outlined in the School's First Aid Policy, noting that if a child/pupil is not well enough to remain in school, then it is normally expected that a parent or guardian (or named emergency contact) will be able to collect them within an hour.

Sandlesford Procedure for administering medication which is prescribed by a doctor, dentist, nurse or pharmacist for short term conditions.

1. **Only** medication which has prescribed by a doctor, nurse, dentist or pharmacist may be given and **only** when labelled in the appropriate manner as described below.
 - Medicines are to be handed, immediately on arrival, to the Manager, Deputy Manager or Room Leader for safe storage out of the reach of children. They may be stored in a cabinet that contains the First Aid kit but **not** within the First Aid kit itself. If the medication needs to be refrigerated, the Manager or Deputy Manager must ensure that is stored at the correct temperature and that it remains inaccessible to children.
 - Medicines must be in their original and complete container or packaging, with the prescriber's instructions clearly visible, and will only be given to the person named.
 - When the medicine is handed in, the Manager/Deputy Manager or Room Leader will record the details of administration on the Medication form and gain written, signed permission from the parent (or person with parental responsibility).
 - The form must be completed for the administration of each and every medication prescribed. (Each required dose must be detailed, stating the dosage of medication to be given and time it should be administered).
 - Parents **must** inform the nursery if the child has been given any medication that day and, if so, when the last dose was given. This information must be recorded on the medication form.
 - Parents must notify the nursery immediately if circumstances change, e.g. a dose has been administered at home or a change in dosage has been advised by a medical professional.
 - The medicine will be administered by the Manager, Deputy Manager or Room Leader, at the appropriate, prescribed time and this will be witnessed by another member of staff. It will be offered in a manner acceptable to the child and in the prescribed form. (Please note that staff working with children are not legally obliged to administer medication).
 - Details of the medicine given, confirming the time and dosage and the name of the adult who administered the medicine, must be recorded on the Medication form.
 - The form must be signed by the Level 3 qualified member of staff who administered the medicine and the member of staff who witnessed the procedure.
 - If the child refuses to take the medication then a note will be made on the medication form and parents informed, preferably by telephone, as soon as possible.

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- On collection, the child's parents will be asked to sign the form to acknowledge that they have been shown the precise details of any medication which has been administered that day/session.

Sandleford Policy for creams/lotion and teething remedies

The only cream which may be routinely applied as a barrier cream, or for nappy rash, is Sudocrem, which is provided by Sandleford and clearly labelled with the child's name. A signed letter of parental permission is required for any other creams or lotions. In the case of prescribed creams or lotions, the procedure for administering medication which is prescribed, must be followed.

The only teething treatments which may be given without prescription are herbal remedies (such as Ashtons or Nelsons) which contain no drugs. We still require parental permission for these to be used. Otherwise a prescription or a doctor's letter stating that it is suitable for your child to be given a gel is acceptable.

Junior and Senior School (including Reception) Procedure for administering medication which is prescribed by a doctor, dentist, nurse or pharmacist for short term conditions.

- Only medication which has prescribed by a doctor, nurse, dentist or pharmacist may be given and only when labelled in the appropriate manner as described below. Medicines are to be handed, immediately on arrival, either to the class teacher, who will arrange for them to be taken to the medical room or directly to the School Nurse. (In Reception, medicine may be kept in the classroom, if safely stored out of reach of children).
- Medicines will be stored appropriately in the medical room in accordance with the manufacturer's instructions. They must be in their original and complete container or packaging, with the prescriber's instructions and will only be given to the person named.
- Medication must be accompanied by a completed Request to Administer Medication form which can be found on the Parent Portal under Documents. Authorisations are kept on file.
- For older pupils, parents may give permission for the pupil to self-administer the medication under the supervision of the School Nurse. This permission can be given on the Request to Administer Medication form. The use of medication should, in general, take place in the Medical Room. The School Nurse will risk assess this self-administration and review this regularly.
- A new form must be completed for the administration of each and every medication prescribed. However, it is acceptable for written permission to be obtained once to cover a 'course' of medication, e.g. a course of antibiotics, which may be taken over several days.
- If the medication or dosage changes (including, for example, a change to a different course of antibiotics) then a new form must be completed.
- Parents must notify the School Nurse immediately if circumstances change, e.g. a dose has been administered at home or a change in dosage has been advised by a medical professional.
- The medicine will be administered by (or with the support of) the School Nurse (or the Reception teacher if in Reception classroom) at the prescribed time. It will be offered in a manner acceptable to the child and in the prescribed form.
- The details of the medicine given stating the time, dosage and name of person administering must be recorded on the Management Information System (MIS)
- A green slip or emailed portal message will be sent to parents, stating the time of administration and dosage, and sent home that day.
- If the child refuses to take the medication, then a note will be made on MIS and the green slip.

Aspirin

- No child under 16 should be given medicine containing aspirin unless prescribed by a doctor.

Controlled Drugs

- These are drugs that are included in the schedule of the Misuse of Drugs Regulations and therefore have to be stored and administered in a certain way.

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- Any child who has been prescribed a controlled drug will be under the supervision of a specialist medical doctor. The parent or carers must contact the school (medical@stgabriels.co.uk) giving clear written details as to the condition the drug has been prescribed for, the dose and timings of medication.
- Controlled drugs must be stored securely in its original prescribed container in a non-portable cabinet to which only the School Nurse or staff named on an individual care plan have access. The initial quantity of the drug must be recorded in a controlled drug book within the locked storage. Each dose has to be accounted for and signed for by two members of staff. A child who has been prescribed a controlled drug may legally have it in their possession if they are competent to do so and a thorough risk assessment has been carried out but passing it to another child for use is a criminal offence.

Students over 16 Years of Age

- Parental permission is not legally required in order to give medication to young people over the age of 16. However, we will seek parental permission to give medication and inform parents of any treatment given unless, and with good reason, it is the express wish of the young person that we do not do so. We will encourage young people to involve their parents while respecting their right to confidentiality.

Sandleford procedure for administering non-prescription medication

Calpol

- On joining the nursery, parents will be asked if they wish to give permission for an emergency dose of Calpol to be administered if necessary. If, so they will be asked to sign a form stating that this is the case.
- Children may attend nursery after having been given Calpol at home as a temperature reducing measure or for mild pain relief. Parents must complete the medication form to state the dosage and time given at home and this form will be used to record any subsequent dose. However, it should be borne in mind, in keeping with our policy, that if a child is unwell it is more appropriate for them to be cared for at home or for medical advice to be sought.
- Once at nursery, if the child has a high temperature of 38°C or above, and Calpol has already been administered at home, parents will be asked to collect the child immediately as we will be unable to administer any further doses of Calpol.
- Based on guidance from the Berkshire Healthcare NHS Foundation Trust and the BHFT Pharmacy Department, if a child has **not** been given Calpol at home, the nursery will only administer it for temperatures of 38°C or above. The only exception to this is where a child appears distressed **and** has a temperature of over 37.5°C **or** has a history of febrile convulsion **and** has a temperature of over 37.5°C. Parents will be contacted for permission to administer Calpol.
- Once Calpol has been administered, the child will be closely monitored by their key worker. If the temperature has not reduced after 45 minutes then parents will be called and asked to collect the child immediately.
- If a child has a high temperature or becomes unwell for a second time whilst at nursery parents will be contacted and asked to collect the child immediately. The child will then be unable to return to the nursery for a period of 24 hours.
- If a child has a temperature of 39°C or above, Calpol will be administered, following the above procedure however parents will be called and asked to collect their child immediately.
- In accordance with the manufacturer's guidance, Calpol will not be administered for more than 3 consecutive days. Therefore if a child has been given Calpol on 3 consecutive days they will not be able to return to nursery for a minimum of 24 hours after the last dose because the Calpol may be masking an underlying illness. The 3 days include any days when the child is not at nursery and you will be asked to supply details of all doses of Calpol that have been given. If a child is still unwell after 3 days, we recommend that you contact your GP for advice.
- **There may be occasions where it is more appropriate to initially use first aid methods to attempt to alleviate symptoms, e.g. removing clothing, fanning, tepid cooling with a wet flannel, before consideration is given to administering Calpol. On the advice of the**

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Manager or Deputy Manager (in consultation with the School Nurse if necessary), these methods will be carried out first if deemed appropriate. The child will be continuously monitored.

Please note that the Clinical Pharmacy Department of Berkshire Healthcare NHS Trust advises that it is not recommended that children are given both Ibuprofen and paracetamol paediatric suspension (Calpol). Therefore, if your child has been given Ibuprofen at home before attending nursery, whilst they are able to attend, we are unable to administer Calpol and you will be asked to collect your child if they become unwell. If your child has a high temperature of 38° C or above they may be given Calpol at the Nursery Manager's discretion if they feel it is in the child's best interest to do so and you will then be asked to collect your child. Further advice is that Ibuprofen should not be administered by nursery staff unless prescribed by a doctor.

In all instances if you are asked to collect your child due to them being unwell, it is normally expected that a parent or guardian (or named emergency contact) will be able to collect them within an hour.

Sandford - Emergency use of Piriton for suspected allergic reaction

- Parents may also elect to give signed permission for Piriton syrup (antihistamine) to be administered to children over the age of 1 year, by a Level 3 qualified member of staff, in the case of a suspected allergic reaction. (Based on advice from the Health Protection Unit, even if it has not been administered before, Piriton syrup may be administered in an emergency).
- Parents **must** always inform the nursery if the child has been given any medication that day and, if so, when the last dose was given. This information must be recorded on the Medication form, stating the dosage and when it was given. Where possible, parents will be contacted to give verbal permission prior to Piriton being administered.
- Once Piriton syrup has been given for suspected allergic reaction, parents must collect their child immediately and keep them at home for a minimum of 6 hours.
- The administration of the medication is recorded in accordance with the reporting and recording section of the School's First Aid Policy.

Junior (including Reception) and Senior School Procedure for administering non-prescription medication. (Mild pain relief/antihistamines)

- Parents are requested to give permission at the time of entry (and/or on subsequent occasions) should they wish to do so, for mild pain relief or antihistamines to be given if required.
- This information is recorded on the MIS and referred to if a child/pupil requests, or appears in need of, mild pain relief or antihistamines.
- Based on an assessment of needs by the School Nurse and the information on the MIS, mild pain relief or antihistamines may be given in the age appropriate form and dose and according to the manufacturer's instructions.
- The time the medication is given, the reason for it being administered and the dosage is recorded on the MIS, along with the name of the person administering.
- Parents of Junior children are informed that their child has received medication on a green slip which goes home that day in the child's book bag.
- Parents of Senior pupils are informed that day by an emailed portal notice.
- Parents will always be informed as soon as possible in the case of any serious concerns.

Use of Emergency Salbutamol Inhaler

The non-statutory "Guidance on the use of emergency salbutamol inhalers in schools" (March 2015) is followed. A pupil who has been prescribed an inhaler for their asthma by their doctor and whose

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parent has given written consent can be helped to use the School's inhaler in an emergency if their own is not available.

- The School Nurse will be responsible for the supply, storage, care, and disposal of the inhaler and spacers.
- Details of children in the school that have been diagnosed with asthma or prescribed a reliever inhaler will be maintained, and a copy of this list will be kept with the emergency inhaler.
- Parents of children with asthma will be asked to give written parental consent for use of the emergency inhaler.
- The School Nurse will provide appropriate support and training for staff in the use of the emergency inhaler
- Any use of the emergency inhaler will be recorded on the School's MIS and parents will be informed of its use as soon as possible.

Staff medication

All staff have a responsibility to work with children only when they are fit to do so. Staff must not work with children when they are infectious or too unwell to meet children's/pupil's needs. This includes circumstances where any medication taken affects their ability to care for children or to safely and effectively carry out their role, for example, where it makes a person drowsy. If any staff member believes that their condition, including any condition caused by taking medication, is affecting their ability they must inform a senior member of staff, or the HR and Operations Manager and seek medical advice.

Where staff may occasionally or regularly need medication, in Sandleford any such medication must be kept in the person's locker or a locked container and in the Junior/Senior Schools such medication must be safely stored away from pupils and not left unattended.

Records

All records must be kept in the manner outlined in the First Aid Policy and can be provided, subject to data protection laws.

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Supporting Pupils at School with medical conditions

This school aims to meet the needs of children and young people with long term medical conditions by

- Welcoming and supporting pupils with medical conditions. It provides children with medical conditions with the same opportunities and access to activities (both school based and out-of-school) as other pupils.
- Listening to the views of pupils and parents
- Ensuring all staff understand their duty of care to children and young people and know what to do in the event of an emergency.
- Understanding that not all children with the same medical condition will have the same needs.

Individual Healthcare Plans

All children with a long term medical condition where support in school is necessary will have an Individual Healthcare Plan (IHP). This will be written by the School Nurse with input from the pupil, parents, relevant school staff (including the Individual Needs Coordinator) and specialist medical staff where necessary. Parents will be asked to complete a prompt sheet (see Annex A) which will begin to identify specific individual health needs. The IHP (see Annex B) will detail the care needed by the pupil in school and will include information on the impact any health condition will have on the child's learning, behaviour or classroom performance. School Nurse will make school staff aware of the medical conditions of pupils in school and ensure that staff are trained in what actions to take during day-to-day or emergency situations.

The IHP will be reviewed regularly and parents will be asked to ensure that they update the school with any changes to medical conditions or medication as they occur.

Pupils will be encouraged to be responsible for their own care, in line with their levels of understanding and maturity. Parents will be able to give consent for their child to self-administer medication with the support of staff. The School Nurse will decide in consultation with parents whether a pupil can hold their own medication (e.g. inhalers).

The school will involve parents in discussions about appropriate care and support should the pupil take part in off-site or residential trips. A copy of the IHP will be taken on trips if necessary.

*Please note that all references to School Nurse also apply to a suitably trained and qualified person covering the role.

Date	Version	Changes
Summer 2019	1-1-0	Reference to Guidance on Infection Control in Schools and Other Childcare Settings' (March 2017) and Health Protection in Schools and Other Childcare Facilities (updated March 2019) included. All consents/ permissions to be on Request to Administer Medication form.

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		Information about IHPs and emergency Salbutamol inhalers added
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Appendix 1

1. Rashes & Skin Infections

Children with rashes should be considered infectious and assessed by their doctor

Infection or complaint	Recommended period to be kept away from school, nursery or childminders	Comments
Athlete's foot	None	Athlete's foot is not a serious condition. Treatment is recommended
Chickenpox	Until all vesicles have crusted over	<i>See: Governemnt guidance on Vulnerable Children and Female Staff - Pregnancy</i>
Cold sores, (Herpes simplex)	None	Avoid kissing and contact with the sores. Cold sores are generally mild and self-limiting
German measles (rubella)*	Four days from onset of rash (as per "Green Book")	Preventable by immunisation (MMR x2 doses). <i>See Government guidance: Female Staff - Pregnancy</i>
Hand, foot and mouth	None	Contact your local HPT if a large number of children are affected. Exclusion may be considered in some circumstances
Impetigo	Until lesions are crusted and healed, or 48 hours after starting antibiotic treatment	Antibiotic treatment speeds healing and reduces the infectious period
Measles*	Four days from onset of rash	Preventable by vaccination (MMR x2). <i>See: Vulnerable Children and Female Staff - Pregnancy</i>
Molluscum contagiosum	None	A self-limiting condition
Ringworm	Exclusion not usually required	Treatment is required
Roseola (infantum)	None	None
Scabies	Child can return after first treatment	Household and close contacts require treatment
Scarlet fever*	Child can return 24 hours after starting appropriate antibiotic treatment	Antibiotic treatment is recommended for the affected child
Slapped cheek/fifth disease. Parvovirus B19	None (once rash has developed)	<i>See: Vulnerable Children and Female Staff - Pregnancy</i>
Shingles	Exclude only if rash is weeping and cannot be covered	Can cause chickenpox in those who are not immune, ie have not had chickenpox. It is spread by very close contact and touch. If further information is required, contact your local PHE centre. <i>See: Vulnerable Children and Female Staff - Pregnancy</i>

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Warts and verrucae	None	Verrucae should be covered in swimming pools, gymnasiums and changing rooms
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2. Diarrhoea & Vomiting Illness

Infection or complaint	Recommended period to be kept away from school, nursery or childminders	Comments
Diarrhoea and/or vomiting	48 hours from last episode of diarrhoea or vomiting	
<i>E. coli</i> O157 VTEC Typhoid* [and paratyphoid*] (enteric fever) Shigella (dysentery)	Should be excluded for 48 hours from the last episode of diarrhoea. Further exclusion may be required for some children until they are no longer excreting	Further exclusion is required for children aged five years or younger and those who have difficulty in adhering to hygiene practices. Children in these categories should be excluded until there is evidence of microbiological clearance. This guidance may also apply to some contacts who may also require microbiological clearance. Please consult your local PHE centre for further advice
Cryptosporidiosis	Exclude for 48 hours from the last episode of diarrhoea	Exclusion from swimming is advisable for two weeks after the diarrhoea has settled

3. Respiratory Infections

Infection or complaint	Recommended period to be kept away from school, nursery or childminders	Comments
Flu (influenza)	Until recovered	<i>See: Vulnerable Children</i>
Tuberculosis*	Always consult your local PHE centre	Requires prolonged close contact for spread
Whooping cough* (pertussis)	Five days from starting antibiotic treatment, or 21 days from onset of illness if no antibiotic treatment	Preventable by vaccination. After treatment, non-infectious coughing may continue for many weeks. Your local PHE centre will organise any contact tracing necessary

4. Other Infections

Infection or complaint	Recommended period to be kept away from school, nursery or child minders	Comments
Conjunctivitis	None	If an outbreak/cluster occurs, consult your local PHE centre

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Diphtheria *	Exclusion is essential. Always consult with your local HPT	Family contacts must be excluded until cleared to return by your local PHE centre. Preventable by vaccination. Your local PHE centre will organise any contact tracing necessary
Glandular fever	None	
Head lice	None	Treatment is recommended only in cases where live lice have been seen
Hepatitis A*	Exclude until seven days after onset of jaundice (or seven days after symptom onset if no jaundice)	In an outbreak of hepatitis A, your local PHE centre will advise on control measures
Hepatitis B*, C*, HIV/AIDS	None	Hepatitis B and C and HIV are bloodborne viruses that are not infectious through casual contact. For cleaning of body fluid spills see: <i>Good Hygiene Practice</i>
Meningococcal meningitis*/ septicaemia*	Until recovered	Meningitis C is preventable by vaccination There is no reason to exclude siblings or other close contacts of a case. In case of an outbreak, it may be necessary to provide antibiotics with or without meningococcal vaccination to close school contacts. Your local PHE centre will advise on any action is needed
Meningitis* due to other bacteria	Until recovered	Hib and pneumococcal meningitis are preventable by vaccination. There is no reason to exclude siblings or other close contacts of a case. Your local PHE centre will give advice on any action needed
Meningitis viral*	None	Milder illness. There is no reason to exclude siblings and other close contacts of a case. Contact tracing is not required
MRSA	None	Good hygiene, in particular handwashing and environmental cleaning, are important to minimise any danger of spread. If further information is required, contact your local PHE centre
Mumps*	Exclude child for five days after onset of swelling	Preventable by vaccination (MMR x2 doses)
Threadworms	None	Treatment is recommended for the child and household contacts
Tonsillitis	None	There are many causes, but most cases are due to viruses and do not need an antibiotic

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*denotes a notifiable disease. It is a statutory requirement that doctors report a notifiable disease to the proper officer of the local authority (usually a consultant in communicable disease control). In addition, organisations may be required via locally agreed arrangements to inform their local PHE centre. Regulating bodies (for example, Office for Standards in Education (OFSTED)/Commission for Social Care Inspection (CSCI)) may wish to be informed - please refer to local policy.

Outbreaks: if an outbreak of infectious disease is suspected, please contact your local PHE centre.

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Appendix 2

Prompt sheet for an individual healthcare plan (IHP)

In order to help us prepare your child's IHP please supply us with as much information as possible.

Question	Notes
Details of health condition <ul style="list-style-type: none"> • What condition does the child have? • When was he/she diagnosed? • Is there anything else we should know about their condition? 	
What triggers/ signs symptoms can you tell us about?	
Treatment <ul style="list-style-type: none"> • What medication(s) does he/she take and when? • Are there any medication side effects that the school needs to be aware of? • Does your child have emergency medication? If so, what? • Does your child have any other treatments for their condition? 	
Support at school <ul style="list-style-type: none"> • Are there any particular school activities that you think may put your child at risk? What can be done to reduce the risk? <i>Playtimes, PE, swimming, science, school trips.</i> • Do we need to make any adjustments to the classroom environment to support your child's learning? • Are there any other provisions we need to make? 	
Arrangements for school trips/ visits etc <ul style="list-style-type: none"> • What factors need to be considered when taking the child off site? 	
What constitutes an emergency and what action should be taken in this case? <ul style="list-style-type: none"> • Any medication • Does the child need to go to hospital- if so do you have a preference which one? 	
Learning, behaviour and emotional wellbeing <ul style="list-style-type: none"> • Does the child have difficulties with learning, behaviour or emotional wellbeing? • Are there any ways we can help manage these difficulties? 	
People who can help you <ul style="list-style-type: none"> • Who are the healthcare professionals involved in your child's care? <i>GP, paediatrician, specialist</i> • Who else at school needs to know about your child's condition? <i>Class/subject teacher, SENCO, Principle, support staff, friends, others</i> 	
Any other information <ul style="list-style-type: none"> • Is there anything else that we should know about your child's condition? (Please continue on another sheet if necessary.) 	

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Appendix 3

Individual healthcare plan (IHP)



Date:

Review date:

Child's details

Name	
Group/class/form	
Date of birth	
Address	

Family contact information

1. Contact name	
Relationship to child	
Phone number (work)	
(mobile)	
(home)	
2. Contact name	
Relationship to child	
Phone number (work)	
(mobile)	
(home)	
3. Contact name	
Relationship to child	
Phone number	
Mobile	

Clinic/hospital contact

Name	
Consultants	
Role	
Phone number	

GP

Name	
Phone number	

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Who is responsible for providing support at school?	
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What specific day to day support is necessary in school?	
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Learning, behaviour and wellbeing needs.	
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What constitutes an emergency?

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Emergency procedure

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Current Medication(s)

<p>Does your child take any medication regularly, in a particular circumstance or in an emergency?</p> <p>YES / NO (please circle as appropriate) If yes, please supply details in the table below. Please include inhalers/EpiPens etc.</p> <p>Please indicate if any of these medications (e.g. inhalers) will be / is held by your child and that you judge them as competent to manage and self-administer this medication?</p> <p>Any other medication should be held in the School Medical Room and you should complete the consent section below to give your permission for the School to administer these medications. The medication should be in the original and complete packaging or container and should include the original instructions for administration.</p>
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Name of Medication to be administered	Dosage	Frequency of dose/ time(s) to be given for regular medication	Circumstances under / symptoms for which occasional or emergency medication is to be given	Parent to <u>sign</u> here to indicate that they give permission for the child to self-administer this medication.

Side-effects of medication

Information about other treatments

Any triggers (if known):

Specific support or equipment required (for medical, educational, social, emotional needs)

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Activities that require special precautions, and how to manage

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Arrangement for school trips

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Training needs:- (Who /what)	
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Other information

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Appendix 4

Health Protection for schools, nurseries and other childcare facilities

Appendix 3. Diarrhoea and vomiting outbreak – schools, nurseries and other childcare settings action checklist

Date Completed:			
Checklist Completed By (Print Name):			
Name & Tel No of Institution:			
Name of Head Teacher/Manager:			
	Yes	No	Comments:
Deploy 48 hour exclusion rule for ill children and staff			
Liquid soap and paper hand towels available			
Staff to check/encourage/supervise hand washing in children			
Check that deep cleaning, ie twice daily (min) cleaning and follow through with bleach/Milton/ appropriate disinfectant is being carried out, (especially toilets, frequently touched surfaces eg handles and taps and including any special equipment and play areas). Ensure that all staff/contractors involved in cleaning are aware of, and are following, the guidance			
Disposable protective clothing available (ie non-powdered latex/synthetic vinyl gloves & aprons)			
Appropriate waste disposal systems in place for infectious waste			
Advice given on cleaning of vomit (including steam cleaning carpets/furniture or machine hot washing of soft furnishings)			
Clean and disinfect hard toys daily (with detergent and water followed by bleach/Milton). Limit and stock rotate toys			
Suspend use of soft toys plus water/sand play and cookery activities during outbreak			
Segregate infected linen (and use dissolvable laundry bags where possible)			
Visitors restricted. Essential visitors informed of outbreak and advised on hand washing			
New children joining institution suspended			
Keep staff working in dedicated areas (restrict food handling if possible). Inform HPT of any affected food handlers.			
Check if staff work elsewhere (restrict) and that all staff are well (including agency). Exclude if unwell (see above re 48 hour rule)			
HPT informed of any planned events at the institution			
Inform School Nurse and discuss about informing OFSTED, if applicable.			

Including Sandleford, our Early Years Foundation Stage provision