Supporting Pupils with Medical Conditions in School Policy

Policy statement

Aim: This policy is designed to ensure that all children with medical conditions, in terms of both physical and mental health, are properly supported in school so that they play a full and active role in school life, remain healthy and achieve their full academic potential.

Regular school attendance is vital for every child and at Lowbrook we do all that we can to maintain high attendance figures. Nevertheless, from time to time every child will become ill and may require some time out of school to recover. In general, where a child requires medication (or treatment) they should be kept at home until the course of treatment is complete.

There are, however, a few exceptions:

- When a child has almost fully recovered and simply needs to complete a course of medication (e.g. antibiotics) for a day or so.
- Where a child suffers from asthma (or any other occasional ailment) and may need to use an inhaler.
- Where equipment such as an inhaler is necessary, we strongly encourage children to take personal responsibility for these items as soon as possible.

Legislation and Statutory Responsibilities

This policy meets the requirements under Section 100 of the Children and Families Act 2014, which places a duty on governing bodies to make arrangements for supporting pupils at their school with medical conditions.

It is also based on the Department for Education's statutory guidance: Supporting pupils at school with medical conditions.

This policy also complies with our funding agreement and articles of association.

Roles and Responsibilities

The Governing Body

The governing body has ultimate responsibility to make arrangements to support pupils with medical conditions. The governing body will ensure that sufficient staff have received suitable training and are competent before they are responsible for supporting children with medical conditions.

The Principal

The Principal will:

- Make sure all staff are aware of this policy and understand their role in its implementation.
- Ensure that there is a sufficient number of trained staff available to implement this policy and deliver against all individual healthcare plans (IHPs), including in contingency and emergency situations (The SENCo, Inclusion Manager and School Matron).
- Take overall responsibility for the development of IHPs.
- Make sure that school staff are appropriately insured and aware that they are insured to support pupils in this way.
- Contact the school nursing service in the case of any pupil who has a medical condition that may require support at school, but who has not yet been brought to the attention of the school nurse.
- Ensure that systems are in place for obtaining information about a child's medical needs and that this information is kept up to date.

Staff

Supporting pupils with medical conditions during school hours is not the sole responsibility of one person. Any member of staff may be asked to provide support to pupils with medical conditions, although they will not be required to do so. This includes the administration of medicines.
Those staff who take on the responsibility to support pupils with medical conditions will receive sufficient and suitable training, and will achieve the necessary level of competency before doing so.

Teachers will take into account the needs of pupils with medical conditions that they teach. All staff will know what to do and respond accordingly when they become aware that a pupil with a medical condition needs help.

Where appropriate or written into an individual child's care plan PPE will be worn by staff when attending to specific medical needs.

Parents

Parents will:

- Provide the school with sufficient and up-to-date information about their child's medical needs.
- Be involved in the development and review of their child's IHP and may be involved in its drafting.
- Carry out any action they have agreed to as part of the implementation of the IHP e.g. provide medicines and equipment.

Pupils

Pupils with medical conditions will often be best placed to provide information about how their condition affects them. Pupils should be fully involved in discussions about their medical support needs and contribute as much as possible to the development of their IHPs. They are also expected to comply with their IHPs.

School nurses and other healthcare professionals

Our school nursing service will notify the school when a pupil has been identified as having a medical condition that will require support in school. This will be before the pupil starts school, wherever possible.

Legal Aspects

There is no legal duty on non-medical staff to administer medicines or to supervise a child taking it. ***This is purely a voluntary role.*** The 'duty of care' extends to administering medication in exceptional circumstances, and therefore it is for schools to decide their local policy for the administration of medication. Staff should be particularly cautious agreeing to administer medicines where:

- The timing is crucial to the health of the child.
- Where there are potentially serious consequences if medication or treatment is missed.
- Or where a degree of technical or medical knowledge is needed.

Staff who volunteer to administer medicines should not agree to do so without first receiving appropriate information and/or training specific to the child's medical needs. Under no circumstances must any medication, even non-prescription drugs such as *paracetamol*, be administered without written parental approval. With parental approval the Academy would deem the administration of most medicines as a reasonable adjustment.

Equal Opportunities

Our school is clear about the need to actively support pupils with medical conditions to participate in school trips and visits, or in sporting activities, and not prevent them from doing so. The school will consider what reasonable adjustments need to be made to enable these pupils to participate fully and safely on school trips, visits and sporting activities.

Risk assessments will be carried out so that planning arrangements take account of any steps needed to ensure that pupils with medical conditions are included. In doing so, pupils, their parents and any relevant healthcare professionals will be consulted.

Long Term or Complex Medical Needs

Consultation with the parent/guardian will need to take place prior to the administration of long term medication or complex medical needs. Specialist professionals will be consulted if necessary. A written description of the medical condition and needs will be produced by the school and linked to an Individual Health Care Plan (IHCP), having been provided by the parent,

checked by the latter and issued to the School Matron and Class Teacher at the start of the school year.

A copy stored with the child's medication and a copy kept in a special file in the medical room. These records will be updated annually in September.

Individual Health Care Plan (IHCP)

IHCPs are in place to ensure that the Academy can effectively support pupils with medical conditions. They provide clarity about what needs to be done, when and by whom. They will often be essential, such as in cases where conditions fluctuate or where there is a high risk that emergency intervention will be needed, and are likely to be helpful in the majority of other cases, especially where medical conditions are long-term and complex. However, not all children will require one. The Academy, healthcare professional and parent will agree, based on evidence, when a healthcare plan would be inappropriate or disproportionate. If consensus cannot be reached, the Principal will take the final view.

IHCPs are easily accessible to all who need to refer to them, whilst preserving confidentiality. Plans will capture the key information and actions that are required to support the child effectively. The level of detail within plans will depend on the complexity of the child's condition and the degree of support needed. This is important because different children with the same health condition may require very different support. Where a child has Special Educational Needs & Disabilities (SEND) but does not have a statement or an Education, Health and Care (EHC) plan, their special educational needs will be mentioned in their IHCP.

IHCPs, (and their review), may be initiated, in consultation with the parent, by a member of the Academy's staff or a healthcare professional involved in providing care to the child. Plans will be drawn up in partnership between the Academy, parents/carers, and a relevant healthcare professional, e.g. school, specialist or children's community nurse, who can best advise on the particular needs of the child. Pupils will also be involved whenever appropriate. The aim should be to capture the steps which the Academy should take to help the child manage their condition and overcome any potential barriers to getting the most from their education. Partners will agree who will take the lead in writing the plan, but responsibility for ensuring it is finalised and implemented rests with the Academy. They will be developed with the child's best interests in mind and ensure that the Academy assesses and manages risks to the child's education, health and social well-being and minimises disruption. Where the child has an EHC plan, the IHCP will be linked to or become part of that plan.

Where a child is returning to the Academy following a period of hospital education or alternative provision (including home tuition), the Academy will work with that provider to ensure that the IHCP identifies the support the child will need to reintegrate effectively. When deciding what information should be recorded on IHCPs, the Academy will consider the following:

- The medical condition, its triggers, signs, symptoms and treatments.

- The pupil's resulting needs, including medication (dose, side-effects and storage) and other treatments, time, facilities, equipment, testing, access to food and drink where this is used to manage their condition, dietary requirements and environmental issues e.g. crowded corridors.

- Specific support for the pupil's educational, social and emotional needs – for example, how absences will be managed, requirements for extra time to complete exams, use of rest periods or additional support in catching up with lessons, counselling sessions.

- The level of support needed, (some children will be able to take responsibility for their own health needs), including in emergencies. If a child is self-managing their medication, this should be clearly stated with appropriate arrangements for monitoring.

- Who will provide this support, their training needs, expectations of their role and confirmation of proficiency to provide support for the child's medical condition from a healthcare professional; and cover arrangements for when they are unavailable.

- Who in the Academy needs to be aware of the child's condition and the support required.

- Arrangements for written permission from parents/carers and the Principal for medication to be administered by a member of staff, or self-administered by the pupil during school hours.

- Separate arrangements or procedures required for school trips or other school activities outside of the normal school timetable that will ensure the child can participate, e.g. risk assessments. Arrangements are required to be clear and unambiguous, and not prevent them from taking part.

- Where confidentiality issues are raised by the parent/child, the designated individuals to be entrusted with information about the child's condition; and

- What to do in an emergency, including whom to contact, and contingency arrangements. Some children may have an emergency healthcare plan prepared by their lead clinician that could be used to inform development of their IHCP.

Health Care Plans are the pivotal means through which responsibility holders communicate and record information; acknowledging this through signing off the document. This provides a high level of assurance that information has been understood and agreement on actions reached. This also facilitates setting review dates, recording any changes introduced and also lends itself to future auditing.

Instruction and Training

Specific instructions and training is given to staff before they are required to assist with or administer medicines or medical procedures. This includes the identification of tasks that should not be undertaken. Such safeguards are necessary both for the staff involved and to ensure the well being of the child. Even administering common medicines can sometimes be dangerous if children are suffering from non-related illnesses or conditions.

The Academy will ensure that there are sufficient numbers of trained staff to cover for school visits, staff sickness, and compassionate leave or for any other reason for absence from school.

Suitable training is identified during the development or review of individual healthcare plans. Some staff may already have some knowledge of the specific support needed by a child with a

medical condition and so extensive training may not be required. Staff, who provide support to pupils with medical conditions, will be included in meetings where this is discussed.

The relevant healthcare professional should normally lead on identifying and agreeing with the Academy the type and level of training required, and how this can be obtained. The Academy may choose to arrange training themselves and should ensure this remains up-to-date.

Training should be sufficient to ensure that staff are competent and have confidence in their ability to support pupils with medical conditions, and to fulfil the requirements as set out in individual healthcare plans. They will need an understanding of the specific medical conditions they are being asked to deal with, their implications and preventative measures.

Procedures

Mrs Paula West (School Matron) has responsibility for receiving / logging / storing / administering / checking parental consent for medicines. In the event she is not available, this duty falls to the pupils class teacher. In the absence of either personnel, the SENCO, Mrs Frances Garland, should be consulted. All three members of staff have received full First Aid Training.

Medicines should only be administered at school when it would be detrimental to a child's health or school attendance not to do so.

Parents/carers should notify the Academy of any medical issues relating to their child including any medication. We will only administer medicine if it has been prescribed by a doctor (with the exception of Calpol or the equivalent) and we're able to see the prescription label on the packaging. To make sure their child receives the right dose at the right time, parents/carers must complete a form from the school office and leave the medicine with the Office staff.

A child under 12 should never be given aspirin, unless prescribed by a doctor.

If a pupil suffers from acute pain i.e. migraine, the parents/carers should authorise and supply appropriate painkillers, with written instructions about when the child should take the medication. The school matron will supervise the pupil taking the medication and notify the parents/carers, in writing, on the day painkillers are taken. Medication, e.g., for pain relief, should never be administered without first checking maximum dosages and when the previous dose was taken. Parents will be informed.

Where possible, the Academy will avoid administering non-prescription medicine. However, we may do so, if requested by the parent, if it will facilitate the child attending school and continuing their learning. This will usually be for a short period only, e.g., for the administration of paracetamol for toothache or other pain. However, such medicines will only be administered in school where it would be detrimental to a child's health if it were not administered during the day. If non-prescription medication is to be administered, then the parent/carer must complete a Parental Agreement for School to Administer Medicine Form, and the same procedure will be followed as for prescription medication. The medicine must be provided in its original container, with dosage information on it. The parent's instructions will be checked against the dosage information, and this will not be exceeded.

No child under 16 should be given prescription or non-prescription medicines without their parent's written consent – except in exceptional circumstances, e.g., school residential trips,

where the medicine has been prescribed to the child without the knowledge of the parents/carers. In such cases, every effort should be made to contact the parents/carers as soon as possible.

Where clinically possible, medicines should be prescribed in dose frequencies which enable them to be taken outside school hours

Prescribed medicines will only be accepted if these are in-date, labelled, provided in the original container as dispensed by a pharmacist and include instructions for administration, dosage and storage. The exception to this is insulin, which must still be in date, but will generally be available inside an insulin pen or a pump, rather than in its original container.

All medicines, other than emergency medication, are stored safely in the school office or in locked medical fridge by the staff kitchen. Children know where their medicines are at all times and are able to access them immediately. They know who holds the key to the storage facility.

All emergency medicines and devices such as asthma inhalers, blood glucose testing meters and adrenaline pens are readily available to children and not locked away. This is particularly important to consider when outside of school premises, e.g., on school trips.

The administration and dosage of all medications is undertaken by the School Matron, Paula West or a trained member of staff and witnessed by a second adult.

It is good practice to allow pupils, who can be trusted, to manage their own medication from a relatively early age (parents/carers should state this on health care plan). If doing so, staff should supervise them at all times.

If a pupil refuses to take medication, staff should not force them to do so. The Academy will inform the parents/carers as a matter of urgency, and if necessary, call the emergency services.

Emergency Procedures

As part of general risk management processes, arrangements are in place for dealing with emergencies for all school activities wherever they take place, including on school trips within and outside the UK.

Where a child has an individual healthcare plan, this defines what constitutes an emergency and explains what to do, including ensuring that all relevant staff are aware of emergency symptoms and procedures. Other pupils at the Academy know what to do in general terms, such as informing a teacher immediately if they think help is needed.

If a child needs to be taken to hospital, staff will stay with the child until the parent arrives, or accompany a child taken to hospital by ambulance.

School Trips

- The Academy encourages all pupils to participate in school trips whenever safety permits.
- Staff supervising excursions and overnight trips should always be aware of any (additional) medical needs and relevant emergency procedures
- On occasions, it may be deemed by the Academy to be appropriate for an additional supervisor or parent to accompany a particular pupil with medical needs.

Sporting Activities

- Most pupils with medical conditions can participate in extra-curricular sport or in the PE lessons, which is sufficiently flexible for all pupils to follow in ways appropriate to their own abilities.
- For many, physical activity can benefit their overall social, mental and physical health and well-being.
- Some pupils may need to take precautionary measures before or during exercise and-or need to be allowed immediate access to their medication, if necessary.
- Staff supervising sporting activities are aware of any medical needs and relevant emergency procedures.

Unacceptable practice

Although school staff should use their discretion and judge each case on its merits with reference to the child's individual healthcare plan, it is not generally acceptable practice to:

- prevent children from easily accessing their inhalers and medication and administering their medication when and where necessary;
- assume that every child with the same condition requires the same treatment;
- ignore the views of the child or their parents/carers; or ignore medical evidence or opinion (although this may be challenged);
- send children with medical conditions home frequently for reasons associated with their medical condition or prevent them from staying for normal school activities, including lunch, unless this is specified in their individual healthcare plans;
- if the child becomes ill, send them to the school office unaccompanied or with someone unsuitable;
- penalise children for their attendance record if their absences are related to their medical condition, e.g. hospital appointments;
- prevent pupils from drinking, eating or taking toilet or other breaks whenever they need to in order to manage their medical condition effectively;
- require parents/carers, or otherwise make them feel obliged, to attend school to administer medication or provide medical support to their child, including with toileting issues, or.
- prevent children from participating, or create unnecessary barriers to children participating in any aspect of school life, including school trips, e.g. by requiring parents/carers to accompany the child.

Medication Errors

A medication error is when the administration deviates from the instructions of the medical professional and parent. Medication errors typically occur when there is more than one pupil with the same name. Some examples of medication errors include:

- administration of a medication to the wrong pupil;
- administration of the wrong medication to a pupil;
- administration of the wrong dosage of medication to a pupil;
- administration of the medication via the wrong route;
- administration of the medication at the wrong time.

Each medication error must be reported to the Executive Principal and an Incident Report Form completed.

Accidental failure of the agreed procedures

Should a member of staff fail to administer any medication as required, they will inform the parents/carers as soon as possible. However, the position should not normally arise as any child requiring vital medication or treatment would not normally be in school.

Routine administration

Professional training is not necessary in cases where the administration of medicines is routine and straightforward (prescribed painkillers, antibiotics, etc.) Where training is identified the details will be included in the care plan. Staff should never volunteer to give non-prescribed medicines (e.g. Calpol, Piriton) to children unless the parent has given prior written permission. If verbal permission is obtained, this is recorded on the 'Record of Medicines Administered To All Children' form kept in school.

Non-Routine administration

Some children may require non-routine administrations. This could be injection, administration of rectal diazepam, assistance with catheters or use of equipment for children with tracheotomies etc. Before the school accepts any commitment; professional training and guidance will be provided by appropriate medical professionals. Once again, the training requirements and specific details will be included in the care plan signed off by the Parent and the Principal.

Emergency salbutamol inhalers

In late September 2014 a new guidance document on the use of emergency salbutamol inhalers in schools was issued by the government. Consequently, from 1st October 2014, the Human Medicines (Amendment) (No. 2) Regulations 2014 allows schools to buy salbutamol inhalers, without a prescription, for use in emergencies.

The emergency salbutamol inhaler will only be used by children, for whom written parental consent for use of the emergency inhaler has been given, who have either been diagnosed with asthma and prescribed an inhaler, or who have been prescribed an inhaler as reliever medication.

The inhaler can be used if the pupil's prescribed inhaler is not available (for example, because it is broken, or empty).

The school will keep a register of children who have been diagnosed with asthma or prescribed a reliever inhaler, a copy of which will also be kept with the emergency inhaler.

Written parental consent will be obtained for use of the emergency inhaler included as part of a School Asthmas Card which they will be required to complete.

Appropriate support and training for staff in the use of the emergency inhaler in line with the school's wider policy on supporting pupils with medical conditions will be provided to staff administering the inhaler.

Emergency Adrenaline Auto-Injector (AAI) Generic Pens for Schools

From 1st October 2017, the Human Medicines (Amendment) Regulations 2017 allows schools in the UK to buy adrenaline auto-injector devices (known as AAIs) without a prescription to use in an emergency on children who are at risk of a severe allergic reaction (known as anaphylaxis) but whose own device is not available or not working. This could be because their AAI(s) are broken, or out-of-date, for example.

The Academy can administer the "spare" AAI, obtained, without prescription, for use in emergencies, if available, but only to a pupil at risk of anaphylaxis, where both medical authorisation and written parental consent for use of the spare AAI has been provided. The school's spare AAI can be administered to a pupil whose own prescribed AAI cannot be administered correctly without delay.

Written parental consent will be obtained for use of the emergency AAI included as part of an Action Plan they will be required to complete, which will be stored with the pupil's Auto-Injector.

Any AAI(s) held by the Academy is considered a spare / back-up device and not a replacement for a pupil's own AAI(s). Current guidance from the Medicines and Healthcare Products Regulatory Agency (MHRA) is that anyone prescribed an AAI should carry two of the devices at all times. This guidance does not supersede this advice from the MHRA, and any spare AAI(s) held by a school should be in addition to those already prescribed to a pupil.

The Academy will ensure that all AAI devices – including those belonging to a younger child, and any spare AAI in the Emergency kit – are kept in a safe and suitably central location: for example, the medical room to which all staff have access at all times, but in which the AAI is out of the reach and sight of children. They must not be locked away in a cupboard or an office where access is restricted. The Academy will ensure that AAIs are accessible and available for use at all times, and not located more than 5 minutes away from where they may be needed.

Any spare AAI devices held in the Emergency Kit should be kept separate from any pupil's own prescribed AAI which might be stored nearby; the spare AAI should be clearly labelled to avoid confusion with that prescribed to a named pupil.

The Academy will conduct a risk-assessment for any pupil at risk of anaphylaxis taking part in a school trip off school premises, in much the same way as we already do so with regards to safe-

guarding, etc. Pupils at risk of anaphylaxis should have their AAI with them, and there will be staff in attendance who are trained to administer AAI in an emergency. The Academy will consider, on a case-by-case basis whether it may be appropriate, under some circumstances, to take spare AAI(s) obtained for emergency use on some trips.

Where a pupil has no other healthcare needs other than a risk of anaphylaxis, the Academy will ask parents/carers to complete a BSACI Allergy Action Plan. All children with a diagnosis of an allergy and at risk of anaphylaxis should have this written Allergy Management Plan.

Safety checklist

- Is any specific training required to administer medicines?
- Is any necessary protective clothing or equipment available?
- Has the parent completed the Medication Consent Form? Has a copy been filed?
- Is the member of staff clear on what they are expected to do?
- Is the emergency contact information, particularly for the G.P. and parent or guardian clear?
- What action is necessary in the event of an accident or failure of the agreed procedures?
- Will medication be stored in a same place and at a suitable temperature?
- Staff must be aware of guidance on infectious diseases and wear PPE where appropriate.

Record Keeping

The following information must be completed by the parent:

- Name and date of birth of the child.
- Name of parents/guardian, contact address and telephone number.
- Name, address and telephone number of GP.
- Name of medicines.
- Details of prescribed dosage.
- Date and time of last dosage given.
- Consent given by the parents/guardian for staff to administer these medicines.
- Expiry dates of the medicines.
- Storage details.

The Parent Consent form, providing all the information above, will be copied and retained in a central file as a record for future reference.

Safe storage and disposal of medicines

Medicines should be administered from the original container or by a monitored dosage system such as a blister pack. The designated member of staff should not sign the medicine record book unless they have personally administered, assisted, or witnessed the administration of the medicines. A second signature is required by a witness.

When medicines are used staff will need to ensure that they fully understand how each medicine or drug should be stored. Storage details can be obtained either from the written instructions of the GP/Pharmacist or from parents/carers.

All medicines should be stored in the original container, be properly labelled, and kept in a secure place, out of reach of children. A medical fridge is available for any medicines that require refrigeration. These should be clearly labelled and kept separated from any foodstuff.

Medicines should only be kept while the child is in attendance.

Where needles are used, a sharps container and adequate arrangements for collection and incineration should be in place. Such arrangements are necessary for any equipment used which may be contaminated with body fluids, such as blood etc.

Any unused or outdated medication will be returned to the parent for safe disposal. Refrigerated medicines are kept in a locked refrigerator in the First Aid medical room. All other medicines are kept locked in the medical area beside the office and emergency medications such as asthma inhalers and Adrenaline Auto-Injectors are kept in close vicinity of the children in their classrooms. Older children in the school take responsibility for their own asthma inhalers.

Children with infectious diseases

Children with infectious diseases will not be allowed in school until deemed safe by their GP and/or the School Nurse or local health authorities.

School Insurance Arrangements

Zurich Municipal is the Academy's insurer and they provide liability cover relating to the administration of medication.

Certificates are displayed at various points around the site.

Complaints

Parents with a complaint about their child's medical condition should discuss these directly with the Headteacher in the first instance. If the headteacher cannot resolve the matter, they will direct parents to the school's complaints procedure.

Related Policies
Child Protection and Safeguarding
Complaints
Health & Safety
Single Equality and Disability Equality Scheme (inclusive of Accessibility Plan)
Special Educational Needs

Signed: Chair of Governors

Signed: Principal

Date:

Appendices

1. Individual Healthcare Plan
2. Parental agreement for setting to administer medicine
3. Record of medicine administered to an individual child
4. Record of medicine administered to all children
5. Staff training record – administration of medicines
6. Model letter inviting parents/carers to contribute to individual healthcare plan development
7. Administration of Medicines in School Procedure
8. Medication Error Incident Form
9. Letter to Pharmacist to request Emergency Adrenaline Auto-Injector
10. Letter to Parents/Carers Requesting completion of School Asthma Card
11. School Asthma Card
12. Letter to Parents/Carers requesting completion of Auto Injector Action Plan
13. Epipen Auto Injector Action Plan
14. Jext Auto Injector Action Plan
15. Emerade Auto Injector Action Plan
16. Guidance on Respiratory Outbreaks
17. Information pack for managing Scarlett Fever in Education and Childcare settings

Individual Healthcare Plan

Name of school/setting	
Child's name	
Year group / Class	
Date of birth	
Child's address	
Medical diagnosis or condition	
Date	
Review date	

Family Contact Information

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

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

Clinic/Hospital Contact

Name	
Phone no.	

G.P.

Name	
Phone no.	

Who is responsible for providing support in school	

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

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

Daily care requirements

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

Arrangements for school visits/trips, etc.

Other information

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

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

Plan developed with

Staff training needed/undertaken – who, what, when

Form copied to

Parental agreement for School to administer medicine

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

Important: School staff are not required to undertake this duty

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

Medicine

Name/type of medicine *(as described on the container)*	
Expiry date	
Dosage and method	
Timing	
Date and time of last dosage given	
Storage instructions	
Special precautions/other instructions	
Are there any side effects that the school/setting needs to know about?	
Self-administration – y/n	
Procedures to take in an emergency	
What action is necessary in the event of an accident or failure of the agreed procedure:	

NB: Medicines must be in the original container as dispensed by the pharmacy

Contact Details

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

PARENT/GUARDIAN CONSENT. Please read and sign.

The above information is, to the best of my knowledge, accurate at the time of writing and I give consent to school staff administering medicine in accordance with the school policy. I will inform the school immediately, in writing, if there is any change in dosage or frequency of the medication or if the medicine is stopped.

This task is being undertaken voluntarily and in a spirit of general care and concern. We will make every effort to administer this medication on time and as required. The member of staff responsible can make no absolute guarantees, and may decline to accept responsibility once they have read these instructions. If so you will be informed immediately.

Signature(s):_____Date:_____

STAFF MEMBER.

DO YOU UNDERSTAND EXACTLY WHAT IS REQUIRED? YES/NO

Signature(s):_____Date:_____

Record of medicine administered to an individual child

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

Staff signature:_____

Signature of parent:_____

Date			
Time given			
Dose given			
Name of member of staff			
Staff initials			

Date			
Time given			
Dose given			
Name of member of staff			
Staff initials			

Date			
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Dose given			
Name of member of staff			
Staff initials			

Date			
Time given			
Dose given			
Name of member of staff			
Staff initials			

Record of medicine administered to all children

Name of school:

Date	Child's name	Time	Name of medicine	Dose given	Any reactions	Signature of staff	Print name	2nd signature of staff	Print Name

Staff training record – administration of medicines

Name of school	
Name of staff member	
Type of training received	
Date of training completed	
Training provided by	
Profession and title	

I confirm that [name of member of staff] has received the training detailed above and is competent to carry out any necessary treatment. I recommend that the training is updated [name of member of staff].

Trainer's signature:_____

Date:_____

I confirm that I have received the training detailed above.

Staff signature:_____

Date:_____

Suggested review date:_____

Model letter inviting parents/carers to contribute to individual healthcare plan development

Dear Parent / Caregiver,

DEVELOPING AN INDIVIDUAL HEALTHCARE PLAN FOR YOUR CHILD

Thank you for informing us of your child's medical condition. I enclose a copy of the school's policy for supporting pupils at school with medical conditions for your information.

A central requirement of the policy is for an individual healthcare plan to be prepared, setting out what support each pupil needs and how this will be provided. Individual healthcare plans are developed in partnership between the school, parents/carers, pupils, and the relevant healthcare professional who can advise on your child's case. The aim is to ensure that we know how to support your child effectively and to provide clarity about what needs to be done, when and by whom. Although individual healthcare plans are likely to be helpful in the majority of cases, it is possible that not all children will require one. We will need to make judgements about how your child's medical condition impacts on their ability to participate fully in school life, and the level of detail within plans will depend on the complexity of their condition and the degree of support needed.

A meeting to start the process of developing your child's individual health care plan has been scheduled for xx/xx/xx. I hope that this is convenient for you and would be grateful if you could confirm whether you are able to attend. The meeting will involve [the following people]. Please let us know if you would like us to invite another medical practitioner, healthcare professional or specialist and provide any other evidence you would like us to consider at the meeting as soon as possible.

If you are unable to attend, it would be helpful if you could complete the attached individual healthcare plan template and return it, together with any relevant evidence, for consideration at the meeting. I [or another member of staff involved in plan development or pupil support] would be happy for you contact me [them] by email or to speak by phone if this would be helpful.

Yours sincerely,

Administration of Medicines in School Procedure

Appointed School Matron: **Paula West**

Responsible SLT Member: **Frances Garland**

1. Any parent/guardian who wishes Lowbrook Academy to administer medication to their child/children will be required to complete a parental agreement form which can be collected from the school office.

2. No medication is to be accepted by the school office without an accompanying completed parental agreement form.

3. Should a course of treatment be required, the parent/guardian must complete a form daily, which is handed into the office with the accompanying medication in order for the School Matron to monitor when the last dose was submitted at home, prior to administering any further doses at school.

4. The Office Manager who takes receipt of the medicines and Parental Agreement Form will photocopy the form, placing one copy with the medicine itself and one copy will be left for the School Matron.

5. The Office Manager will be responsible for storing the medicines in the appropriate locations, i.e. The Green Medical Box kept in the Office for any medications that do not require refrigeration, and the locked Medicines Fridge stored in the medical area. The key for the medical cupboard and the Medicines Fridge is kept in the office.

6. At 9:30 daily, the School Matron will collect from the school office all parental consent forms for medication that needs administering on that day.

7. Upon administration of medication, the School Matron will follow the below procedure.
    i. The child is collected at the time stated on the Parental Agreement Form and brought to the School Office/Medical Area.
    ii. The child will be asked to confirm their name, be shown their medication and asked to confirm that it is their name that appears on the packaging.
    iii. A second member of staff will be present to ensure that the medicine is administered correctly.

8. Upon administration of medication by the School Matron, she will record in the Medicines In School folder the following information:

    i. Date administered
    ii. Name of child
    iii. Time administered
    iv. Name of medicine
    v. Dose given
    vi. Any reactions
    vii. Her signature and name
    viii. Witness signature of second staff member.

9. For children who require daily medication due to serious medical circumstances, an Individual Healthcare Plan is stored in the Medicines In School folder. Administration of their medication will be recorded as per point 5 above, as well as on their individual forms.

10. In the case of a medication error, the Principal must be notified and an Incident Form completed.

11. Use of emergency Salbutamol inhalers must only be administered to children for whom written parental consent has been given, who have either been diagnosed with asthma or prescribed an inhaler, or who have been prescribed an inhaler as a reliever medication. Should an emergency inhaler be administered, this must be recorded as per point 5 of this procedure document and responsible SLT member notified.

12. The monitoring of Medicines in School will undertaken on a termly basis by the responsible SLT member.

Medication Error Incident Form

1. Level of error	
(a) Major error (incident resulting in major harm or death)	
(b) Unresolved error (The outcome at present unknown)	
(c) Minor error (No serious harm suffered)	
(d) Near miss (Error was avoided)	

2. Person completing this form	
Name:	
Job Title:	

3. Details of the medication error or near miss	
Name of Child:	
Date and time error occurred:	
Date and time error discovered:	
Details of the error:	

4. Other staff/persons involved in the incident	
Name:	Job Title:
Name:	Job Title:
Name:	Job Title:
Name:	Job Title:

5. Who was contacted for advice		
GP	Yes/No	Time of contact and advice received:
Consultant	Yes/No	Time of contact and advice received:
Nurse	Yes/No	Time of contact and advice received:
Pharmacist	Yes/No	Time of contact and advice received:
NHS Direct	Yes/No	Time of contact and advice received:
H&S Office	Yes/No	Time of contact and advice received:
Local Authority	Yes/No	Time of contact and advice received:
Parent Relative	Yes/No	Time of contact and advice received:

6. Who has been informed about the incident		If no, give reasons:
Child	Yes/No	
Parent/Guardian	Yes/No	
Executive Principal	Yes/No	
Head of School	Yes/No	
Local Authority	Yes/No	
Other (please state)	Yes/No	

7. Type of incident and detail	Tick which apply	Detail
Wrong medicine given		
Wrong dose given		
Wrong strength of medicine given		
Medicine given at the wrong time		
Dose omitted		
Medicine out of date		
Recording error		

Other		

8. Cause of incident		
	Tick which apply	Detail
Unclear labelling caused confusion		
Unclear instructions caused confusion		
Wrong user name		
Product out of date		
Interruptions		
Other cause		

9. Immediate action to be taken		
	Tick which apply	Detail
Investigation by Executive Principal		
Investigation by external body (please specify):		

10. Action to prevent recurrence		
	Tick which apply	Detail
New internal procedure introduced		
Internal training provided		
Wider procedure introduced		

Wider training provided		

11. **Additional notifications (major incidents only)**	Tick which apply	Detail
Local authority		
Health & Safety Executive		
Emergency services		
Social care		

Name: …… Position: ……..……

Signed:…… Date:……..…

[To be completed on headed school paper]

[Date]

We wish to purchase emergency Adrenaline Auto-injector devices for use in our school/college.

The adrenaline auto-injectors will be used in line with the manufacturer's instructions, for the emergency treatment of anaphylaxis in accordance with the Human Medicines (Amendment) Regulations 2017. This allows schools to purchase "spare" back-up adrenaline auto-injectors for the emergency treatment of anaphylaxis. (Further information can be found at www.sparepensinschools.uk).

Please supply the following devices:

Brand name*		Dose* (state milligrams or micrograms)	Quantity required
	Adrenaline auto-injector device		
	Adrenaline auto-injector device		
	Adrenaline auto-injector device		

Signed: _____ Date: _____

Print name:_____

Principal

*AAIs are available in different doses and devices. Schools may wish to purchase the brand most commonly prescribed to its pupils (to reduce confusion and assist with training). Guidance from the Department of Health to schools recommends:

For children age under 6 years:	For children age 6-12 years:	For teenagers age 12+ years:
• Epipen Junior (0.15mg) **or** • Emerade 150 microgram **or** • Jext 150 microgram	• Epipen (0.3 milligrams) **or** • Emerade 300 microgram **or** • Jext 300 microgram	• Epipen (0.3 milligrams) **or** • Emerade 300 microgram **or** • Emerade 500 microgram **or** • Jext 300 microgram

The guidance is available at:
https://www.gov.uk/government/publications/using-emergency-adrenaline-auto-injectors-in-schools
Further information can be found at http://www.sparepensinschools.uk

[Date]

Dear Parent/Caregiver of [pupil name],

The School Asthma Card

Thank you for informing us of your child's asthma on his/her registration form. As part of accepted good practice and with advice from Asthma UK we are asking all parents and caregivers of children with asthma to help us by completing a school asthma card for their child/children.

The completed card will store helpful details about your child's current medicines, triggers, individual symptoms and emergency contact numbers. The card will help school staff to better understand your child's individual condition.

It will also provide us with your consent to administer and emergency inhaler kept in school if required.

Please make sure the card is regularly checked and updated by your child's doctor or asthma nurse and the school is kept informed about changes to your child's medicines, including how much they take and when.

I look forward to receiving your child's completed school asthma card.

Thank you for your help.

Yours faithfully,

Frances Garland
School SENCo

Lowbrook Academy

School Asthma Card

To be filled in by the parent/carer

Child's name

Date of birth D D M M Y Y

Address

Parent/carer's name

Telephone home

Telephone mobile

Email

Doctor/nurse's name

Doctor/nurse's telephone

This card is for your child's school. **Review the card at least once a year and remember to update or exchange it for a new one if your child's treatment changes during the year.** Medicines and spacers should be clearly labelled with your child's name and kept in agreement with the school's policy.

Reliever treatment when needed

For shortness of breath, sudden tightness in the chest, wheeze or cough, help or allow my child to take the medicines below. After treatment and as soon as they feel better they can return to normal activity.

Medicine	Parent/carer's signature

If the school holds a central reliever inhaler and spacer for use in emergencies, I give permission for my child to use this.

Parent/carer's signature Date

D D M M Y Y

Expiry dates of medicines

Medicine	Expiry	Date checked	Parent/carer's signature

Parent/carer's signature Date

D D M M Y Y

What signs can indicate that your child is having an asthma attack?

Does your child tell you when he/she needs medicine?

☐ Yes ☐ No

Does your child need help taking his/her asthma medicines?

☐ Yes ☐ No

What are your child's triggers (things that make their asthma worse)?

☐ Pollen ☐ Stress

☐ Exercise ☐ Weather

☐ Cold/flu ☐ Air pollution

If other please list

Does your child need to take any other asthma medicines while in the school's care?

☐ Yes ☐ No

If yes please describe below

Medicine	How much and when taken

Dates card checked

Date	Name	Job title	Signature / Stamp

To be completed by the GP practice

What to do if a child is having an asthma attack

1. Help them sit up straight and keep calm.
2. Help them take one puff of their reliever inhaler (usually blue) every 30–60 seconds, up to a maximum of 10 puffs.
3. Call 999 for an ambulance if:
   - their symptoms got worse while they're using their inhaler this could be a cough, breathlessness, wheeze, tight chest or sometimes a child will say they have a 'tummy ache'
   - they don't feel better after 10 puffs
   - you're worried at any time.
4. You can repeat step 2 if the ambulance is taking longer than 15 minutes.

Health & care information you can trust

asthma UK

Any asthma questions?
Call our friendly helpline nurses
0300 222 5800
(9am – 5pm; Mon – Fri)
www.asthma.org.uk

[Date]

Dear [parent],

According to our records, [pupil] suffers from an allergy and has been prescribed an Adrenaline Auto-Injector (AAI) pen (for example Epi-pen, Jext pen, Emerade pen).

We currently hold one Epipen/Jext/Emerade* injector for [pupil] which is kept in his/her* classroom. The expiry date is [date]. It is good practice to hold two Adrenaline Auto-Injectors per pupil and therefore kindly request you obtain another for us to keep in school for [pupil].

I would also be grateful if you could complete the attached Action Plan for [pupil]'s Epipen/Jext/Emerade* injector held in school. This Action Plan gives us your written consent to administer it to him/her*, including a 'spare' back up Adrenaline Auto-Injector (if necessary) held in the school in accordance with the Department of Health Guidance on the use of AAI's in schools.

Please return this information to the School Office by (insert date).

Yours sincerely,

Frances Garland
School SENCo

Lowbrook Academy

bsaci ALLERGY ACTION PLAN

RCPCH Anaphylaxis Campaign AllergyUK

This child has the following allergies:

Name:

DOB:

Photo

Mild/moderate reaction:

- Swollen lips, face or eyes
- Itchy/tingling mouth
- Hives or itchy skin rash
- Abdominal pain or vomiting
- Sudden change in behaviour

Action to take:

- Stay with the child, call for help if necessary
- Locate adrenaline autoinjector(s)
- **Give antihistamine:** (If required, can repeat dose)
- Phone parent/emergency contact

Watch for signs of ANAPHYLAXIS

(life-threatening allergic reaction)

Anaphylaxis may occur without skin symptoms. ALWAYS consider anaphylaxis in someone with known food allergy who has **SUDDEN BREATHING DIFFICULTY**

A AIRWAY
- Persistent cough
- Hoarse voice
- Difficulty swallowing
- Swollen tongue

B BREATHING
- Difficult or noisy breathing
- Wheeze or persistent cough

C CONSCIOUSNESS
- Persistent dizziness
- Pale or floppy
- Suddenly sleepy
- Collapse/unconscious

IF ANY ONE (OR MORE) OF THESE SIGNS ABOVE ARE PRESENT:

1. **Lie child flat with legs raised** (if breathing is difficult, allow child to sit)
2. **Use Adrenaline autoinjector without delay** (eg. EpiPen®) (Dose: .. mg)
3. **Dial 999** for ambulance and say ANAPHYLAXIS ("ANA-FIL-AX-IS")

***** IF IN DOUBT, GIVE ADRENALINE *****

AFTER GIVING ADRENALINE:

1. Stay with child until ambulance arrives, **do NOT stand child up**
2. Commence CPR if there are no signs of life
3. Phone parent/emergency contact
4. If no improvement **after 5 minutes, give a further adrenaline dose** using a second autoinjectable device, if available.

You can dial 999 from any phone, even if there is no credit left on a mobile. Medical observation in hospital is recommended after anaphylaxis.

Emergency contact details:

1) Name: .....

.....

2) Name: .....

.....

Parental consent: I hereby authorise school staff to administer the medicines listed on this plan, including a 'spare' back-up adrenaline autoinjector (AAI) if available, in accordance with Department of Health guidance on the use of AAIs in schools.

Signed: .....

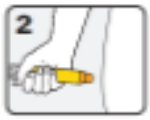
Print name: .....

Date: .....

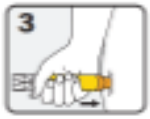
For more information about managing anaphylaxis in schools and "spare" back-up adrenaline autoinjectors, visit:
sparepensinschools.uk

How to give EpiPen®

PULL OFF BLUE SAFETY CAP and grasp EpiPen. Remember: "blue to sky, orange to the thigh"



Hold leg still and PLACE ORANGE END against mid-outer thigh "with or without clothing"



PUSH DOWN HARD until a click is heard or felt and hold in place for **3 seconds**. Remove EpiPen.

Additional instructions:

If wheezy, GIVE ADRENALINE FIRST, then asthma reliever (blue puffer) via spacer

Sign & print name: .....

Hospital/Clinic: .....

Date: .....

Lowbrook Academy

bsaci ALLERGY ACTION PLAN

RCPCH Anaphylaxis Campaign AllergyUK

This child has the following allergies:

Name:

DOB:

Photo

Mild/moderate reaction:

- Swollen lips, face or eyes
- Itchy/tingling mouth
- Hives or itchy skin rash
- Abdominal pain or vomiting
- Sudden change in behaviour

Action to take:

- Stay with the child, call for help if necessary
- Locate adrenaline autoinjector(s)
- **Give antihistamine:** (If resolved, can repeat dose)
- Phone parent/emergency contact

Watch for signs of ANAPHYLAXIS

(life-threatening allergic reaction)

Anaphylaxis may occur without skin symptoms. ALWAYS consider anaphylaxis in someone with known food allergy who has **SUDDEN BREATHING DIFFICULTY**

A AIRWAY	B BREATHING	C CONSCIOUSNESS
• Persistent cough • Hoarse voice • Difficulty swallowing • Swollen tongue	• Difficult or noisy breathing • Wheeze or persistent cough	• Persistent dizziness • Pale or floppy • Suddenly sleepy • Collapse/unconscious

IF ANY ONE (OR MORE) OF THESE SIGNS ABOVE ARE PRESENT:

1. **Lie child flat with legs raised** (if breathing is difficult, allow child to sit)

2. **Use Adrenaline autoinjector without delay** (eg. Jext®) (Dose: . . mg)
3. **Dial 999** for ambulance and say ANAPHYLAXIS ("ANA-FIL-AX-IS")

***** IF IN DOUBT, GIVE ADRENALINE *****

AFTER GIVING ADRENALINE:

1. Stay with child until ambulance arrives, **do NOT stand child up**
2. Commence CPR if there are no signs of life
3. Phone parent/emergency contact
4. If no improvement **after 5 minutes, give a further adrenaline dose** using a second autoinjectable device, if available.

You can dial 999 from any phone, even if there is no credit left on a mobile. Medical observation in hospital is recommended after anaphylaxis.

Emergency contact details:

1) Name: .....

.....

2) Name: .....

.....

Parental consent: I hereby authorise school staff to administer the medicines listed on this plan, including a 'spare' back-up adrenaline autoinjector (AAI) if available, in accordance with Department of Health Guidance on the use of AAIs in schools.

Signed: .....

Print name: .....

Date: .....

For more information about managing anaphylaxis in schools and "spare" back-up adrenaline autoinjectors, visit: **sparepensinschools.uk**

How to give Jext®

Additional instructions:

If wheezy, GIVE ADRENALINE FIRST, then asthma reliever (blue puffer) via spacer

Sign & print name: .....

Hospital/Clinic: .....

Date: .....

Lowbrook Academy

bsaci ALLERGY ACTION PLAN

This child has the following allergies:

Name:

DOB:

Photo

Watch for signs of ANAPHYLAXIS

(life-threatening allergic reaction)

Anaphylaxis may occur without skin symptoms: ALWAYS consider anaphylaxis in someone with known food allergy who has **SUDDEN BREATHING DIFFICULTY**

A AIRWAY
- Persistent cough
- Hoarse voice
- Difficulty swallowing
- Swollen tongue

B BREATHING
- Difficult or noisy breathing
- Wheeze or persistent cough

C CONSCIOUSNESS
- Persistent dizziness
- Pale or floppy
- Suddenly sleepy
- Collapse/unconscious

IF ANY ONE (OR MORE) OF THESE SIGNS ABOVE ARE PRESENT:

1. **Lie child flat with legs raised** (if breathing is difficult, allow child to sit)

2. **Use Adrenaline autoinjector without delay** (eg. Emerade®) (Dose: ______ mg)
3. **Dial 999** for ambulance and say ANAPHYLAXIS ("ANA-FIL-AX-IS")

***** IF IN DOUBT, GIVE ADRENALINE *****

AFTER GIVING ADRENALINE:

1. Stay with child until ambulance arrives, **do NOT stand child up**
2. Commence CPR if there are no signs of life
3. Phone parent/emergency contact
4. If no improvement **after 5 minutes, give a further adrenaline dose** using a second autoinjectable device, if available.

You can dial 999 from any phone, even if there is no credit left on a mobile. Medical observation in hospital is recommended after anaphylaxis.

Mild/moderate reaction:
- Swollen lips, face or eyes
- Itchy/tingling mouth
- Hives or itchy skin rash
- Abdominal pain or vomiting
- Sudden change in behaviour

Action to take:
- Stay with the child, call for help if necessary
- Locate adrenaline autoinjector(s)
- **Give antihistamine:** ______ (If vomited, can repeat dose)
- Phone parent/emergency contact

Emergency contact details:

1) Name: ......

☎ ......

2) Name: ......

☎ ......

Parental consent: I hereby authorise school staff to administer the medicines listed on this plan, including a 'spare' back-up adrenaline autoinjector (AAI) if available, in accordance with Department of Health Guidance on the use of AAIs in schools.

Signed: ......

Print name: ......

Date: ......

For more information about managing anaphylaxis in schools and "spare" back-up adrenaline autoinjectors, visit: sparepensinschools.uk

How to give Emerade®

1. REMOVE NEEDLE SHIELD

2. PRESS AGAINST THE OUTER THIGH

3. HOLD FOR 5 SECONDS

Massage the injection site gently, then call 999, ask for an ambulance stating "Anaphylaxis"

Additional instructions:

If wheezy, GIVE ADRENALINE FIRST, then asthma reliever (blue puffer) via spacer

[illegible]

Sign & print name: ......

Hospital/Clinic: ......

☎ ...... Date: ......

(Date)

Dear Parents and Caregivers,

We are writing over the winter period to inform you that many schools across England have had cases of respiratory illness/Covid 19.

What to do if your child develops respiratory symptoms, a high temperature or tests positive for COVID-19

The guidance for people with symptoms of a respiratory infection including COVID-19, or a positive test result for COVID-19 can be found here: https://www.gov.uk/guidance/people-with-symptoms-of-a-respiratory-infection-including-covid-19

This includes advice for children and young people attending education and childcare settings. The key points are:

- Children with mild symptoms such as a runny nose, sore throat, or mild cough, who are otherwise well, can continue to attend their education or childcare setting.
- Children and young people who are unwell and have a high temperature should stay at home and where possible avoid contact with other people. They can go back to education or childcare setting when they no longer have a high temperature, and they are well enough.
- If a child or young person has a positive COVID-19 test result they should try to stay at home and, where possible, avoid contact with other people for **3 days after the day they took the test**. The risk of passing the infection on to others is much lower after 3 days if they feel well and do not have a high temperature.
- Adults with a positive COVID-19 test result should try to stay at home and avoid contact with other people for **5 days**.
- Children and young people who usually go to school, college or childcare and who live with someone who has COVID-19 or another respiratory illness such as flu should continue to attend as normal unless they become unwell.

How to stop respiratory illness spreading (including COVID-19 and flu)

There are things you can do to help reduce the risk of you and anyone you live with catching and spreading a respiratory illness:

- Take up vaccinations when you are offered – the annual flu vaccination is part of the routine vaccine schedule for eligible groups. To check if you/your child is eligible visit https://www.nhs.uk/conditions/vaccinations/ or speak to your GP
- Wash your hands with soap and water or use hand sanitiser regularly throughout the day

- Cover your mouth and nose with a tissue or the crook of the arm (not your hands) when you cough or sneeze and put used tissues in the bin immediately and wash your hands afterwards
- Meet people outside and avoid crowded areas
- Open doors and windows to let in fresh air if meeting people inside
- Wear a face covering when it is hard to stay away from other people – particularly indoors or in crowded places.

Treatment

If your child has a long-term medical condition, such as a neurological condition, learning disability, kidney/liver/spleen condition, congenital heart disease or severe asthma, and develops symptoms of COVID-19 or flu, you should seek advice from your GP or call NHS 111. You will then be advised whether your child should be tested and whether they may benefit from antiviral medicine.

https://www.nhsinform.scot/illnesses-and-conditions/skin-hair-and-nails/head-lice-and-nits/

Yours sincerely,

Dave Rooney
Principal

UK Health Security Agency **South East Region**	**Respiratory Outbreaks** **This action card aims to explain the key actions for managing cases and outbreaks of respiratory infections in an education or childcare setting, in line with published guidance:** Health protection in education and childcare settings - GOV.UK (www.gov.uk) Please contact your local Health Protection Team if: • You are a SEND or other setting with children who have heath conditions and there are laboratory confirmed influenza cases • you are a mainstream or SEND school and have any pupils who are seriously unwell in hospital or any deaths from a respiratory illness.
Transmission Route	Person to person spread through small droplets, aerosols and through direct contact. Surfaces and belongings can also be contaminated when people with the infection cough or sneeze or touch them. The risk of spread is greatest when people are close to each other, especially in poorly ventilated indoor spaces.
Exclusion	Guidance (including translations) for children in educational settings included in People with symptoms of a respiratory infection including COVID-19 - GOV.UK (www.gov.uk) • Children and young people who are unwell and have a high temperature should stay at home and where possible avoid contact with other people. They can go back to an education or childcare setting when they no longer have a high temperature, and they are well enough. • It is not recommended that children and young people are tested for COVID-19 unless directed to by a health professional. • If a child or young person has a positive COVID-19 test result they should try to stay at home and where possible avoid contact with other people for 3 days after the day they took the test. • Adults with a positive COVID-19 test result should try to stay at home and avoid contact with other people for 5 days. • Children and young people who usually go to school, college or childcare and who live with someone who has COVID-19 or another respiratory illness such as flu should continue to attend as normal unless they become unwell. • Children with mild symptoms such as a runny nose, sore throat, or mild cough, who are otherwise well, can continue to attend their education or childcare setting.
Closures	It is not necessary to close the school unless there are operational reasons such as significant staff absence. This would be a decision for the school in conjunction with the relevant educational authority.

Recommended actions for limiting transmission	
Hand and respiratory hygiene	• Children should be supervised and/or encouraged to wash their hand regularly • Hand washing with liquid soap and warm water preferred over alcohol gel • Paper towels or hand dryers should be used for drying hands (and a wastepaper bin provided for disposal of towels if applicable) • Encourage good respiratory hygiene (using and disposing of tissues) • e-Bug | England Home has a range of educational resources for ages 3-16 to learn about microbes, infection prevention and control, antibiotics and vaccination.
Cleaning and disinfection	• Regular cleaning using standard cleaning products such as detergents and bleach is an important part of reducing transmission • Frequently touched surfaces such as door handles, light switches and work surfaces should be wiped down twice a day and one of these should be at the beginning or the end of the working day • Cleaning frequently touched surfaces is particularly important in bathrooms and kitchens.
Ventilation and use of outdoor space	• Consider use of outdoor spaces if possible • Ensure occupied spaces are well ventilated and let fresh air in. Further information: COVID-19: ventilation of indoor spaces to stop the spread of coronavirus - GOV.UK (www.gov.uk)
Communications	In the event of an outbreak, consider communications to raise awareness among parents and guardians and reinforce key messages, including the use of hand and respiratory hygiene measures.

Respiratory Outbreak Action Card Education and Childcare Settings V03.00 29/08/2023. Review date: September 2024.

UK Health Security Agency

South East Region Information Pack for Managing Scarlet Fever in Education and Childcare Settings

Produced by UKHSA SE Region
Version 03.00 October 2023
Review Date October 2024

Contents

Introduction

This pack sets out the actions education settings should take in response to cases of Scarlet Fever in the setting. It also covers information about other Group A Streptococcus (GAS) infections and exclusion advice for them. Scarlet Fever and other infections circulate at higher levels during winter and spring.

When and How to Contact UKHSA Health Protection Team

Please follow the guidance set out in this pack and only contact the South East Health Protection Team on se.acuteresponse@ukhsa.gov.uk or 0344 225 3861 **if** you have an outbreak of scarlet fever (see definition below) **and** any of the following apply:

- You have two or more cases of chickenpox or clinically diagnosed flu in the class that has scarlet fever at the same time. This is because infection with scarlet fever and either chickenpox **or** flu at the same time can result in more serious illness.
- You are a special needs setting with many clinically vulnerable individuals.
- The outbreak continues for over 3 weeks, despite taking steps to control it **and** you are concerned that case numbers are still rising.
- Any child or staff member is admitted to hospital with a GAS infection (or there is a death).

Scarlet Fever

Signs and Symptoms of Scarlet Fever

Scarlet fever is a common childhood infection caused by *Streptococcus pyogenes* or Group A Streptococcus (GAS). It is not usually serious but should be treated with antibiotics. The early symptoms of scarlet fever include sore throat, headache, fever, nausea, and vomiting. After 12 to 48 hours, the characteristic red, pinhead rash develops, typically first appearing on the chest and stomach, then rapidly spreading to other parts of the body, and giving the skin a sandpaper-like texture. On white skin the rash looks pink or red. On brown and black skin, it might be harder to see a change in colour, but you can still feel the sandpaper-like texture of the rash and see the raised bumps.

Scarlet fever is generally a clinical diagnosis and swabbing is not always undertaken. If a parent reports that their child has been diagnosed by the GP or other clinician as having scarlet fever, then that is considered a case without the need for a swab result.

Exclusion

Children and adults with suspected scarlet fever should be excluded from nursery / education setting / work until 24 hours after the commencement of appropriate antibiotic treatment.

Contacts of Scarlet Fever

Contacts of Scarlet Fever cases (including siblings or household members) who are well and do not have symptoms **do not** require antibiotics and can continue to attend the setting. They should seek treatment if they develop symptoms.

Outbreak of Scarlet Fever

An outbreak of Scarlet Fever is defined as two or more cases in a class or specific close mixing group that occurs within a 10-day period. There are several actions that need to be taken in the event of a Scarlet Fever outbreak in the setting. These are detailed in the action card on page 6. **There are no actions required for a single case of Scarlet Fever**. If an outbreak in a defined class or group is continuing beyond 2 weeks, please review your infection control measures. **Single cases in different classes or groups do not constitute an outbreak**.

Pregnant Women and Clinically Vulnerable

There is no increased risk of complications for pregnant women but if you are concerned, please discuss with your midwife.

It is important to note that special educational needs are not the same as clinical vulnerability. Most people with SEN, ASN or disabilities will not require any additional health protection measures.

If, during an outbreak, anyone in the setting has an underlying condition which affects their immune system or specific clinical vulnerabilities, they should seek advice from their GP or clinical team.

Other Group A Streptococcus Infections

The same bacteria which cause scarlet fever can also cause a range of other types of infection such as skin infections (impetigo) and severe sore throat (pharyngitis). The actions that are relevant for these infections are detailed below.

- **Impetigo:** This is a bacterial skin infection that mainly affects infants and young children. It is very infectious, and the sores can develop anywhere on the body but tend to occur as reddish sores on the face, especially around the nose and mouth and on hands and feet. After about a week, the sores burst and leave golden brown crusts. It can sometimes be painful and itchy.
    - **Action: Exclude the individual from the setting until all lesions (sores or blisters) are crusted over or until 48 hours after commencing antibiotic treatment.**
- **Pharyngitis (sore throat):** No specific actions required by the setting for sore throats (and many sore throats are caused by viruses). However, individuals may be diagnosed with Group A Strep or other bacterial causes of pharyngitis and prescribed antibiotics.
    - **Action: If anyone is prescribed antibiotics for a sore throat, they should stay away from the setting for at least 24 hours after starting antibiotic treatment.**

Invasive Group A Streptococcus (iGAS)

In very rare cases, the bacteria can get into the bloodstream and cause an illness called invasive Group A strep (iGAS). Whilst still very uncommon, there was an increase in iGAS cases last winter, particularly in children under 10 years old. It is very rare for children with scarlet fever to develop iGAS infection. However, it is important that parents and carers understand the signs and symptoms of invasive disease and seek medical attention promptly. This is why we ask the settings to send out advice letters when there is an outbreak of Scarlet Fever in the setting. Co-infection with certain viruses is a risk factor for severe disease. Therefore, there is a different advice letter if flu is circulating in the setting with a Scarlet Fever outbreak and additional caution is required if an individual has recently had chicken pox.

Clinicians have a duty to notify the Health Protection Team of all cases of invasive Group A Streptococcus (iGAS). In this situation we may contact the relevant setting, complete a risk assessment, and recommend further actions.

Residential Settings

Additional considerations may be needed for residential or secure settings. Further information can be found at Specific settings and populations: additional health protection considerations - GOV.UK (www.gov.uk). If a child cannot go home to recover, then they should be kept away from others as much as possible for the exclusion periods above.

Useful Resources

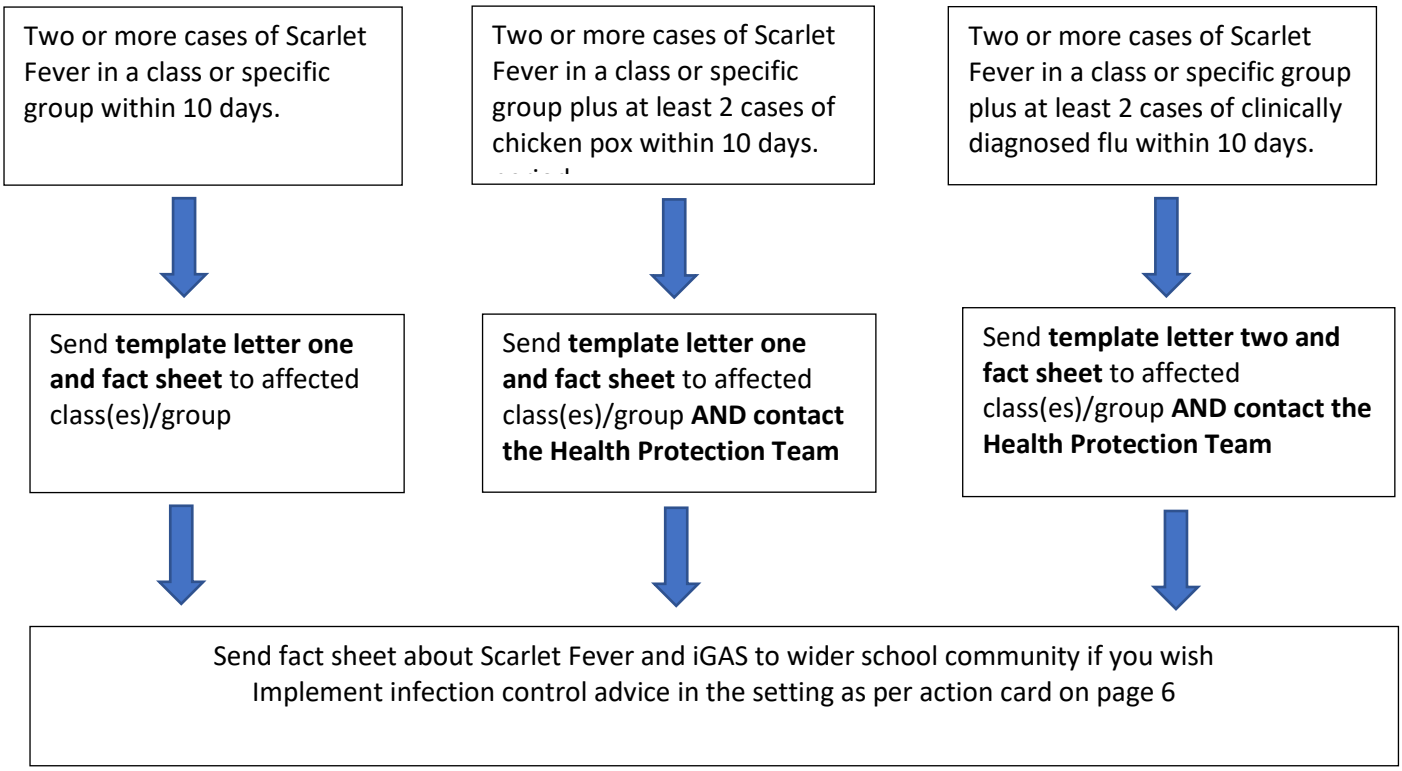
NHS – Scarlet Fever
Scarlet fever: symptoms, diagnosis and treatment
Management of scarlet fever outbreaks in schools (publishing.service.gov.uk)
Health protection in education and childcare settings
Hand hygiene resources for schools
Preventing Infections in Childcare - Online Course - FutureLearn

Scarlet Fever Outbreak Action Card

An outbreak of Scarlet Fever is defined as two or more cases in a class or specific close mixing group that occurs within a 10-day period.

Key Actions	
Exclusion	Children and adults with suspected scarlet fever should be excluded from nursery / school / work until 24 hours after the commencement of appropriate antibiotic treatment. Contacts of Scarlet Fever cases (including siblings or household members) who are well and do not have symptoms do not require antibiotics and can continue to attend the setting. They should seek treatment if they become symptomatic.
Communication	2 or more cases of Scarlet Fever in a class or specific group within 10 days – send relevant information letter to parents/carers/staff (see flow chart on page 7): 1. Two or more cases of scarlet fever in a class – send template letter one and fact sheet to affected class(es) 2. Two or more cases of scarlet fever and at least two cases of chickenpox in a class within a 10-day period – send template letter one and fact sheet to affected class(es) 3. Two or more cases of scarlet fever and at least two cases of clinically diagnosed flu in a class within a 10-day period – send template letter two and the factsheet to affected class(es) The fact sheet (FAQ) can be sent to parents and staff in the wider school community in any of the above scenarios.
Closures	It is not necessary to close the school, unless there are operational reasons such as significant staff absence, which would be a decision for the school in conjunction with the relevant Local Authority. There is no requirement to cancel extra-curricular activities or visits.
Infection Control Advice for Limiting Transmission	
Hand and respiratory hygiene	• Children should be supervised and/or encouraged to wash their hand regularly and paper towels or hand dryers should be used for drying hands (wastepaper bin provided for disposal of towels) • Remind staff to wash their hands throughout the day. Hand washing needs to be done after changing nappies and helping children use the toilet. • Hand washing with liquid soap and warm water preferred over alcohol gel. • Encourage good respiratory hygiene (using and disposing of tissues). • Home (e-bug.eu) has a range of educational resources for ages 3-16 to learn about microbes, infection prevention and control, antibiotics and vaccination.
Cleaning and disinfection	• Daily cleaning using standard cleaning products such as detergents and bleach (Hypochlorite at 1000 ppm of available chlorine) for equipment, hard surfaces, hard toys, and sleep mats is an important part of reducing transmission. Single use cloths or paper towels should be used for cleaning. Soft toys should be machine washed. • Carpets and soft furnishings should be vacuumed daily. • Frequently touched surfaces such as taps, toilet flush handles, and door handles, should be cleaned regularly throughout the day. • Complete a deep clean at end of outbreak (at least 10 days with no new cases in the defined group). Carpets and rugs should be cleaned with a washer-extractor. Curtains, soft furnishing covers and all linen should be removed, and washed at the hottest compatible temperature. Soft furnishings without removable covers should be steam cleaned. This could be done during an evening, weekend or over the school holidays.
Broken Skin	• Make sure that all cuts, scrapes, and wounds are cleaned and covered. This also applies to bites. This is because breaching the skin barrier provides a portal of entry for the organism.

Summary Flow Chart of Advice Letters to be Sent to Parents/Carers/Staff in the Event of a Scarlet Fever Outbreak



Remember:

- No specific actions required by the setting for other Group A Strep infections such as sore throats (and many sore throats are caused by viruses). However, if anyone is prescribed antibiotics for a sore throat, they should stay away from the setting for at least 24 hours after starting antibiotic treatment.
- Impetigo - Exclude the individual from the setting until all lesions (sores or blisters) are crusted over or until 48 hours after commencing antibiotic treatment
- An outbreak of Scarlet Fever can be declared over when 10 days have passed without any new cases in the group.
- Please only contact the South East Health Protection Team on 0344 225 3861 or se.acuteresponse@ukhsa.gov.uk for advice if you have a scarlet fever outbreak **and** any of the following apply:
    - You have two or more cases of chickenpox or clinically diagnosed flu in the class that has scarlet fever at the same time. This is because infection with scarlet fever and either chickenpox or flu at the same time can result in more serious illness.
    - You are a special needs school with many clinically vulnerable individuals.
    - The outbreak continues for over 3 weeks, despite taking steps to control it and you are concerned that case numbers are still rising.
    - Any child or staff member is admitted to hospital with a Group A Strep (GAS) infection (or there is a death).
- Clinicians have a duty to notify the Health Protection Team of all cases of invasive Group A Streptococcus (iGAS). In this situation we may contact the relevant school, complete a risk assessment, and recommend further actions.

TO BE USED WHEN THERE ARE TWO OR MORE CASES OF SCARLET FEVER IN A CLASS OR DEFINED GROUP EITHER WITH OR WITHOUT CHICKENPOX CASES.

Dear Parents & Caregivers

We have been informed that a small number of children in class/group have been diagnosed with suspected or confirmed scarlet fever.

Although scarlet fever is usually a mild illness, it should be treated with antibiotics to minimise the risk of complications and reduce the spread to others. The symptoms of scarlet fever include a sore throat, headache, fever, nausea, and vomiting. This is followed by a fine rash which typically first appears on the chest and stomach, rapidly spreading to other parts of the body. On white skin the rash looks pink or red. On brown and black skin it might be harder to see a change in colour, but you can still feel the sandpaper-like texture of the rash and see the raised bumps. The face can be flushed red but pale around the mouth.

If you think you, or your child, have scarlet fever:

- see your GP (please remember to take this letter with you) or contact NHS 111 as soon as possible
- make sure that your child takes the full course of any antibiotics prescribed by the doctor.
- Stay at home, away from nursery, education, or work until at least 24 hours after starting the antibiotic treatment, to avoid spreading the infection.

The infection causing scarlet fever (group A streptococcal infection) also causes sore throats (strep throat), mild fever and minor skin infections (for example, impetigo). If someone in your family has any of these symptoms in the next 30 days, we advise that you take them (along with this letter) to see their GP. Their GP can arrange for them to be tested if necessary and then treated with antibiotics if the GP thinks they have a group A streptococcal infection. If the GP thinks that the person has group A streptococcal infection, they will need to remain off work, education or nursery for 24 hours following the start of the antibiotics.

Complications

Rarely, children with scarlet fever or other mild GAS infections can develop more serious infections. Children who have had chickenpox recently are more likely to develop more serious infection. Parents and carers should remain vigilant for symptoms such as a persistent high temperature, skin infection and joint pain and swelling. If you are concerned for any reason, please seek medical assistance immediately.
If your child has an underlying condition which affects their immune system, you should contact your GP or hospital doctor to discuss whether any additional measures are needed.

You can find more information in on scarlet fever symptoms, diagnosis and treatment at https://www.gov.uk/government/publications/scarlet-fever-symptoms-diagnosis-treatment.

Yours sincerely

Dave Rooney
Principal

TO BE USED WHEN TWO OR MORE CASES OF SCARLET FEVER AND AT LEAST TWO CASES OF CLINICALLY DIAGNOSED FLU WITHIN A 10 DAY PERIOD WITHIN A SPECIFIC CLASS OR GROUP

Dear Parent & Caregiver

We have been informed that a number of children in class/group have been diagnosed with suspected or confirmed scarlet fever and/or influenza. Where both diseases are circulating at the same time there is a slightly increased risk of more serious infection.

Influenza
Most children will have a mild illness and will recover at home without needing treatment. Children with flu-like symptoms – fever (38°C or greater), cough, sore throat, runny nose, or headache – should stay home until they are free of a fever and well enough to attend.

The children's flu vaccine is offered as a yearly nasal spray to children aged between 2 and 16 to help protect them against flu. The nasal spray flu vaccine will help protect against flu and the infection will also be less able to spread from them to their family, carers, and the wider population.

Children with a complex medical history
It is important that you seek advice from your GP if your child has a complex medical history (such as asthma or immunosuppression), which potentially increases their risk of severe disease if they get flu and they have not received this season's flu vaccine more than 14 days ago. Your GP will advise if they require prompt preventative antiviral prophylaxis. In addition, if your child has a complex medical history and develops any flu-like symptoms your GP can advise whether they should receive antiviral treatment.

Scarlet fever
Scarlet fever is also a mild childhood illness but unlike influenza, it requires antibiotic treatment. Symptoms include a sore throat, headache, fever, nausea, and vomiting, followed by a fine rash which typically first appears on the chest and stomach, rapidly spreading to other parts of the body. On white skin the rash looks pink or red. On brown and black skin it might be harder to see a change in colour, but you can still feel the sandpaper-like texture of the rash and see the raised bumps. The face can be flushed red but pale around the mouth. As the rash fades, the skin on the fingertips, toes and groin area can peel.

If you think you, or your child, have scarlet fever:

- see your GP (please remember to take this letter with you) or contact NHS 111 as soon as possible
- make sure that your child takes the full course of any antibiotics prescribed by the doctor.
- Stay at home, away from nursery, education, or work until at least 24 hours after starting the antibiotic treatment, to avoid spreading the infection.

The infection causing scarlet fever (group A streptococcal infection) also causes sore throats (strep throat), mild fever and minor skin infections (for example, impetigo). If someone in your family has any of these

symptoms in the next 30 days, we advise that you take them (along with this letter) to see their GP. Their GP can arrange for the person to be tested if necessary and then treated with antibiotics if the GP thinks they have a group A streptococcal infection. If the GP thinks that the person has group A streptococcal infection, the person will need to
remain off work, education or nursery for 24 hours following the start of the antibiotics.

Complications
Rarely, children with scarlet fever or other mild GAS infections can develop more serious infections. Children who have recently had influenza or chicken pox are more at risk of developing serious infection. Parents and carers should remain vigilant for symptoms such as a persistent high fever, skin infection and joint redness, pain or swelling. If you are concerned for any reason, please seek medical assistance immediately.

If your child has an underlying condition which affects their immune system, you should contact your GP or hospital doctor to discuss whether any additional measures are needed.

You can find more information in on scarlet fever symptoms, diagnosis and treatment at https://www.gov.uk/government/publications/scarlet-fever-symptoms-diagnosis-treatment.

More information about flu can be found at https://www.nhs.uk/conditions/flu/.

Yours sincerely

Dave Rooney
Principal

UK Health Security Agency

Fact Sheet for Education Settings and Parents/Carers about Group A Streptococcus (GAS) and Scarlet Fever.

What is Group A Streptococcus?
Group A Streptococcus or *Streptococcus pyogenes* is a bacterium that can be found in the throat and on the skin. People may carry it and have no symptoms of illness or may develop infection.

How is it spread?
Group A Streptococcus survives in throats and on skin for long enough to allow easy spread between people through sneezing and skin contact. People who are currently carrying the bacteria in the throat or on the skin may have symptoms of illness or they may have no symptoms and feel fine. In both cases, these bacteria can be passed on to others.

What kinds of illnesses are caused by Group A Streptococcus?
Most Group A Streptococcus illnesses are relatively mild, with symptoms including a sore throat ("strep throat"), scarlet fever or a skin infection such as impetigo. However, on rare occasions, these bacteria can cause other severe and sometimes life-threatening diseases.

Although scarlet fever is usually a mild illness, it should be treated with antibiotics to minimise the risk of complications and reduce the spread to others. Children should **stay at home until at least 24 hours after starting the antibiotic treatment** to avoid spreading the infection.

The **symptoms** of scarlet fever include a sore throat, headache, fever, nausea, and vomiting. This is followed by a fine red rash which typically first appears on the chest and stomach, rapidly spreading to other parts of the body. On white skin the rash looks pink or red. On brown and black skin, it might be harder to see a change in colour, but you can still feel the sandpaper-like texture of the rash and see the raised bumps. The face can be flushed red but pale around the mouth. As the rash fades, the skin on the fingertips, toes and groin area can peel.

Children who have had **chickenpox** or **influenza ('flu)** recently are more likely to develop more serious infection during an outbreak of scarlet fever and so parents should remain vigilant for symptoms such as a persistent high fever, cellulitis (skin infection) and arthritis (joint pain and swelling). If you are concerned for any reason, please seek medical assistance immediately.

What is invasive Group A Streptococcal (iGAS) disease?
The same bacteria which cause scarlet fever can also cause a range of other types of infection such as skin infections (impetigo) and sore throat. In very rare cases, the bacteria can get into the bloodstream and cause an illness called invasive group A strep (iGAS). Whilst still very uncommon, there has been an increase in iGAS cases this year, particularly in children under 10 years old. It is very rare for children with scarlet fever to develop iGAS infection.

As a parent, you should trust your own judgement.

Contact NHS 111 or your GP if:

- your child is getting worse
- your child is feeding or eating much less than normal
- your child has had a dry nappy for 12 hours or more or shows other signs of dehydration
- your baby is under 3 months and has a temperature of 38C, or is older than 3 months and has a temperature of 39C or higher
- your baby feels hotter than usual when you touch their back or chest, or feels sweaty
- your child is very tired or irritable

Call 999 or go to A&E if:

- your child is having difficulty breathing – you may notice grunting noises or their tummy sucking under their ribs
- there are pauses when your child breathes
- your child's skin, tongue or lips are blue
- your child is floppy and will not wake up or stay awake

Do contacts of a case of scarlet fever require antibiotics?
Contacts of Scarlet Fever cases (including siblings or household members) who are well and do not have symptoms **do not** require antibiotics and can continue to attend the setting. They should seek treatment if they develop symptoms.

There is no increased risk of complications for pregnant women but if you are concerned, please discuss with your midwife.

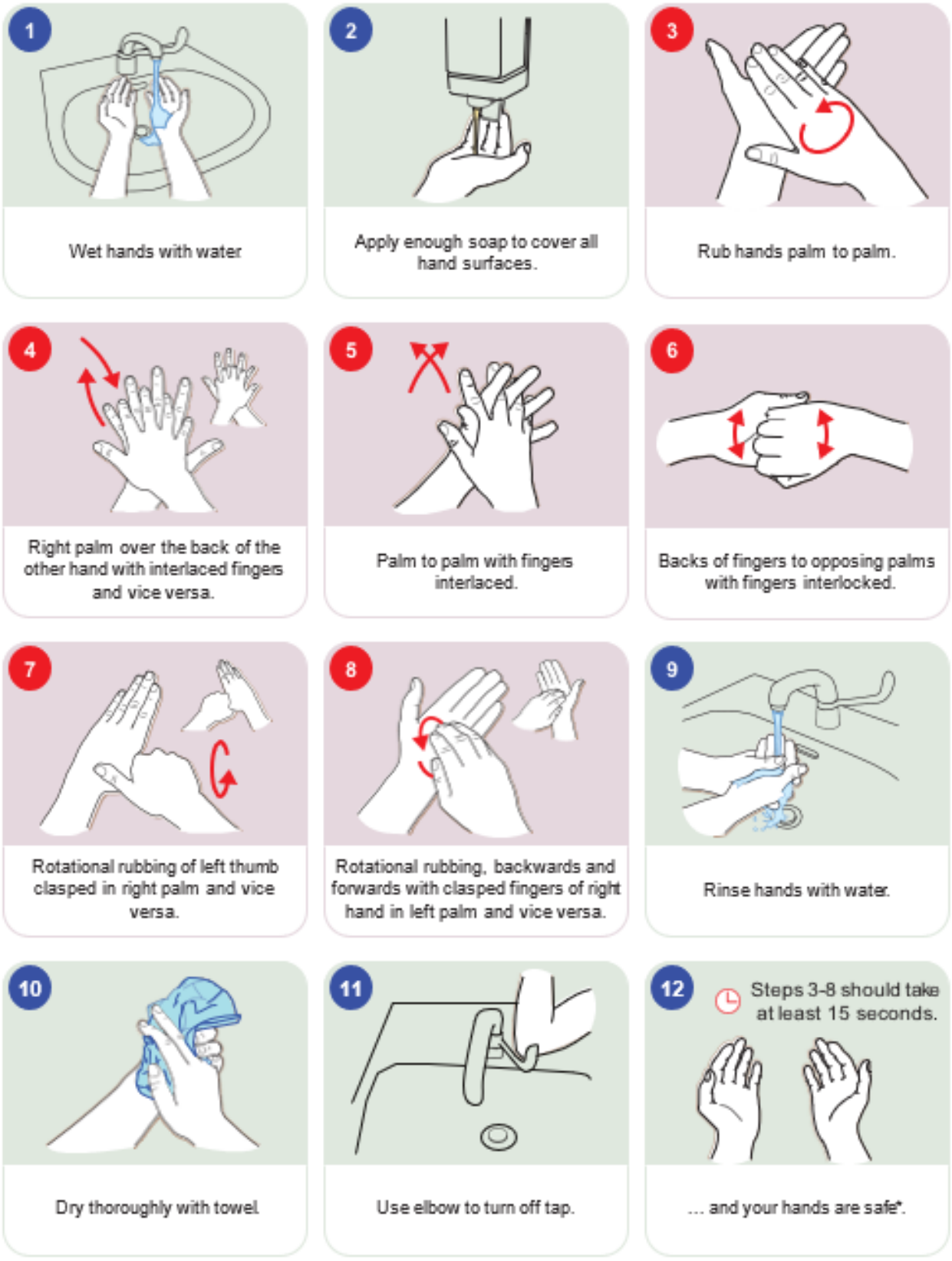
If anyone has an underlying condition which affects their immune system or specific clinical vulnerabilities, they should seek advice from their GP or clinical team.

What else can I do to prevent my child from becoming unwell?
Because Group A Streptococcal disease is spread through coughing, sneezing and skin contact, it is important to have good hand hygiene and catch coughs and sneezes in tissues and throw these away. If you are unwell, stay at home and seek medical advice. This will all help limit the spread of other infections, which are common this time of year.

UK Health Security Agency

Best Practice: How to hand wash step by step images

Steps 3-8 should take at least 15 seconds.



Adapted from the World Health Organization/Health Protection Scotland

*Any skin complaints should be referred to local occupational health or GP.

UKHSA handwashing advice (england.nhs.uk)

Lowbrook

e-Bug

Play outside

Turn on tap

Soap

Scrub hands

Rinse hands

Dry hands