Baslow St-Anne's C of E Primary School

Growing healthy minds and hearts together

"Life in all its fullness"

SUPPORTING PUPILS WITH MEDICAL CONDITIONS POLICY

Committee responsible for reviewing/updating policy	Reviewed by PHSS Sub-Committee Approved by Full Governing Body

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Supporting Pupils with Medical Conditions

Principles and Values

At Baslow St. Anne's Church of England Primary School, we believe that it is vitally important that everybody is safe, confident and happy in our school community. We aim to provide an environment in which our children feel safe, secure, and confident, are respectful citizens in and out of school and nurture the Christian values that underpin all that we do. We believe that our children and staff should lead 'a life in all its fullness', nurturing our vision of growing healthy minds and hearts together. We strive to ensure this is in place to enable every child to achieve their full potential and be prepared for their next step in life, nurturing and embedding our key values of: respect, kindness, and trust.

As part of Baslow St. Anne's C of E Primary School's commitment to inclusivity, we seek to operate in a manner that enables children with both short and long-term medical conditions to achieve regular attendance at school and to ensure that children with medical conditions feel safe and included within their daily school life. Therefore, children will be supported as much as reasonably practicable as per the directions of the Equalities Act 2010.

Nationally schools are to provide support that is in keeping with guidance set by the department of Health (DFE). This can be found here:

Supporting pupils at school with medical conditions (publishing.service.gov.uk)

By using the above as guidance and assistance, we also have to have our own policy that sets out how we will ensure that:

Pupils at school with medical conditions will be properly supported so that they have full access to education, including school trips and physical education.

- that arrangements are in place in schools to support pupils at school with medical conditions.
- school leaders consult health and social care professionals, pupils and parents to ensure that the needs of children with medical conditions are properly understood and effectively support, that includes the administration of medications.

The Responsibilities of the School and its staff

The school will ensure that this policy is understood and accepted by staff. It will be readily available and accessible to parents on the school website.

It is the school's duty under the Children and Families Act 2014 to ensure that your child is properly supported. staff's participation in the administration of medicine to school pupils is on a voluntary basis and the individual decision of a staff member on their involvement to administer medication must be respected. Therefore, it is important that parents ensure that where reasonable, medications are only given at home.

Where medications must be administered at school the governing body will support the school in ensuring that there re sufficient arrangements to ensure your child can access a full education.

All staff will ensure that they are familiar with normal precautions for avoiding infection and follow basic hygiene procedures.

Each person who administers medicine will:

- Receive a copy of this policy.
- Read the written instructions/parental consent form for each child prior to administering medicines.
- Check the detail on the parental consent form against those on the label of the medication.
- Confirm the dosage/frequency on each occasion and consult the medicine record to ensure there is no double dosing.
- Check that the medication belongs to the named pupil and is within the medicine's expiry date.
- Understand and take appropriate hygiene precautions to minimise the risk of cross-contamination.
- Ensure that all medicines are returned for safe storage.
- Update the written records each time medicine is administered.
- Understand what to do if your child has an adverse reaction or there is an incident in relation to the administration of medication.

The Headteacher will routinely check the medicine administration records and countersign to evidence compliance with the written guidance or identify and address any non-compliance.

The Responsibilities of Parents

The responsibility for ensuring that children with medication needs receive the correct 'treatment' rests ultimately with their parent/guardians, or with a young person capable of self-administering his or her own medication. Parents and doctors should decide how best to meet each child's requirements. To help avoid unnecessary taking of medicines during the school day, parents should: -

- Be aware that a three times daily dosage can usually be spaced evenly throughout the day and taken in the morning, after school hours and at bedtime.
- Ask the prescriber if it is possible to adjust the medication to enable it to be taken outside the school day.
- Provide consent where medication is required to be administered within the school day or when on school trips.

Where this cannot be arranged, parents should consider whether or not, the child could return home for this, or the parent may come to school to administer the medicine if they so wish. If this is not possible, the procedures contained within this policy will be adopted.

Short-Term Medical Conditions.

Many children will need to take medicines during the day at some time during the school day. This should be for a short period only, to enable the completion of a course of antibiotics or other medication. To allow this, will minimise the time a child needs to be absent from school. However, such medicines should only be taken to school where it would be detrimental to a child's health if it were not administered during the school day. (Safeguarding children in education)

Long-Term medical needs.

Parents and carers are required to inform school staff about any long-term medical condition their child has or may have as a result of ongoing diagnostic tests. Where this condition is known before a child enters school, parents and carers are encouraged to talk to the SENCo (Special Educational Needs and disability Co-ordinator) about the needs of their child and how their health problems are best managed before the child enters the school. Where an illness or condition develops after a child enters school, parents and carers are asked to speak to the SENCo as soon as a diagnosis is made or where your child has identified ongoing additional need that is supported by other registered health care staff (Nursing, Physiotherapy, Occupational therapy, GP).

Baslow St. Anne's C of E Primary School is committed to working with parents and carers to support any child with any long-term medical condition and/or disability and to put appropriate plans and procedures in place. The SENCo will work with parents to agree how an Individualised Health Care Plan (IHCP) can be adopted in school, taking in the following into account and include:

- The pupil's information: name, date of birth, class, home address and medical diagnosis.
- Next of kin contact information: name, relationship to child, contact telephone numbers.
- GP: name, address, contact number.
- Contact names and numbers of any consultant, hospital clinic or other named medical professional involved.
- Which staff members will support the pupil.
- Information about the medical condition and how it affects the pupil, e.g. symptoms, side effects, impact on daily life, triggers, daily support needs.
- Information on how the medical condition may impact on the pupil's learning and development.
- Any medications needed: name of medication, dosage, how and when medication is taken, possible side effects.
- Arrangements needed for school trips/events.
- Any potential emergency situations: warning signs/symptoms, steps to take in the event of an emergency.
- Who was involved in writing and agreeing the plan.
- Date plan was written, when and how often it will be reviewed.

The Individualised Health Care Plan will be kept under continuous review and adapted and amended as required. In some instances, the medical condition and /or medications may affect the child's concentration and memory. Serious illness or disability may also have psychological effects.

Where additional support is required that would be greater than the resource the school has available, and that despite the relevant and purposeful action being taken to identify that need and meet the need AND the amount of support is required in order for your child to continue making expected progress the school SENCo will assist in the application for an Education, Care and Health Plan to support the child (COP 2014, 9.14).

The aim of the school will be to support children with long term medical conditions in becoming increasingly independent and able to self-administer their medications.

Infectious diseases.

Guidance on quarantine periods for common infectious diseases is attached to this policy and will be published on the school website. During the quarantine periods parents and carers are asked not to bring any child into school who has any of the named conditions.

Minor emergencies

Staff will usually carry out routine procedures for which a parent has given consent without contacting them e.g. such as cleaning minor grazes.

Unusual Occurrences, Serious Illness, or Injury

When children become unwell during the school day and needs to return home, the staff will contact parents/carers or guardians using the contact details provided. If parents or relatives are not available when a pupil becomes seriously unwell or injured, the Headteacher will, if necessary, call an ambulance to transport the child to hospital. A member of staff will accompany the child to hospital and will remain with the child until the parent arrives. Health professionals are responsible for any decisions on medical treatment when parents are not available. School staff will always treat an unconscious child as a 999 medical emergency.

Allergy/anaphylaxis

Parents must notify the school where it is known that the pupil has an acute allergic condition. Any pupil with an acute allergic condition, including Asthma will have an IHCP completed and should be included on the 'emergency medication register'. Where a child experiences an extreme and severe allergic reaction, staff will follow the identified treatment outlined in the IHCP. Immediate emergency medical aid will be called (999) in all cases when an adrenaline injection has been administered, and the doctor/ambulance service will be informed of the acute allergic reaction.

Teaching staff should be familiar with Guidance on the use of adrenaline auto-injectors in schools (publishing.service.gov.uk)

The parent will be responsible for ensuring that the school is kept supplied with injections/ Injectors that are 'in date' and of the correct dose. The Headteacher will ensure appropriate training and yearly updates are given to staff. Where staff have consented to administer adrenaline, where possible a minimum of two responsible trained persons should be present when administering. If there are no consenting staff members immediately available to administer the medication, then an ambulance must be called immediately so that appropriate treatment can be administered.

As the medication is required immediately, access to the adrenaline injection will be available to the responsible persons at all times, including off-site, trips/visits etc.

Asthma

Parents must notify the school where it is known that the pupil has asthma.

The school will maintain a register of all pupils who are known to have asthma or who have been prescribed a reliever inhaler.

Parents are required to provide the school with a copy of their child's Individual Asthma Care Plan. In the event of a child not yet having an individual Asthma Care Plan, parents will be asked to complete a generic Asthma Care Plan for the school.

Parents of children with diagnosed asthma must provide the school with a 'reliever' inhaler. The inhaler, not the box, must be clearly labelled with the child's name and that it is a 'reliever'. The use of a 'spacer' (holding chamber) is encouraged as it is the most efficient way of getting the treatment into the lungs of a child. The availability of a spacer will be recorded and the spacer must also be clearly labelled with the child's name.

Both the reliever and the spacer will be kept in the pupil's classroom and will be taken on all off-site visits or trips that the pupil attends. Where possible, junior children will carry their own inhalers. It is not necessary to lock the inhalers away for safety reasons. Where staff assist a child to use an inhaler, an Individual Treatment Plan should be agreed with the parents and followed when dispensing medication.

It is unlikely that children requiring oral steroid tablets will be attending school but in the unlikely event, the tablets should be administered at home and not during the school day.

A copy of the guidance 'An asthma attack – what to do' will be kept in each classroom.

Diabetes/Insulin

Parents must inform the school if their child has been diagnosed with diabetes Type 1 and 2. Each child will have an Individualised Health Care Plan and emergency pack (containing fast acting sugar e.g. glucose, or Lucozade tablets/Glucogel and/or snack foods) detailing:

- The safe storage of the insulin and pen injector
- Location of a private and safe room in which to do the injection
- Arrangements to ensure the child is able to eat immediately after giving the injection.
- The recommended snack prior to, during and after exercise as appropriate.

In addition children with diabetes will

- Be given priority in at mealtimes if they so wish.
- Be allowed to have snacks as directed by their diabetes team.

Epilepsy

We ask that parents inform the school if their child has been diagnosed with epilepsy and strongly advise that they do so. WE REASSURE PARENTS THAT CONFIDENTIALITY WILL BE MAINTAINED. For each child who is likely to have prolonged seizures, an Individualised Health Care Plan will be agreed by the parents and school. The plan will state

- What type of seizure to treat with emergency medication (and how to identify each seizure type)
- What medication to give and how and when to give it
- The dose
- At what point a paramedic ambulance should be called for
- Any other special instructions.
- Communication with parents

Prescription Medications.

If possible, where a child attending school is receiving prescribed medication, their parent or carer should administer the medication outside of school hours. Where this is not possible the parent or carer must complete a Parental Consent Form for school staff to administer the medication in accordance with the prescription and advice from the parent or carer. This form will be checked by a member of the school staff who will then agree to administer the medication and countersign the Parental Consent Form. Where the administration of any specific prescription requires technical or medical knowledge, training will be given to staff by an appropriately qualified trainer. If more than one medicine is to be given, a separate Parental Consent Form must be completed for each medication. Staff will only agree to administer medicines that are in the original container dispensed by the pharmacy and after checking the pharmacy label includes the following information:

- The child's name.
- The date the medicine was prescribed.
- The medication is still in date.
- The dosage/prescribing instructions
- How the medication is to be stored

When the medication is administered, the member of staff will enter the following details on the Parental Consent Form:

- Date and time medication given
- Dosage given
- Any other relevant details (for example if the child only swallows a small amount of the dose)

The member of staff will then countersign this entry to confirm the details are correct.

At the end of the school day a member of staff will show the Parental Consent Form to the parent or carer collecting the child and ask them to check that the details are correct.

Non-prescription medications (e.g. pain relief and allergy medications)

If a parent or carer wishes their child to receive a non-prescription medication and the member of staff agrees to give it, the parent or carer must complete a Parental Consent Form for each medication. Staff will only give age-appropriate medication to a child in accordance with the stated dose. The member of staff will not exceed the maximum stated dose. The Parental Consent Form will be completed as for prescription medications.

Staff will not administer Aspirin or Ibuprofen unless prescribed by a doctor. Staff will also not administer doses other than as prescribed in the written instructions/prescription.

Refusal to take medicines

Staff can only administer medicines with the agreement of the child. Any specific instructions to assist in the administration of medicine should be recorded in the medical consent form submitted by the parent. Any refusal to take medicine will also be recorded by staff immediately detailing the time of refusal.

When a child refuses to take medicines

- School staff will inform parents the same day.
- Where refusal may result in an emergency, parents will be informed immediately.

Storage of Medicines

All medicines will be clearly labelled with the child's name and stored in accordance with the prescription and/or parents' instructions, for example in the refrigerator or lockable cupboard or room. Where emergency medicines may be required, (e.g. asthma inhalers, Insulin, rectal Diazepam and Epipens) alternative methods of storage may be appropriate so that the medications can be readily accessed in emergency.

Except for emergency medicines, parents are requested not to leave medicines at school. School staff will not dispense medicines that have expired, and they will be returned to the parents.

Parents must notify the school when a pupil requires the use of a controlled drug as special measures are required to be undertaken.

The school has completed a risk assessment for the storage of medication, which is kept under review. Controlled drugs will be kept in a locked cabinet.

Employee Medicines

All staff will ensure that any medication brought into school for personal use are kept securely and children do not have access to them. Staff medicines will not be stored with children's medicine.

Disposal of Medicines

The safe disposal of all medicines remains the responsibility of the parents /carers /guardians. All medicines will be returned to the parent at the end of the course of treatment.

Medicine administration errors/near miss incidents

If a medicine administration error or near miss occurs, Baslow St Anne's CE Primary School will follow the local authority guidance for reporting and recording the incident. A copy of this guidance is available from the school office.

Confidentiality

Medical information will be regarded as confidential by staff and personal data properly safeguarded. Records relating to the administration of medicines are classed as health records and will be stored confidentially. Instructions are shared on a 'need to know' basis in order that a child's well-being is safeguarded and any individual treatment plan is implemented.

Access to Education – The Equalities Act 2010

The Equality Act 2010 provides a single, consolidated source of anti-discrimination law, covering all the types of discrimination that are unlawful. Under the new act it is unlawful to offer/provide a lesser standard of service to a child with a disability. In general, disabled children can expect services to be provided to them on the same terms and to the same standard as other

children, and can also expect steps to be taken to help overcome particular difficulties that a particular disabled person may face.

The Equalities Act defines disability as when a person has a 'physical or mental impairment which has a substantial and long term adverse effect on that person's ability to carry out normal day to day activities'. Some specified medical conditions such as multiple sclerosis and cancer are considered as disabilities. This has relevance for children with ongoing needs for medication.

Baslow St. Anne's C of E Primary School will make reasonable adjustments to its service provision where possible, to help disabled children overcome particular difficulties that they may face in accessing the education provided by the school.

Consent

As well as obtaining the consent of parents/Carers we will always also seek the consent of the child before we administer medications. As a school and as per our policy, we are not able to strongly coerce a child to take medications, and we cannot covertly deliver medications. We will contact you at any time your child refuses and record this.

For children who are 'Looked After' the school will contact the lead social worker to ensure that the appropriate consents are in place and the school will expect that where the Local Authority has corporate parenting responsibilities that the lead social worker will participate in all IHCP reviews to ensure ongoing accurate consents are in place.

School trips

Where a child has an IHCP in place the school will need to complete a higher level of risk assessment to ensure that your child's needs are met as safely as possible. This may require a professional meeting to ensure that there is special consideration of the arrangements that are needed to keep your child safe. This will include consideration of :-

- The reasonable adjustments required to ensure your child can participate in activities in accordance with their own abilities
- Seek medical information to help us detail any unforeseen additional measures to keep your child safe.
- Emergency support that may be required
- How to contact professionals and parents in the event of unforeseen risk being identified not dealt with prior to the trip.
- Identify any special training required to ensure safe access to the trip
- Ensure that appropriate levels of insurance are in place

Complaints

Sometimes parents may feel dissatisfied that their child's health or medical needs are not being suitably supported. We encourage parents to discuss their concerns directly with the school. If for whatever reason this does not resolve the issue parents can make a formal complaint via the school's complaints procedure.

Contagious period guidance addendum:

Infection Control in Schools VO3

Exclusion table Infection	**Exclusion period**	**Comments**
Athlete's foot	None	Athlete's foot is not a serious condition. Treatment is recommended.
Chicken pox	Five days from onset of rash and all the lesions have crusted over	
Cold sores (herpes simplex)	None	Avoid kissing and contact with the sores. Cold sores are generally mild and heal without treatment
Conjunctivitis	None	If an outbreak/cluster occurs, consult your local HPT
Diarrhoea and vomiting	Whilst symptomatic and 48 hours after the last symptoms.	See section in chapter 9
Diphtheria *	Exclusion is essential. Always consult with your local HPT	Preventable by vaccination. Family contacts must be excluded until cleared to return by your local HPT
Flu (influenza)	Until recovered	Report outbreaks to your local HPT.
Glandular fever	None	
Hand foot and mouth	None	Contact your local HPT if a large numbers of children are affected. Exclusion may be considered in some circumstances
Head lice	None	Treatment recommended only when live lice seen
Hepatitis A*	Exclude until seven days after onset of jaundice (or 7 days after symptom onset if no jaundice)	In an outbreak of hepatitis A, your local HPT will advise on control measures
Hepatitis B*, C*, HIV	None	Hepatitis B and C and HIV are blood borne viruses that are not infectious through casual contact. Contact your local HPT for more advice
Impetigo	Until lesions are crusted /healed or 48 hours after starting antibiotic treatment	Antibiotic treatment speeds healing and reduces the infectious period.
Measles*	Four days from onset of rash and recovered	Preventable by vaccination (2 doses of MMR). Promote MMR for all pupils and staff. Pregnant staff contacts should seek prompt advice from their GP or midwife
Meningococcal meningitis*/ septicaemia*	Until recovered	Meningitis ACWY and B are preventable by vaccination (see national schedule @ www.nhs.uk). Your local HPT will advise on any action needed
Meningitis* due to other bacteria	Until recovered	Hib and pneumococcal meningitis are preventable by vaccination (see national

		schedule @ www.nhs.uk) Your local HPT will advise on any action needed
Meningitis viral*	None	Milder illness than bacterial meningitis. Siblings and other close contacts of a case need not be excluded.
MRSA	None	Good hygiene, in particular handwashing and environmental cleaning, are important to minimise spread. Contact your local HPT for more information
Mumps*	Five days after onset of swelling	Preventable by vaccination with 2 doses of MMR (see national schedule @ www.nhs.uk). Promote MMR for all pupils and staff.
Ringworm	Not usually required.	Treatment is needed.
Rubella (German measles)	Four days from onset of rash	Preventable by vaccination with 2 doses of MMR (see national schedule @ www.nhs.uk). Promote MMR for all pupils and staff. Pregnant staff contacts should seek prompt advice from their GP or midwife
Scarlet fever	Exclude until 24hrs of appropriate antibiotic treatment completed	A person is infectious for 2-3 weeks if antibiotics are not administered. In the event of two or more suspected cases, please contact local health protection team.
Scabies	Can return after first treatment	Household and close contacts require treatment at the same time.
Slapped cheek /Fifth disease/Parvo virus B19	None (once rash has developed)	Pregnant contacts of case should consult with their GP or midwife.
Threadworms	None	Treatment recommended for child & household contacts
Tonsillitis	None	There are many causes, but most cases are due to viruses and do not need an antibiotic treatment
Tuberculosis (TB)	Always consult your local HPT BEFORE disseminating information to staff/parents/carers	Only pulmonary (lung) TB is infectious to others. Needs close, prolonged contact to spread
Warts and verrucae	None	Verrucae should be covered in swimming pools, gyms and changing rooms
Whooping cough (pertussis)*	Two days from starting antibiotic treatment, or 21 days from onset of symptoms if no antibiotics	Preventable by vaccination. After treatment, non-infectious coughing may continue for many weeks. Your local HPT will organise any contact tracing necessary

***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).**

Health Protection Agency (2010) Guidance on Infection Control in Schools and other Child Care Settings. HPA: London.

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

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

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

Cleaning of the environment, including toys and equipment, should be frequent, thorough and follow national guidance. For example, use colour-coded equipment, COSHH and correct decontamination of cleaning equipment. Monitor cleaning contracts and ensure cleaners are appropriately trained with access to PPE.

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

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

Clinical waste. Always segregate domestic and clinical waste, in accordance with local policy. All clinical waste bags should be less than two-thirds full and stored in a dedicated, secure area while awaiting collection.

Sharps should be discarded straight into a sharps bin conforming to BS 7320 and UN 3291 standards. Sharps bins must be kept off the floor (preferably wall-mounted) and out of reach of children.

Sharps injuries and bites. If skin is broken, encourage the wound to bleed/ wash thoroughly using soap and water. Contact GP or occupational health or go to A&E immediately. Ensure local policy is in place for staff to follow. Contact your local HPT for advice, if unsure.

Animals may carry infections, so hands must be washed after handling any animals. Health and Safety Executive (HSE) guidelines for protecting the health and safety of children should be followed. Ensure animals' living quarters are kept clean and away from food areas. Waste should be disposed of regularly, and litter boxes not accessible to children. Children should not play with animals unsupervised. Veterinary advice should be sought on animal welfare and animal health issues and the suitability of the animal as a pet. Reptiles are not suitable as pets in schools and nurseries, as all species carry salmonella.

Visits to farms. Please contact your local environmental health department, which will provide you with help and advice when you are planning a visit to a farm or similar establishment. For more information see http://www.face-online.org.uk/resources/preventing-or-controlling-ill-health-from-animal-contact-at-visitor-attractions-industry-code-of-practice

Vulnerable children

Some medical conditions make children vulnerable to infections that would rarely be serious in most children, these include those being treated for leukaemia or other cancers, on high doses of steroids and with conditions that seriously reduce immunity. Schools and nurseries and childminders will normally have been made aware of such children. These children are particularly vulnerable to chickenpox, measles or parvovirus B19 and, if exposed to either of these, the parent/carer should be informed promptly and further medical advice sought. It may be advisable for these children to have additional immunisations, for example pneumococcal and influenza.

Female staff – Pregnant women

If a pregnant woman develops a rash or is in direct contact with someone with a potentially infectious rash, this should be investigated according to PHE guidelines by a doctor. The greatest risk to pregnant women from such infections comes from their own child/children, rather than the workplace. Some specific risks are chickenpox can affect the pregnancy if a woman has not already had the infection. Report exposure to midwife and GP at any stage of exposure. The GP and antenatal carer will arrange a blood test to check for immunity. Shingles is caused by the same virus as chickenpox, so anyone who has not had chickenpox is potentially vulnerable to the infection if they have close contact with a case of shingles. German measles (rubella). If a pregnant woman comes into contact with german measles she should inform her GP and antenatal carer immediately to ensure investigation. The infection may affect the developing baby if the woman is not immune and is exposed in early pregnancy. Slapped cheek disease (parvovirus B19) can occasionally affect an unborn child. If exposed early in pregnancy (before 20 weeks), inform whoever is giving antenatal care as this must be investigated promptly. Measles during pregnancy can result in early delivery or even loss of the baby. If a pregnant woman is exposed, she should immediately inform whoever is giving antenatal care to ensure investigation.

Immunisation

Immunisation status should always be checked at school entry and at the time of any vaccination. Parents should be encouraged to have their child immunised and any immunisation missed, or further catch-up doses organised through the child's GP. For the most up-to-date immunisation advice see the NHS Choices website at www.nhs.uk or the school health service can advise on the latest national immunisation schedule.

Children who present with certain risk factors may require additional immunisations. Some areas have local policies – check with your local PHE centre.

Staff immunisations – all staff should undergo a full occupational health check before starting employment; this includes ensuring they are up to date with immunisations, including MMR.

Adapted from Health Protection Agency Guidance on Infection Control in Schools poster. Content updated using Public Health England Guidance on Infection Control in Schools and other childcare settings, 2013. Developed by Derbyshire County Council Public Health.

For further information and guidance please contact Children's Services Health & Safety Team 01629 536525 E Mail: healthandsafetycs@derbyshire.gov.uk

References

The Children and families Act 2014 section 100 of the act places a duty on governing bodies of maintained schools, proprietors of academies and management committees of PRU's to make arrangements for supporting pupils at their school with medical conditions.

Supporting pupils at school with medical conditions 2015 provides statutory guidance to any appropriate authority. Appropriate authorities' must have regard to1 this guidance when carrying out their statutory duty to make arrangements to support pupils at school with medical conditions. The guidance also applies to activities taking place off-site as part of normal educational activities. In this document, references to schools are taken to include academies and PRUs and references to governing bodies include proprietors in academies and management committees of PRUs.

Keeping children safe in education Schools and colleges in England must have regard to it when carrying out their duties to safeguard and promote the welfare of children. Safeguarding and promoting the welfare of children is defined for the purposes of that guidance as: protecting children from maltreatment; preventing the impairment of children's mental and physical health or development; ensuring that children grow up in circumstances consistent with the provision of safe and effective care, and ; taking action to enable all children to have the best outcomes.

Section 21 of the Education Act 2002 provides that governing bodies of maintained schools must, in discharging their functions in relation to the conduct of the school, promote the wellbeing of pupils at the school.

Section 175 of the Education Act 2002 provides that governing bodies of maintained schools must make arrangements for ensuring that their functions relating to the conduct of the school are exercised with a view to safeguarding and promoting the welfare of children who are pupils at the school.

Part 3, and in particular paragraph 7 of the Schedule to the Education (Independent School Standards) Regulations 2014 sets this out in relation to academy schools and alternative provision academies.

Section 3 of the Children Act 1989 confers a duty on a person with the care of a child (who does not have parental responsibility for the child) to do all that is reasonable in all the circumstances for the purposes of safeguarding or promoting the welfare of the child.

Section 17 of the Children Act 1989 gives local authorities a general duty to safeguard and promote the welfare of children in need in their area.

Section 10 of the Children Act 2004 provides that the local authority must make arrangements to promote co-operation between the authority and relevant partners (including the governing body of a maintained school, the proprietor of an academy, clinical commissioning groups and the NHS Commissioning Board) with a view to improving the wellbeing of children, including their physical and mental health, protection from harm and neglect, and education. Relevant partners are under a duty to co-operate in the making of these arrangements.

The NHS Act 2006: Section 3 gives Clinical Commissioning Groups a duty to arrange for the provision of health services to the extent the CCG considers it necessary to meet the reasonable needs of the persons for whom it is responsible.

Section 3A provides for an ICB/ CCG to arrange such services as it considers appropriate to secure improvements in physical and mental health of, and in the prevention, diagnosis and treatment of illness, in, the persons for whom it is responsible. **Section 2A** provides for local authorities to secure improvements

to public health, and in doing so, to commission school nurses. Governing Bodies' duties towards disabled children and adults are included in the Equality Act 2010, and the key elements are as follows:

• They must not discriminate against, harass or victimise disabled children and young people 27

• They must make reasonable adjustments to ensure that disabled children and young people are not at a substantial disadvantage compared with their peers. This duty is anticipatory: adjustments must be planned and put in place in advance, to prevent that disadvantage.

Other relevant legislation

Section 2 of the Health and Safety at Work Act 1974, and the associated regulations, provides that it is the duty of the employer (the local authority, governing body or academy trust) to take reasonable steps to ensure that staff and pupils are not exposed to risks to their health and safety.

Under the Misuse of Drugs Act 1971 and associated Regulations the supply, administration, possession and storage of certain drugs are controlled. Schools may have a child who has been prescribed a controlled drug.

The Medicines Act 1968 specifies the way that medicines are prescribed, supplied and administered within the UK and places restrictions on dealings with medicinal products, including their administration.

Regulation 5 of the School Premises (England) Regulations 2012 (as amended) provides that maintained schools must have accommodation appropriate and readily available for use for medical examination and treatment and for the caring of sick or injured pupils. It must contain a washing facility and be reasonably near to a toilet. It must not be teaching accommodation. Paragraph 24 of the Schedule to the Education (Independent School Standards) Regulations 2014 replicates this provision for independent schools (including academy schools and alternative provision academies). The Special Educational Needs and Disability Code of Practice

Section 19 of the Education Act 1996 (as amended by Section 3 of the Children, Schools and Families Act 2010) provides a duty on local authorities of maintained schools to arrange suitable education for those who would not receive such education unless such arrangements are made for them. This education must be full-time, or such part-time education as is in a child's best interests because of their health needs.