Shropshire Council

Learning and Skills Group

MEDICAL ARRANGEMENTS
GUIDELINES & PROCEDURES FOR SCHOOLS

This document has been agreed by the following professional associations/trade unions representing Teachers, Headteachers and Support Staff:

- National Union of Teachers
- National Association of Schoolmasters Union of Women Teachers
- Association of Teachers and Lecturers
- National Association of Headteachers
- Association of School and College Leaders
- Unison
- GMB

Updated: May 2019

1.0	Introduction

The detailed medical arrangements set out have been prepared jointly by Health Professionals and Shropshire Council. The arrangements are reviewed on a regular basis and form the basis of ensuring that the medical needs of staff and pupils are met in educational establishments.

This guidance is issued under the legislation Section 100 of the Children and Families Act 2014 places a duty on governing bodies of maintained schools, proprietors of academies and management committees of PRUs, to make arrangements for supporting pupils at their school with medical conditions.

Included as part of this introduction are key action points which act as a reference to arrangements covered in the main document but are important to make particular note of:

Key points

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

- Governing bodies **must** ensure that arrangements are in place in schools to support pupils at school with medical conditions.

- Governing bodies should ensure that school leaders consult health and social care professionals, pupils and parents, to ensure that the needs of children with medical conditions are effectively supported.

Medicines: Administration and Use

- Administration of medicines to pupils by teachers is voluntary.

- Any staff should not agree to administer medicines without first receiving appropriate training.

- Heads (and governors) should, where necessary, ensure that the policy and procedures are compatible and consistent with any registered day-care operated either by them or an external provider on school premises.

Health Care Plan for a Child at Risk of Anaphylaxis

- When a child has been diagnosed as having a severe allergic reaction, a clear written policy appropriate to that child should be drawn up.

Asthma

- Asthma advice and guidance is in a separate Policy and is available on the Shropshire Learning Gateway.

The Diabetic Child in School

- Children with diabetes should have an individual health care plan and should take part in the full range of school activities. Schools should try to provide good levels of support, which enable parents/guardians to attend work rather than having to attend school to test blood glucose levels and administer insulin.

Guidelines for Dealing with and Control of Human Head Lice - Shropshire Health Authority Guidelines

- The detection, control and treatment of head lice infection can only succeed if the individuals involved receive consistent information and advice via the circulation of the Shropshire & Telford PCT leaflet to parents.

Human Immuno Deficiency Virus (HIV) and Hepatitis B Virus

- When risks have been identified, provision of **immunisation**, where appropriate and necessary, protective equipment and safe systems of work are to be made and enforced.

Guidance on infection control in schools and other childcare setting.

- This is a separate document produced by Public Health England. http://www.publichealth.hscni.net/sites/default/files/Guidance_on_infection_control_in%20schools_poster.pdf

- The document is available on the Shropshire Learning Gateway and needs to be read and signed off by appropriate staff.

- The Effective Hand washing diagram should be used and displayed in all hand washing areas (e.g. toilets). Consider including within curriculum.

- It is highly recommended that the Infection Control poster is displayed in a suitable area within the School\College.

- Contents of first aid boxes should assessed by undertaking a needs requirement first aid assessment.

- In the event a Medical/First Aid Room is not available, a suitable alternative should be identified.

- It is acknowledged that bleach and chlorine-based disinfectants may not be readily available in schools, however, Public Health England advises its use especially in the event of blood spillages and even more so if that spillage is potentially infected with HIV or Hepatitis.

  Therefore, in appropriate circumstances bleach and chlorine-based disinfectants may be necessary. A COSHH risk assessment must be carried out in conjunction with the manufacturer's safety data sheets to identify if it's required and the quantities that will be kept on site or will it be purchased as and when required. If kept on site, chlorine products must be stored in a locked secure area inaccessible to unauthorised people. Schools may also wish to consider purchasing a Bio-Hazard spill kit available through approved stationary resource suppliers.

- The cleaning spillages flowchart should be displayed and provided to site and cleaning staff.

- Ensure that guidance on food handling is shared with school food providers if managed by the School.

- Guidance for drinking water should be followed and it is important that drinking water vessels are for individual use only and bottles are not reused.

2.0 Medicines: Administration and Use

2.1 Introduction

- The LA has principal responsibility for the safety and welfare of pupils in community schools, community special schools, voluntary controlled schools, maintained nursery schools and pupil referral units. In foundation schools, foundation special schools and voluntary–aided schools the governors carry this responsibility. This document sets out the LA's detailed policy guidelines to schools, clarifying the areas of responsibility for medicines, together with the procedures to be operated should there be a need for medication to be administered in school. These guidelines should form the basis of any school policies or practices relating to the administering of medicines in school. If in doubt, those concerned should contact the Shirehall or the Health Professionals for further advice (see below).

- For the purposes of this document the term "medicine" applies only to medication prescribed by the pupil's doctor, dentist, nurse prescriber or pharmacist prescriber**,** whether in the form of tablets, inhalers, liquids, capsules or creams.

- This document does not deal with the contents of "First Aid" boxes which has been the subject of previously issued separate advice, the gist of which being that they should **not** contain any "pills" or "potions".

  "Parent" has the same meaning as defined in Section 576 of the Education Act 1996 and includes any person:-

  - who is not a parent but who has parental responsibility for the pupil, or
  - who has care of the pupil e.g. guardian – this does not include child-minders, nannies, baby sitters or school staff. Further information is available in 2.2.1.

- This document does not address the responsibilities of school staff when an accident or emergency situation arises, for example where a pupil has a serious accident and parents need to be contacted or an ambulance called. Schools should already have in place procedures to deal with such emergencies, which are clear and known by all staff and parents.

- Some local authority special schools cater for children with severe disability, some of whom have complex medical problems and who will be on regular medication both at home and at school. Some may also have needs for special nursing care while at school for which arrangements have been made. The guidance set out in this document is not intended to override or modify in any way already established arrangements in these schools.

- The local authority hopes that schools find it possible to co-operate with reasonable and justified requests from parents so that their children need not miss their educational opportunities. The current legal position, the County Council's insurance arrangements, the ability to provide appropriate training where necessary and following these guidelines should ensure that any risk of acting negligently is kept to an absolute minimum. However, if Heads are in any doubt about administering medicines in school or would like further information about Asthma they should consult either the School Nurse, own General Practitioner or Consultant Paediatrician who has been involved with the individual case.

2.2. Legal Considerations - Parents, Employers, Headteachers and Teacher/ Employees Responsibilities

2.2.1. Parents and Carers

School staff need to have a clear understanding of who has parental responsibility for a particular child. In the event of family breakdown, divorce, etc., the school need to identify who retains the parental responsibility.

If the child is 'looked after' by the Local Authority, the School must know who has day–to–day responsibility for the child.

Parents should provide the school with sufficient information about the child's medical needs if medication or special care is required. They should agree with the Head the role the school will undertake in supporting the child's needs in accordance with LA policy. Parents should be made aware that this information will be shared with relevant staff to ensure the best care for the child, although the headteacher should always seek parental consent for this.

N.B. Parents should understand that schools have no legal obligation to administer medicines.

2.2.2. The Employer

Under the Health and Safety at Work Act 1974 employers, including LA's and Governing Bodies, must have a health and safety policy. This policy should incorporate managing the administration of medicines and supporting pupils with complex health needs. This will support schools in developing their own internal operational procedures.

Employers must ensure that their insurance arrangements provide full cover in respect of actions which could be taken by staff in the course of their duties.

It is the employer's duty to ensure that schools have proper procedures in place and that staff are aware of the procedures and are fully trained. Employers must ensure that staff have appropriate training, which gives sufficient understanding, confidence and expertise to support children with medical needs. Arrangements must also be in place to update training on a regular basis.

2.2.3. The Governing Body

Schools must develop policies which cover the needs of their own school. These policies should reflect those set down by the employer. The governing body has a general responsibility for all school policies even when it is not the employer. Where the LA is the employer the governing body should follow the health and safety policies and procedures produced by the LA.

2.2.4. The Head's Responsibility

- The LA does not discourage Heads from administering medicines in schools. Heads are left to use their discretion as to whether it is practicable in all the circumstances to agree to administer medicines.

- The Head's responsibility is to consider each request for medicine to be administered to a pupil in school on its merits. In so doing the Head should have regard to the best interests of the pupil, but can also consider the implications for the school, especially staff. Where it is thought appropriate for medicines to be administered,

the Head should ensure that any instructions and the LA's guidelines are followed carefully and that the school has strict guidelines and agreed procedures in place.

- Staff (and parents) should be made aware of the school policies and practices about administering medicines, and indeed, all first aid treatment, particularly where there are pupils with known medical problems.

- Whether agreeing or refusing to administer medicines in school, the Head's decision will be defensible **if it is clear that they have acted reasonably**. Heads have an unquestioned duty to all the children in their care but before accepting responsibility for administering medication to a pupil, they should first consider all the circumstances of the case.

- The Head must arrange for staff to receive proper support and appropriate training. If the administration of prescription medicines requires technical or medical knowledge then individual training should be provided for appropriate staff from a qualified health professional – training may be specific to the individual child.

- Heads (and governors) should, where necessary, ensure that the policy and procedures are compatible and consistent with any registered day-care operated either by them or an external provider on school premises. N.B. The LA policy should always be taken as the minimum standard.

2.2.5. Teachers'/Employees' Responsibilities

- Teachers have a professional duty to safeguard the health and safety of pupils both when they are authorised to be on the school premises and when they are engaged in authorised school activities elsewhere.

- No teacher can be required to administer medicine or drugs to a pupil or supervise pupils taking medication. However, there is nothing to stop them from undertaking such tasks if they are willing to do so; the parents have given written permission and where necessary appropriate training has been given by medical staff (e.g. school nurse or doctor). As mentioned, the LA's hope is that schools will be able to co-operate with reasonable and justified requests.

2.2.6. Teachers or any other school staff should not agree (or be required) to administer medicines without first receiving appropriate training and consent forms.

- A person who does not have parental responsibility for a particular child, but has the care of that child (e.g. school staff), may be authorised by statute to do certain things. Section 3 of the Children Act 1989 states that in such circumstances that person "may (subject to the provisions of this Act) do what is reasonable in all the circumstances of the case for the purpose of safeguarding or promoting the child's welfare."

  Whilst it is virtually impossible to define what would be regarded as "reasonable in all the circumstances", this must be considered on a case to case basis. The critical point is that Section 3 Children Act 1989 potentially protects an individual who becomes actively involved in attempting to safeguard/promote a child's welfare by removing the rigid conclusion that such intervention would automatically and necessarily either constitute criminal assault or alternatively give rise to a civil claim for trespass to the person.

- Teachers also have a general duty to act "in loco parentis" while pupils are in their care at school (i.e. to act as any reasonable parent would in the same circumstances). Where the Head has agreed to administer and provide the administration of medicine in a controlled manner and undertaken in accordance with the appropriate medical advice (dosage instructions) and these guidelines, the risk of injury should be minimised and staff can be considered to have exercised reasonable care.

- It is recommended that parents make a written request for the school to administer medicines. The school can then provide the parent with the agreement form, which should be completed following the initial discussions.

- It is also recommended that a school record of administration of medicines be kept and this record should be accessible to appropriate staff and regularly monitored by a nominated member of staff.

- Although legally it is not possible to disclaim liability for personal injury or death, it is recommended that the Head should obtain a written indemnity from the parent in favour of the Head or the member(s) of staff involved. It is, therefore, important to ensure that the systems set up limit opportunity for negligence.

- Staff who act reasonably and in accordance with appropriate instructions/guidelines are protected by Shropshire Council's insurance policies should any claim for negligence be brought.

The Shropshire Council's Risk Management Team has commented as follows:-

> "Any person under a contract of service with Shropshire Council or any person volunteering to assist with the discharge of the Authority's functions is indemnified under the terms of our liability policy provided they act in good faith, within the limits of their authority and observe the policy terms and conditions".
>
> In connection with Anaphylaxis (an extreme allergic reaction requiring emergency treatment - the most common cause being food, in particular nuts, fish and dairy products), Shropshire Council's Insurance Brokers have also commented:-
>
> 1. The policy has a "reasonable care" condition and as such anything of this nature should be approached with the attitude that you would apply if you did not have the benefit of public liability insurance.
>
> 2. Every effort should be made to prevent known sufferers from coming into contact with products, which are known to bring on the reaction.
>
> 3. Staff who are to administer the drugs should be trained to do so by people who are qualified and have experience in this field.
>
> 4. Any other specialist advice should be sought".

2.2.7. Circumstances in which requests to administer medicines in school may be made

- Children attend school to benefit from organised education. Given the requirements of the National Curriculum, it is important that a pupil's time out of school is as little as it possibly can be. School attendance may be interrupted by episodic illness and some pupils have chronic illness, which may interfere with their education. With the

co-operation of parents, schools and doctors, the disruption to their education can be kept to a minimum. In all cases, the objective should be to ensure that the child rather than his/her illness is the focus of attention.

- There are two main sets of circumstances in which requests may be made to a Head for medicines to be administered to pupils at schools:-

    - cases of chronic illness or long-term complaints, such as asthma, diabetes, epilepsy, cystic fibrosis, anaphylaxis.

    - cases where pupils recovering from a short term illness are well enough to return to school but are receiving a course of antibiotics, other medicine, etc.

  A third circumstance is cases where pupils who suffer occasional discomfort such as toothache or period pain may require analgesics (pain relievers).

2.2.8. Circumstances in which requests to administer medicines in school may be made that need very careful consideration:

- These are cases where professional associations may well advise Heads and other teaching staff not to become involved. However, in some of the following situations Shropshire Heads have previously considered it justified to agree to administer and school staff have been prepared to volunteer and have received appropriate training so that administration has been able to take place in school:-

    - Where the timing of administration is crucial to the health of the pupil. (i.e. the medication must be administered at a precise time). Should Heads agree to administer in such cases they must ensure arrangements are in place to meet the timing requirements.

    - Where some technical or medical knowledge and/or training is required (however, it may be possible in some circumstances to suitably train a volunteer. Staff will not be asked to undertake activities that, given proper training, cannot be performed by non-medical personnel).

    - Where intimate contact with the pupil is necessary. This would include administration of rectal diazepam, assistance with catheters, or use of equipment for pupils with tracheotomies (however, volunteers have been trained in the past to administer rectal valium in Shropshire Schools).

  No decisions in these situations should be made one way or the other without detailed discussion having taken place between school staff, PCT and/or GP and the parents

- Normally, one would expect injections to be administered by a nurse or doctor. A Head would be well advised to undertake injections only if formally authorised by the parent, after guidance from a medical practitioner and appropriate training. However, in an emergency, or on a comparatively rare occasion, a Head might feel that s/he would be exercising his or her duty of care to a pupil reasonably by seeing that the injection is administered.

2.2.9. Principles/criteria relevant to the administration of medicines in schools

- Whenever possible, parents should be asked to arrange to come into school or for pupils to return home at lunchtime (or other break time if convenient) for arrangements.

- Where it is not feasible and/or practicable for parents to administer and the Head is requested to consider administration by the school the following principles apply:-
    - A proper written request is made by the parent.

      It is clearly necessary for the medicine to be administered during school time. This assumes:

      that the pupil concerned is properly fit to attend school and if not, they should be at home (Heads have the power to return a pupil home if they consider they are not well enough to be in school).

      that the prescribed dosage must be given during the school day. If it is sufficient to dose before and after school then the school should not be being asked to administer additional doses during the school day. Parents should be encouraged to ask the prescribing doctor (or dentist) if it is possible for medication to be prescribed in dose frequencies, which enable it to be taken outside school hours.

      The administration required is simple and straightforward to undertake. Giving a pill or spoonful of medicine is one thing, being asked to undertake complicated methods, which might well be seen as unreasonable to expect a teacher “in loco parentis” to undertake, are another. (Should this latter situation arise it would be expected that detailed discussions between school staff, PCT and/or GP and parents would have taken place to explain the situation and to ascertain the practicability of the school dealing with the matter e.g. willingness, training etc).

- Many secondary school aged pupils will be capable of carrying and administering their own medication, however, this should be assessed on an individual basis, taking into account age, maturity and capability. There is no set age which this decision can be made, but wherever possible, the medicine should be self-administered under the supervision of a responsible adult. Parents\Guardians of pupils carrying and administering their own medication must inform the Headteacher.

- Information on long-term illnesses, such as epilepsy, asthma, diabetes, cystic fibrosis, anaphylaxis, etc., must be recorded with consultation and consent of pupil's parents\guardians on the record together with appropriate detailed instructions about how to deal with the administration of any medicines both routinely and in any emergency. It is further recommended that an individual administration record sheet be kept for each pupil with a long term illness.

  All teaching staff (and any other staff the Head considers need to be informed) involved with the pupil must be sufficiently informed about the pupil's illness to enable them to assist in dealing with health maintenance and emergency situations. All staff concerned must treat this information as confidential.

2.2.10. General Procedures to be followed in administering medicines in schools

- The parents\guardians written request should be received, preferably delivered by the parents, confirming that it is necessary for the pupil to take medicine during school hours. Verbal requests from the pupil or parents\guardians should only be acted upon in the most extreme cases. The request form should specify:-
    - the name of the medication;

- the dosage and time of administration (stating clearly whether timing is critical);
- the reason for the medication;
- reason(s)/times when the medication need not be administered (e.g. when there is not an asthma attack);
- the name and telephone number of the doctor responsible for prescribing the medication;
- possible interaction with any other medicines or other pain relievers such as paracetamol.
- emergency contact name and day time telephone number.

If the Headteacher is unsure about a particular request, it is recommended that they ask for a doctor's note to confirm the information required.

- Where it is agreed to administer, the school must provide the parent with a parental consent form for completion available in Section 12 Template B. The medicine should be delivered personally to the Head or an appropriate member of staff by the parent or guardian, not the pupil in question. These medicines must:-

  - be clearly labelled with the pupil's name **(the medicine must be in the**
  - be clearly labelled with the contents **original bottle/packaging in**
  - be clearly labelled with the dosage **which it was prescribed).**
  - be clearly labelled with the date
  - be kept in a suitably locked cupboard*, away from the pupils. Medicines, which need refrigerating should be kept in a closed and labelled airtight container within a domestic refrigerator which is not accessible to pupils.
  - If there is doubt about how a medicine should be stored a local pharmacist should be able to advise.

    (***Note**:the requirement to keep medication in locked facilities does not apply to asthma inhalers which should either be being carried by the pupil or, if the pupil is not capable of undertaking the medication him/herself, be readily accessible when needed).

- A **written record** should be kept of the dates and times of each administration. Where practicable two members of staff should be present when medicines are administered and countersign the record. It is further recommended that the parent signed request forms are kept within the administration record file until the period of medication has finished for reference purposes when necessary. Thereafter the request form should be transferred to the pupil's personal file.

  An individual record of administration sheet should be kept for each pupil on long term medication. This again should be filed on the pupil personal file on completion of the medication.

  Such medicine administration records should be transferred as part of the pupil's personal file to any other schools attended.

  It may be sensible for a designated member of staff to be made responsible for administering medication provided suitable other arrangements exist to cover any absence.

- Parents are responsible for informing the school, in writing, if there is any change of dosage.
- Parents are responsible for obtaining fresh supplies of medication.
- Parents are responsible for informing the school if the medication has been stopped by the doctor.
- It should not normally be necessary for non-prescription, or over the counter medication to be brought to school for administration by the school. In rare situations where the school have agreed to administer such medication it must be in the original container, which will have the name of the medicine, the manufacturer's name, the manufacturer's guide on dosage by age range and the expiry date.
- The school should never give medication, which is not properly labelled and/or has no clear guidelines on dosage.
- Pupils with asthma who are normally responsible for their medication at home should be responsible for this at school as well.

2.2.11. Administration of analgesics (pain relievers) to pupils

- The school would be acting in loco parentis in providing pain relievers to pupils who suffer discomforts such as headaches, toothache or menstrual pains. To ensure the practice is controlled parents should be contacted prior to any administration of pain relievers. There is also a risk that if pain relievers are not administered in a controlled manner, pupils may bring tablets into school and dispense them freely amongst their friends.

- If a pupil suffers regularly from acute pain, such as migraine, the parents should authorise and supply appropriate painkillers for their child's use, with written instructions about when the child should take the medication.

- It should be noted that:-

    - Standard Paracetamol is the only pain reliever that should be used for pupils aged 12 years or over. Only preparations of paracetamol designed specifically for children or younger pupils should be used for pupils under 12 years. Paracetamol in either form should not be given to a pupil receiving other medication from a doctor without first checking with the parent, GP or pharmacist to ensure that there are not likely to be adverse health effects from their interaction.

    - On no account should aspirin or preparations containing aspirin be given to pupils. This is particularly important where pupils under 12 years of age are concerned. Ibuprofen should not be administered.

    - Dosage must always be in accord with the instructions specified on the product container.

    - It is good practice for the member of staff administering the pain reliever to ensure the pupil swallows the tablets to prevent their accumulation. The pupil should also be asked if they have taken paracetamol or any other medication within the last 4 hours.

    - A written record should be kept of the dates and times of each administration in the schools Administration of Medicines Record Log. This record will also provide information about any child requesting frequent analgesia which can be brought to the parent's attention so that further medical assessment can be made.

2.2.12. Further procedures affecting all administration of medicines

- Records should be active until a pupil no longer requires the medication, at which point the records would be archived. The parents request form can then be placed in the pupil's personal file. Good record keeping helps to demonstrate that staff have exercised their duty of care and will also help protect staff against litigation if difficulties arise.

- Early Years settings MUST keep written records each time medicines are given.

- School staff should not dispose of medicines. Parents should collect medicines held at school at the end of each term. Parents are responsible for disposal of date expired medicines. In circumstances where parents fail to remove medicines, they can be taken to a pharmacy for safe disposal.

- Information about the School's Policy on the Administration of Medicines and how parents make a request should be included in the school prospectus and in annual updates to all parents.

- All staff should know how to call the emergency services. All staff should also know who is responsible for carrying out emergency procedures in the event of need.

2.2.13. Educational Visits and Sporting Activities

Schools and settings should consider what reasonable adjustments they might make to their procedures to enable children with medical needs to participate, as fully as they are able, in visits and sporting activities.

It may be necessary to include an additional member of staff, parent or volunteer to accompany a particular child. Arrangements for taking any necessary medicines will also need to be considered.

Staff supervising trips, visits and sporting activities should be aware of any medical needs and a copy of any health care plans should be taken on trips and visits in the event of the information being required in an emergency.

Any doubts should be resolved in conjunction with parents and medical advice.

2.2.14. Health Care Plans for Children with Medical Needs

The purpose of a health care plan for a child with medical needs is to identify the level of support that is needed. Not all children who have medical needs will require an individual plan. In simpler cases, all that may be required is a short written agreement with parents - consent forms signed by the Headteacher and parents may be adequate. The complexity of the child's needs will be reflected in the care plan.

An individual health care plan clarifies, for staff, parents and the child, the help that can be provided. Schools should be guided by the child's GP or paediatrician. The plan will need to be reviewed from time to time, and the frequency with which this should be done will be determined by the child's particular needs.

The plan should be developed with input from the school health service, the child's GP and other health professionals appropriate to the level of support required. Other key inputs will come from: -

- the Headteacher;
- the parent or carer;
- the child (if appropriate);

- class teacher (primary schools), form tutor/head of year (secondary schools);
- support staff (as appropriate);
- staff trained to administer medicines;
- staff trained in emergency procedures.

Co-ordinating and Information Sharing – Pupils in secondary schools work in a range of environments with the involvement of many members of staff. Information on children with medical needs will have to be shared with appropriate staff. The Headteacher should delegate the co-ordination role to a suitable member of staff, who will act as a contact point for parents and staff.

The plan should include identification of staff who should be aware of the health care arrangements and must be updated annually or sooner if appropriate.

Staff who manage emergency procedures will also need information as necessary to ensure safe evacuation.

Where pupils engage in off-site education, e.g. F.E. college placements, work placements or educational trips and visits, any medical needs will be considered as part of the risk assessment for the activity. In this context, any restrictions on a child's ability to participate in PE or sport should also be included.

Information on a child's medical needs should always be dealt with in confidence. The school should always agree, with the child or parent as appropriate, who else should have access to records or other information about a child. If information is withheld from staff they should not generally be held responsible if they act incorrectly in giving medical assistance but otherwise in good faith.

2.2.15. Asthma

Shropshire Council and Telford and Wrekin Primary Care Trust developed a Policy and Guidance for the Management of Asthma in Schools. The Local Authority adopted the policy and guidance for use within Shropshire. It was agreed the document would be published as a stand-alone document. The document can be downloaded from the Shropshire Learning Gateway\Administration\Occupational Health and Safety\ A-Z...

3.0 Health Care Plan for a Child at Risk of Anaphylaxis

3.1. Introduction

The information provided in this section of the policy document is kindly provided by Shropshire's Acute and Community Children's Services.

3.2. Important information on Anaphylaxis – What Is It?

Anaphylaxis is an extreme allergic reaction requiring urgent medical treatment. It is the result of a severe generalised allergic reaction. The whole body is affected, usually within minutes of exposure to the allergen, whether a food, drug or insect sting.
The common allergies are:-

- Food e.g. peanuts, eggs, fish
- Insect stings
- Immunisation or antibiotics

The condition can be fatal if unrecognised and early treatment not given. Some children can react to even minute traces of the allergen.

Some children prone to anaphylaxis are also asthmatic. It is usually possible to distinguish between anaphylaxis and a severe asthma episode, although in some children it may not be possible to distinguish between the two - they may merge into one another.

A child experiencing a severe asthma attack will not usually

- Have any facial swelling
- Appear bright red

If there is any doubt, then it is entirely appropriate to administer adrenaline and call 999. Inform ambulance service that the child has a history of anaphylaxis and is having breathing difficulties. Adrenaline will also have a beneficial effect on asthma.

When a child has been diagnosed as having a severe allergic reaction, a clear WRITTEN POLICY appropriate to THAT CHILD should be DRAWN UP. It is important that the child is treated normally, and that parents are reassured that prompt and efficient action will be taken in accordance with agreed procedures and medical advice. There will be sufficient First Aiders who will be given additional training to deal with the situation.

3.3. Adrenaline - What is it?

Adrenaline is very safe and produced naturally by the body.

Adrenaline helps by:

- Reversing the symptoms
- Opens airways
- Raises the blood pressure (not a bad thing)

The reaction to adrenaline is usually swift.

If this does not happen it may be necessary to give a second dose after 5-10 minutes

Children/parents should be provided with two adrenaline pens.

The side effects of an unnecessary adrenaline injection are not serious but anaphylaxis is life threatening.

Side effects:-

- Slightly increased pulse rate and blood pressure
- Possible headache

Following an injection, the body will have totally eliminated the drug within 10-15 minutes. Any minor side effects will disappear rapidly.

3.4. Developing a Training Plan

1. **Training**
   Training will be delivered by the School Nurse.
2. There must be adequate numbers of trained persons to provide cover during lunch or other breaks.
3. Pupils who self-administer must carry their equipment at all times as this is a potentially fatal condition.
4. Written authorisation must be obtained from the parent/guardian(s) for children to carry and administer their own medication.
5. School staff will receive a certificate indicating that they have successfully undertaken training.
6. Staff are recommended for re-training annually or sooner if appropriate.

3.5. Severe Allergic Reaction - Points to Include

1. **What is the child allergic to?**
   The child may be allergic to other substances.
2. **What happens to the child?**
   Hopefully parents will describe the reaction.
3. **Treatment for severe reaction – medication**
   Expiry details
4. **Dietary implications**
   (Liaise with the dieticians at the Royal Shrewsbury Hospital and Princess Royal Hospital)
5. **Where to keep adrenaline**
   (Bum bag with child, or in a cupboard - is there a spare?)
6. **Where to keep instructions about where and how to give adrenaline**
7. **Is there a medic alert emblem?**
8. **Letter from GP Confirming diagnosis**
   Consents from parents/guardians/teachers

Medical Form

3.6. Anaphylaxis - Contract of Care

Name: .....

Age: ..... DOB: .....

Address: .....

.....

.....

Allergy: .....

Allergic Response: .....

.....

Treatment: .....

.....

Contact details:

Name of Parent: .....

Telephone number: .....

Second contact/relationship: .....

Telephone number: .....

Child's GP

Name of GP: .....

Telephone number of GP: .....

Telephone number of nearest hospital: .....

N.B. Parental Consent form is available in the Asthma policy.

4.0 Diabetes Management in Schools

Diabetes is a condition in which the body is unable to regulate the amount of glucose in the blood, due to either a lack of insulin production or reduced insulin effectiveness. There are several forms of diabetes, the most common in childhood being Type1 Diabetes. Type 1 Diabetes is always managed by insulin replacement, given via injection or insulin pump therapy. The overall aim of any treatment is to maintain blood glucose levels as close to the normal range of 4-8mmol/l as possible.

Diabetes management can affect daily activities such as school attendance, participation in extra-curricular activities, social inclusion and family life, having an impact on the child's mental health, emotional wellbeing and development.

It has been shown however, that improved management and control of diabetes in children can improve academic performance and school attendance, reduce hospital admissions, and reduce the chances of developing long-term complications of diabetes

The Department of Health therefore recommend that children and young people be offered a range of diabetes management options and support, which have the potential to improve control and encourage/enable self management, and hence lessen the impact diabetes has on their lives.

Shropshire Community Health and Shrewsbury and Telford Hospital have produced guidance to enable Schools to manage diabetes in Schools. It is now available separately on the Shropshire Learning Gateway\Administration\Occupational Health and Safety\A-Z.

5.0 Infection Control Guidelines

Guidance on Infection Control in Schools and other Childcare Settings is produced by Public Health England.

The main infection control guidance which includes details of the infectious diseases is available on the Shropshire Learning Gateway\Administration\Occupational Health and Safety\A-Z

5.1. Infection Control and Health & Safety

Infection control is an issue of health and safety and is therefore both an employer and employee responsibility.

The main provisions of Health and Safety legislation relate to infection control in a number of ways:

1. Organisms that can cause infection are subject to risk assessment under the COSHH regulations and Management of Health and Safety at Work Regulations
2. Various substances such as disinfectants used to prevent cross infection are subject to risk assessment prior to use.

Health and Safety guidance highlights the importance of the risk assessment process:

1. Identify the risk
2. Assess the risk
3. Note current measures which are being used to control or mitigate the risk
4. Inform / train staff
5. Monitor outcomes

Diseases notifiable to local authority proper officers under the Health Protection (Notification) Regulations 2010: **N.B.** It is the doctor's responsibility to notify these diseases to the Public Health England or any other diseases that may present significant risk to human health under the category 'other significant disease'.

List of notifiable diseases	
• Acute encephalitis • Acute infectious hepatitis • Acute meningitis • Acute poliomyelitis • Anthrax • Botulism • Brucellosis • Cholera • Diphtheria • Enteric fever (typhoid or paratyphoid fever) • Food poisoning • Haemolytic uraemic syndrome (HUS) • Infectious bloody diarrhoea • Invasive group A streptococcal disease • Legionnaires' disease	• Leprosy • Malaria • Measles • Meningococcal septiceamia • Mumps • Plague • Rabies • Rubella • Severe Acute Respiratory Syndrome (SARS) • Scarlet fever • Smallpox • Tetanus • Tuberculosis • Typhus • Viral hemorrhagic fever (VHF) • Whooping cough • Yellow fever

Report other diseases that may present significant risk to human health under the category 'other significant disease'.

West Midlands North HPT

This team covers:

- Shropshire
- Staffordshire

Public Health England
Stonefield House
St Georges Hospital
Corporation Street
Stafford
ST16 3SR

Telephone 0344 225 3560 (option 2)

Out of hours advice 01384 679 031

6.0 General Advice Following an Outbreak

The following is appropriate to educational establishments in the event of an outbreak**.**

6.1 The Unwell Child in School or Nursery

Children often become ill in school and nursery or early symptoms of an illness, which started at home, may become more pronounced during the course of the day.

6.2 Management of the Sick Child

While symptoms vary according to the nature of the illness, there are certain symptoms that should always give rise to suspicion that a person is suffering from an infectious disease. These include diarrhoea and / or vomiting, high temperature, shivering and rash or skin spots.

- Segregate the child, as far as possible from others in the class, but do not leave the child alone in a room without adult supervision.
- Designate a toilet for sole use by the sick child.
- Contact the parents / carers and ask for the child to be collected where appropriate.

- Seek advice from the School Health Adviser or doctor if available.
- Ask the child to cover nose and mouth when coughing.
- Cover skin lesions which are discharging with a waterproof dressing.
- Teachers, staff and other children should wash their hands after touching the ill child or coming into contact with blood or bodily fluids.
- Medical rooms must be cleaned and disinfected after use and after any contamination of the area with body fluids.

6.3 Outbreak Control

Forward planning on your part could help reduce the severity, length and outcome of any given outbreak.

Definition of an outbreak

An outbreak has been defined as two or more related cases of infectious disease or an incidence of infectious disease more than some expectation. Occasionally one case of an

infection with important public health implications may be considered an outbreak e.g. a case of polio or diphtheria.

The Objectives of an Outbreak Plan are as follows:

1. To ensure prompt action
2. To determine the cause of the outbreak
3. To prevent further spread
4. To prevent recurrence
5. To ensure all necessary agencies are promptly informed of a possible outbreak

To achieve these objectives it is essential to have an outbreak plan that is based on the following principles:

1. All staff should be aware of the definition of an outbreak
2. All staff know who to inform in the event of a suspected outbreak
3. All staff are familiar with the infection control policies within the establishment
4. The outbreak plan should be regularly reviewed
5. Good communication networks are established, both within the establishment and with outside agencies

Who to inform:

1. General practitioner
2. Consultant in Communicable Disease Control
3. Environmental Health Officer (if outbreak of diarrhoea)
4. Relatives
5. Other personnel specific to area of work
6. Infection Control Nurse
7. Education Authority

6.3.1 Recommendation following an outbreak of Diarrhoeal illness

Staff and Pupil illness

Children and staff with diarrhoea and / or vomiting should remain off school until they have been symptom free for 48 hours at least or at CCDC's discretion. Anyone developing symptoms whilst at school should go home as soon as possible and remain away until they have been symptom free for 48 hours at least or at CCDC's discretion.

Facilities Required

Communal toilets should have liquid soap, paper towels and waste bins. Students and staff must be encouraged to wash and dry their hands thoroughly.

Dry roller towels, cotton hand towels and bar soap should not be used during an outbreak of diarrhoea within the school.

Record Keeping
Accurate records of staff and pupil illness should be recorded during the outbreak. These records should include when the person first became ill and what symptoms they have experienced. Where possible the name of the person's GP should also be noted. Daily contact should be maintained between the school and the Health Protection Team.

Action to be Taken
Increase routine cleaning schedules to at least three times a day (see next page).

Disconnect water fountain. Provide water for children in disposable cups.

Finger painting / sandpits / water troughs / plasticine and dough should not be used during the outbreak.

Toys should be washed every day in washing up liquid and water and dried until the end of the outbreak and then the school or nursery can return to the usual cleaning regime.

Younger children should be encouraged to wash their hands with soap and warm water before arrival at school or nursery as this can reduce the spread of infection from home. Some supervision may be needed for younger children.

It might be useful to communicate what is happening to parents and the Health Protection Team would be happy to liaise with school to provide accurate information for parents.

Cleaning Schedules
Increase routine cleaning schedules to at least three times a day using a bleach based product (1,000ppm available chlorine i.e. thick bleach diluted to 1 in a 100 or thin bleach 1 in 10).

Routine cleaning will not normally include the use of bleach in the school environment. As well as increasing the frequency of cleaning, the products used will also change. It is recommended that details be provided of the circumstances when the bleach based

7.0 Hand Hygiene Guidelines

General Principles
Hand hygiene is the best way to reduce cross infection. Hand washing must be practised by everyone.

After:
- going to the toilet
- dealing with sick people
- handling their bedding
- handling their clothes
- contact with sick room equipment

- preparing food
- after handling, feeding or cleaning pets or pet equipment

Before:
- preparing or serving food
- eating meals or snacks
- treating injuries
- assisting others to eat

Warm water, soap and paper towels must be available at all sites, at all times.
Soap should preferably be of the liquid variety in a cartridge type dispenser.
Children must be encouraged to wash their hands after every visit to the toilet. Handwashing by children after using toilets and before meals should be supervised routinely in nurseries and infant schools.

Towels brought in from home by children (other than for sporting activities) are not recommended as contamination from towel to towel can easily occur.

7.1 Effective hand washing

- use appropriate amount of soap to produce a lather
- hands must be wet under running warm water before applying soap
- hands should be washed vigorously for 15 - 30 seconds
- particular attention is necessary to thumbs, finger webs and between fingers
- hands should be thoroughly rinsed under running water
- hands should be dried thoroughly after washing using disposable paper towels

7.2 Body Fluid Spillage

All body fluids have the potential to be infectious. It is not possible to identify people who have an infection and it is important for everyone to apply the principles of universal precautions. This will help to protect children, staff and members of the public from infection.

Universal precautions include the following activities:

- Hand washing
- Covering cuts and grazes with waterproof dressings
- Protective clothing e.g. gloves
- Safe handling of waste, sharps and laundry
- Safe disposal of body fluids and cleaning up of body fluids
- First aid and prompt reporting of injuries involving blood and body fluids

Body fluids are: ▪ Vomit	▪ Faeces ▪ Vaginal secretions

▪ Blood ▪ Sputum ▪ Urine	▪ Semen ▪ Breast milk

Schools and nurseries should have a supply of the following protective clothing which must be used when cleaning up body fluids. These can be ordered from your usual suppliers.

Type of Glove	**Activity**
Non-sterile disposable vinyl or nitrile gloves	Contact with blood and other body fluids
General household gloves	General cleaning and handling waste
Single use disposable plastic aprons	Contact with blood and other body fluids

Infection Control Nurses Association (1999)

All body spillage must be cleaned up immediately. Under no circumstances should body fluid spillage be left to be cleaned up by cleaners at the end of the school day. If there is broken glass never pick it up with your fingers, even when wearing gloves. Use a paper or plastic scoop and dispose in the sharps box or sturdy plastic container with lid.

8.0	**Personal Protective Equipment at Work Regulations PPE**

The act relates to the provision of protective clothing for employees who may be exposed to a risk to their health or safety while at work.

> *Every employer shall ensure that suitable protective equipment is provided to his employees who may be exposed to a risk to their health or safety while at work except where and to the extent that such risk has been adequately controlled by other means which are equally or more effective.*

Employers shall ensure that an assessment is made to determine whether the personal protective equipment they intend to provide is suitable.

All staff are advised to wear clothing that can be easily laundered should contamination with body fluids occur. A change of clothing should be available at the work place if such contamination occurs.

The following protective clothing should be provided:

1. Vinyl or nitrile gloves where exposure to body fluids may occur
2. Disposable plastic aprons for use:
   - when nappy changing
   - whenever there is a risk of contamination of clothing with body fluids
   - when clearing spillages of body fluids

There may be circumstances where additional protective measures need to be taken.

9.0 Medical Room/First Aid Room

Whilst first aid rooms are not a requirement, they may already exist in many educational establishments. It may contain a couch or bed, blankets and suitable carrying equipment. Where a specially equipped first aid room is not available, there should at least be an area where an injured or sick person can rest in reasonable comfort until medical assistance arrives or they are taken home. A period of rest after a minor injury is often enough to enable a person to recover sufficiently to continue their day's activities. Where a first aid room is provided, there should be a designated person in charge. The room must:

- Be clean, warm and well lit.
- Have adequate handwashing facilities (hot and cold water, soap and paper towels).
- Have first aid equipment identified via a need's requirement first aid risk assessment.
- Have appropriate protective clothing (disposable latex/vinyl gloves, plastic aprons, eyes/face protection).
- Have a bed, covered in an intact, water repellent covering that is easily cleaned.

9.1 Approved Equipment for First Aid Use

Contents of First Aid Boxes

Each First Aid Box should contain these minimum quantities of the following items. A First Aid needs assessment may identify:

- One card giving general first aid guidance (available from suppliers of equipment).
- Twenty individually wrapped sterile unmedicated adhesive dressings (plasters) of assorted sizes.
- Two sterile eye pads with attachments.
- Four individually wrapped triangular bandages.
- Six safety pins.
- Six medium sized (approximately 12cm x 12cm) sterile unmedicated wound dressings (individually wrapped).
- Two large sized (approximately 18cm x 18cm) sterile unmedicated wound dressings (individually wrapped).

- One pair of disposable gloves.

Notes

In areas where food is handled, it is recommended that the plasters are of the blue detectable type, so that they would be readily seen if falling into food. First aid boxes in kitchens should therefore contain dressings of this type. At least some of the adhesive dressings in all first aid boxes should be of the waterproof type for application where appropriate.

Where mains tap water is not available, sterile water or saline solution (0.9% concentration) should be kept in sealed bottles for emergency eye irrigation. In educational establishments, running water is always available and so this requirement will not normally arise. It may, however be useful to keep emergency eyewash bottles in chemical laboratories and practical areas including sports areas where these are at some distance from washrooms.

First aid boxes should be kept stocked with a sufficient number of each item for the foreseeable needs, based on experience and past usage, but each box must contain the minimum quantities listed above. It is probably useful to carry a back-up stock of these items in a locked cupboard to allow for prompt replenishment of the contents of boxes.

In all cases, soap and water and disposable paper towels or tissues should be available for the cleaning of wounds or blood spillages in accordance with these guidelines. In cases where these are not readily available, individually wrapped moist cleansing wipes may also be kept with first aid materials.

10.0 Environmental Hygiene is an Essential Part of Infection Control

Do Not Disinfect Until You Have Cleaned First.

Cleaning should be done:

1. When all children have gone home.
2. Following break periods, morning and lunchtime.
3. Deep clean at the weekend.

The purpose of cleaning:

1. To maintain appearance.
2. To maintain function of an object.
3. To control bacteria.

The choice of cleanser has to consider all three purposes.

Thorough cleaning will remove contaminants such as:

1. Dust or soil
2. Large numbers of bacteria
3. Organic matter such as blood or faeces, which harbour bacteria or viruses

Thorough drying of equipment and good ventilation of areas will further reduce numbers of bacteria.

Important Points

1. Cleaning contracts should specify who is responsible for ensuring cleanliness of individual areas e.g. classrooms, kitchens, toilets, etc.
2. Each establishment should have a planned cleaning regime to cover all areas and equipment. This includes toys, sandpits, dough/plasticine, water troughs and classroom sinks.
3. Cleaning equipment should be colour coded for use in individual areas such as food service area, toilets and bathrooms, general accommodation and outdoors.
4. Cleaning equipment should ALWAYS be thoroughly washed after use and stored to dry:
    - Mop head upwards
    - Buckets inverted
5. Cloths (if not disposable) preferably dried outdoors.
6. Vacuum filters should be changed regularly.
    - Tanks in scrubbing machines emptied and drained
    - Brushes removed and cleaned

Bacteria has been found in water, which has been allowed to accumulate in equipment.

For those responsible for purchasing equipment:

1. Check with manufacturers regarding cleaning instructions for equipment, including children's toys.
2. A good quality detergent is adequate for most situations.
3. Detergents that are:
    - Anionic / non-ionic have good detergent qualities for environmental cleaning, for example any good quality liquid detergent such as Fairy Liquid
    - Cationic detergents are less efficient cleaners but manufacturers will stress their ability to destroy bacteria. NB this ability is somewhat limited, examples Roccal, Dettol ED, Cetavlon, Tego, Zephirin, Jeyes Pine
4. Consider Health and Safety COSHH implications of products purchased.

There are many areas within the environment which provide ideal environments for organisms to breed, which may cause illness and disease. General cleaning is often sufficient to reduce the organisms to a satisfactory level but sometimes disinfectants may need to be used. This in turn will help to reduce the risk of cross-contamination and illness.

Bacterial organisms often like damp / wet environments and therefore care should be taken to clean those areas used frequently in the environment, as well as those used occasionally but with a potentially high level of organisms.

There are four main areas within the home that have the potential to harbour organisms /bacteria:

1. Containers i.e. vessels which hold liquid constantly or occasionally
2. Cleaning equipment
3. Household surfaces i.e. hand and food contact
4. Other surfaces

Type of Risk	**Potential level of organisms**	**Amount of daily contact**	**Prevention– how and when to clean**
Containers Toilet bowls, flush handles Sink u-bends Plastic washing up bowls Draining boards Nappy buckets	High (organisms breed quickly even after cleaning)	Occasional contact	▪ Regular cleaning with disinfectant ▪ Use a continuous action or slow release action disinfectant i.e. rim block / toilet block ▪ Well-maintained equipment – replace old and damaged
Cleaning Equipment Dishcloths / sponges Floor cloths Washing up brushes	High	Constant contact	▪ Clean all types of cloths / sponges after every use ▪ Kitchen cloths cleaned using a disinfectant or in a hot wash (60°) ▪ Dry cloths /sponges immediately to prevent

Type of Risk	Potential level of organisms	Amount of daily contact	Prevention– how and when to clean
Scouring pads Face cloths / sponges Nail brushes Toothbrushes Showerheads Humidryers			a damp environment for organisms ▪ Special attention to showerheads if water does not drain away ▪ Well maintained equipment – replace regularly
Contact Surfaces (hand and food) Chopping / cutting boards Kitchen work surfaces Fridge/freezer surfaces Cooking hob/oven Eating/cooking utensils Baby feeding materials Toys	Medium /High Depending on what is being cut?	Constant contact	▪ Clean food surfaces before and after use ▪ Wash surfaces with hot water and detergent - rinse well ▪ Large surfaces can be cleaned using a clean cloth and disinfectant or cleaner ▪ Wipe over toilet handles, taps, door handles (fridge / freezer) regularly with a disinfectant ▪ Dry surfaces straight away
Other Surfaces All floors (carpet, tile, wood, lino) Walls Bedroom furniture Living room / dining room furniture Door handles/Push plates	Low	Occasional contact	▪ Clean surfaces / furniture regularly ▪ Keep dry and well maintained ▪ Disinfect only when necessary i.e. spillage, urine, vomit etc.

10.1	Disinfection

In most areas thorough cleaning with a good quality detergent solution e.g. washing up liquid, will be adequate to maintain good hygiene standards and control bacteria.

The use of disinfectants is recommended as follows:

1. In food service areas
2. When clearing up spillages of body fluids
3. During outbreaks of specific infections
4. Many establishments will use disinfectants in bathroom, toilet and nappy changing areas. When a disinfectant is used at the correct strength it will reduce the numbers of bacterial or viruses present to a level not harmful to health.

THOROUGH CLEANING IS ESSENTIAL AS DISINFECTANTS WILL NOT WORK IN THE PRESENCE OF DIRT OR ORGANIC MATTER SUCH AS FAECES.

Chlorine - Based Disinfectants

These disinfectants are widely recommended as they are active against HIV and Hepatitis viruses and a wide range of bacteria.

There are two groups:

1. **Hypochlorite** e.g. Chlorous, Domestos, Milton
2. **Sodium dichloroisocyanurates (NaDCC)**
   e.g. Presept, Sanichlor, Haz-tab, Titan, Diversey

Please Note: Sodium dichloroisocyanurates tablets, powders and granules are very stable when stored dry but in common with all Hypochlorites unstable in solution. *Therefore, solutions must be used immediately.*

They must be diluted and used according to manufacturer's instructions to be effective:

Dilutions of hypochlorite solutions e.g. Domestos

Blood spills		1 part solution / 10 parts water
Environmental disinfection		1 part solution / 100 parts water
Infant feeding	)	
Utensils, catering	)	1 part solution / 500 part water
Surfaces and equipment	)	

NB Consider Health and Safety **COSHH** implications when using chlorine-based disinfectants. A COSHH assessment must be undertaken (there is an example on the Shropshire Learning Gateway).

Five Do's For Using Disinfectants:

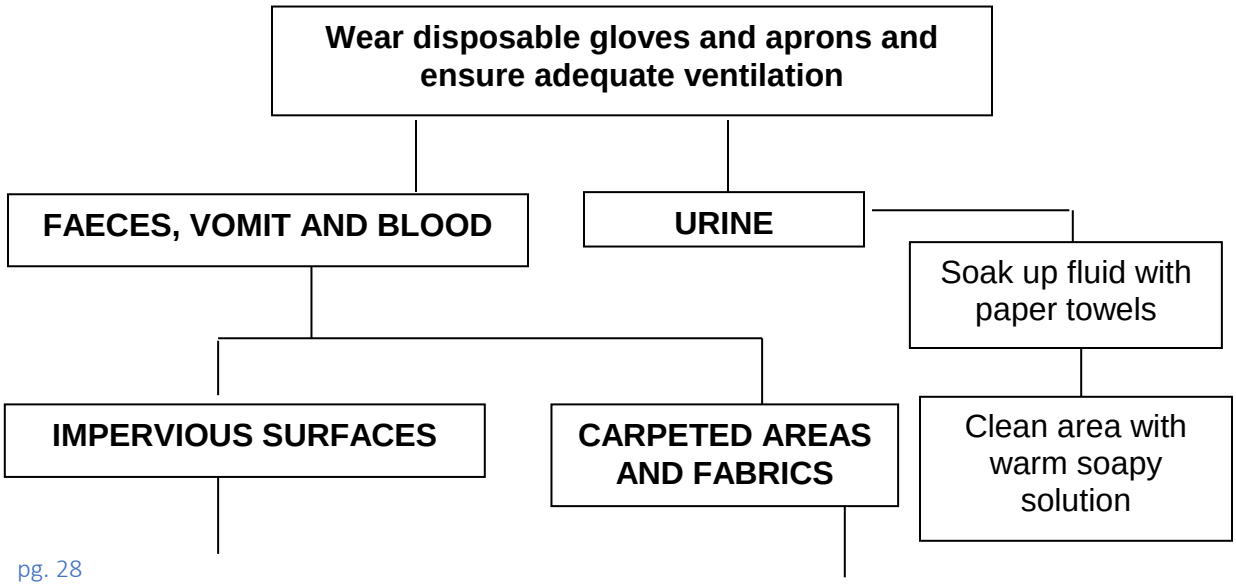
1. DO MEASURE DISINFECTANT AND WATER CORRECTLY.
2. DO USE A CLEAN, DRY BUCKET.
3. DO WASH AND CLEAN DIRT AWAY FIRST THEN DISINFECT THE AREA.
4. DO THROW AWAY YOUR DISINFECTANT SOLUTION WHEN TODAY'S WORK IS DONE.
5. DO REMEMBER THAT INCORRECTLY STORED DISINFECTANTS CAN BECOME CONTAMINATED BY BACTERIA AND ACTUALLY *SPREAD INFECTION.*

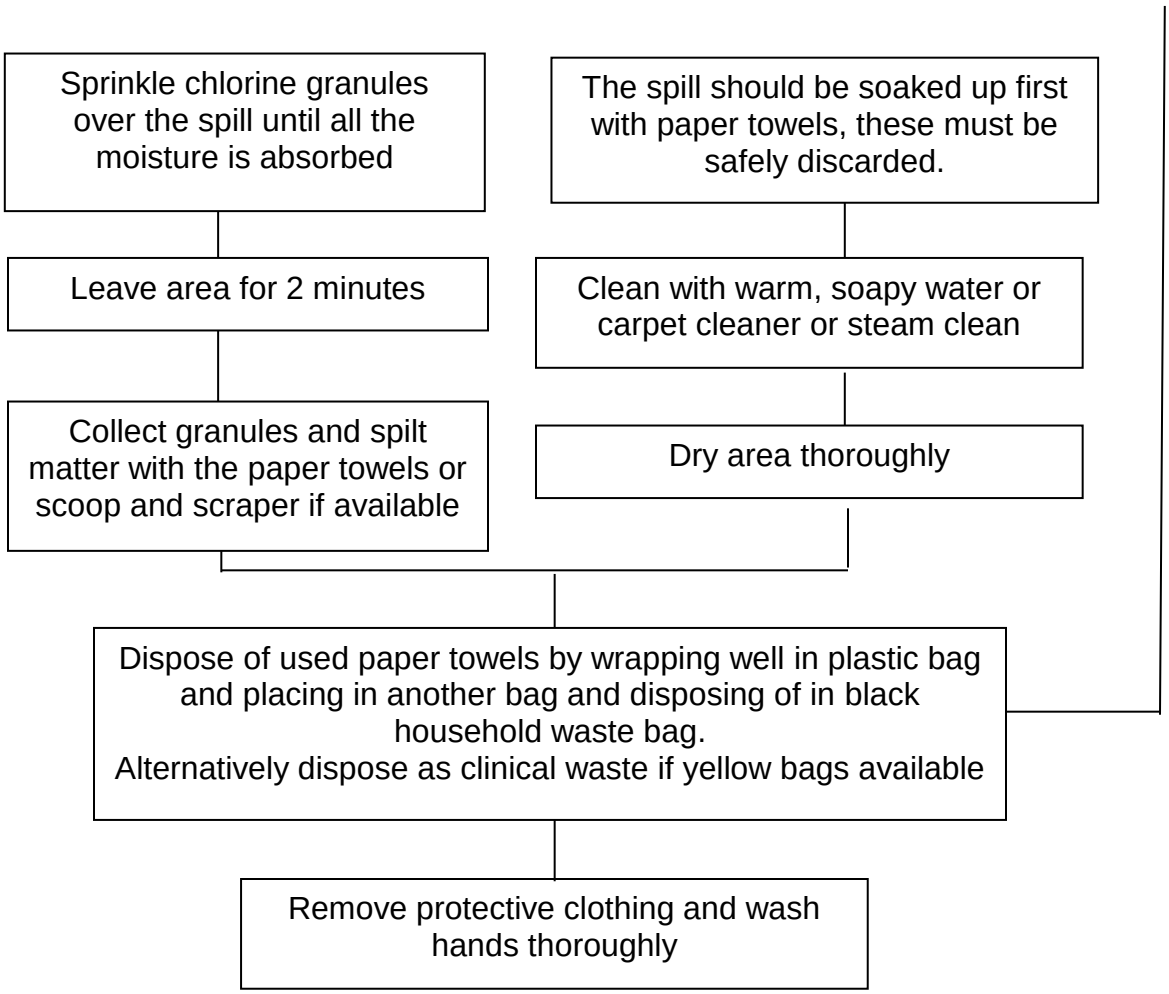
Eight Don'ts for Using Disinfectants

1. DON'T EXPECT A DISINFECTANT TO STERILIZE.
2. DON'T STORE CLEANING TOOLS IN DISINFECTANT.
3. DON'T "TOP UP" DISINFECTANT SOLUTIONS.
4. DON'T USE YESTERDAY'S SOLUTION - MAKE UP FRESH.
5. DON'T USE ANY DISINFECTANT THAT IS NOT SUPPLIED BY THE ESTABLISHMENT YOU WORK FOR.
6. DON'T MIX TWO DISINFECTANTS TOGETHER.
7. DON'T ADD DETERGENT TO A DISINFECTANT SOLUTION.
8. DON'T EXPECT DISINFECTANT TO MAKE DIRT SAFE.

REMEMBER: CLEAN FIRST, THEN DISINFECT IF NECESSARY.

10.2 Cleaning Spillages





If spillage kit not available for impervious surfaces, soak up fluid with paper towels and wipe area over with bleach (1 in 10 solution).

DO NOT use chlorine-based product on urine spills. Instead, soak up fluid with paper towels and clean area with warm soapy water.

Note:

- There may be a release of free chlorine from the treated area when hypochlorite or other chlorine containing compounds are applied. Ventilation of the area will be necessary.
- As the application of sodium hypochlorite may discolour carpets, spillage should be cleaned with warm soapy water or carpet cleaner and dried.
- Chlorine products should be kept in locked area not accessible to unauthorised people.
- Data sheets should be kept with product and staff should be made aware that bleach has been used (COSHH Regulations).
- WASTE DISPOSAL

Safe disposal of waste is an integral part of good infection control measures.

Currently waste should be managed in line with the Environmental Protection Act 1990 [1], the supporting Code of Practice "Duty of Care" [2] and Health and Safety at Work Act 1974 [3] – new guidance is coming out soon.

If unsure seek advice from your Local Education Department or Environment Agency Office.

Specific advice should be sought from the above re disposal of:

1. Radioactive waste
2. Cytotoxic waste
3. Pharmaceutical waste

The categories of waste most frequently seen in childcare establishments are:

1. **General Waste** - a mixture of paper packaging etc. possibly with a proportion of putrescible (e.g. food) waste.

   Disposal Method - Black bag collection. Disposal – landfill.

   NB Aerosols, glassware and cans - separate disposal or carefully wrapped in newspaper. Secure tamper proof storage prior to collection. Disposal - landfill. Consider Recycling.

2. **Waste Food** - The bin for waste food should not be used for paper refuse. Ideally it should be removed from premises at the end of each working day. External storage facilities should be cleaned thoroughly on a planned basis. Dustbin lids should fit tightly to prevent insect and animal access.

3. **Clinical Waste**

   Definition:
   Any waste which consists wholly or partly of human or animal tissue, blood or other body fluids, excretions, drugs or other pharmaceutical products (see above), swabs or dressings, syringes, needles or other sharp instruments.

   It should be disposed into yellow clinical waste bags.

   Needles and other sharps into British Standard lockable SHARPS BOX.
   BOXES should be ¾ full then sealed, locked prior to disposal.
   Sharps boxes should not be placed inside a yellow bag.

DANGERS OF INJURY AND CROSS INFECTION ARE DUE TO THE INAPPROPRIATE DISPOSAL OF NEEDLES OR SHARP INSTRUMENTS INTO WASTE DISPOSAL BAGS INSTEAD OF A SHARPS BOX

10.3	Accidental Exposure to Blood and/or Needlestick/Sharps Injury

See also section on blood borne viruses

PARENTAL EXPOSURE

1. Encourage bleeding - do NOT suck
2. Wash well with soap and water

MUCOUS MEMBRANCE EXPOSURE

1. Mouth: Wash out well with fresh water
2. Eyes: Irrigate with water or normal saline

Report immediately to person in charge
Contact the injured person's General Practitioner
Ensure accident is documented

Shropshire and Telford – advice is available from Microbiologists at Shrewsbury and Telford Hospitals – 01743 261000

Staffordshire – advice is available from the Health Protection Team – 01785 221126 / 58

10.4	Laundry

This guidance applies to all laundry facilities in childcare premises.

Employers have an obligation under the Health and Safety at Work Act 1974 to:

1. Prevent risk of infection to staff handling linen.
2. Ensure staff are aware of potential dangers associated with wrongful disposal of sharp objects in linen bins.

Laundry can be divided into:

1. Used i.e. normally soiled.

2. Foul i.e. contaminated with urine, faeces, vomit or blood.
3. Infected i.e. laundry arising from use where an infection is known.
4. Heat labile i.e. children's clothing.

Where laundry services are provided by contract off site advice should be sought to ensure correct segregation of linen and clothing prior to dispatch.

Protection of staff and clients

1. Linen should not be sorted or counted in client areas.
2. Hands must be washed after handling all laundry.
3. Protective clothing should be available and used i.e. rubber gloves, plastic aprons.

Where laundry is done on site used linen should not be manually soaked or sluiced - use pre-wash cycle on machines. Any solid matter contaminating linen should be discarded via the toilet or sluice hopper.

Safe systems of work should ensure dirty linen is handled as little as possible i.e. handle once at time of removal, once as it goes into the machine.

In residential premises it is recommended that all foul or infected linen is placed in dissolvable laundry bags, which can be placed directly into the washing machine without further need to handle linen.

Disinfection of linen will normally be achieved with the machine programmed on a hot wash and the linen going through the drying cycle.

If heat labile clothing is categorised as infected this can be disinfected by the addition of domestic bleach to the penultimate rinse. Bleach should not be used on fabrics treated for fire retardance.

Storage

All clean linen must be stored in a dry area above floor level - not in bathroom or sluices areas.

It is essential washing machines and dryers are serviced regularly to ensure the temperatures are achieved as stated.

Ideally drainage from machines should be closed rather than into an open sump from the machine.

11.0	**Infection Control Checklist for Childcare Establishments/Schools**

This is included for guidance purposes. Some of the items on the checklist may not be relevant to your establishment and it may be necessary to add others for areas offering specialised care. It is intended as an aide-memoir:

Infection Control Checklist

Section 1 - Environment				
Medical room				
		Yes	No	N/A
1	Handwash basin, liquid / bar soap and paper towels are available.			
2	All sterile products are stored above floor level.			
3	Items of sterile equipment are in date (randomly select two items and check date).			
4	Dressing trolleys are clean and in good state of repair.			
5	Bed linen is changed and laundered regularly and immediately between use or following contamination.			
6	Mattress cover is in a good state of repair.			
Toilet areas				
		Yes	No	N/A
7	Toilet areas are clean and free from extraneous items.			
8	Toilets are in good repair and clean (floors free of spillage).			
9	Appropriate cleaning materials are available.			
10	Toilet, urinals and wash basins are at a suitable height.			
11	Hot and cold water is supplied.			
12	Soap, toilet paper and drying towels are provided.			
13	Cloth towels (if used) are changed at least daily.			
14	Paper towel dispensers are replenished at regular intervals.			
15	There is no evidence of misuse of soap, toilet paper or towels.			
16	Disposal units for sanitary towels are provided.			
17	Children wash their hands before lunch.			
18	Separate toilet and handwashing facilities are available for staff.			

Changing Areas				
		Yes	**No**	**N/A**
19	Changing areas are clean and free from extraneous items.			
20	There is no evidence of multi-use toilet items e.g. creams.			
21	There are impervious surfaces for changing children.			
22	Changing mats are in good repair with cleaning programme between use.			
23	Adequate waste bins are provided.			
24	Hand wash basin, liquid / bar soap and paper towels are available.			
25	Protective clothing is provided for staff.			
Comments				

Miscellaneous				
		Yes	**No**	**N/A**
26	Cleaning equipment is colour coded according to area of use e.g. kitchens, toilets, general areas.			
27	All cleaning equipment is thoroughly cleaned after each use and stored dry.			
Comments				

SECTION 2 - Waste Disposal				
		Yes	**No**	**N/A**
28	A waste disposal policy and/or chart is available to staff.			
29	Clinical waste, food waste, household waste and glass are segregated correctly.			
30	Waste bags are less than 2/3 full, securely sealed and labelled.			
31	There are foot operated bins in working order for clinical waste (yellow bag).			
32	Waste bags are stored safely, secure from access by public and children.			
Comments				

SECTION 3 - Sharps Handling And Disposal (Needles, Blades etc.)

		Yes	**No**	**N/A**
33	Sharps boxes are available and conform to ICC recommendations.			
34	Box is less than 2/3 full.			
35	Box is free from protruding sharps.			
36	Sharps box is assembled correctly.			
37	Sharps box is labelled with point of source.			
38	Sharps are disposed of directly into a sharps box following use.			
39	Sharps boxes are stored above floor level and safely out of reach of children.			
40	Appropriate storage and collection arrangements for sharps boxes are in place.			
41	A written procedure is available for all staff on action to be taken following sharps injury.			
Comments				
Section 4 - Equipment				
		Yes	**No**	**N/A**
42	Thermometers are stored dry.			
43	There is no evidence of single use items being re-used.			
44	Toys are wipeable or machine washable and are clean and in a good state of repair.			
45	A First Aid Box is available at a central point.			
46	The First Aid Box contains waterproof plasters.			
47	Disposable gloves are located within (or next to) the First Aid Box.			
Comments				
SECTION 5 - Disinfectants				
		Yes	**No**	**N/A**
50	Written instructions about the correct dilution and use of disinfectants are available to staff.			
51	Spillages and splashes of blood are removed with			

	appropriate disinfectants.			
52	Gloves and aprons are available.			
53	A deep sink is available for washing equipment and used only for this purpose.			
54	A disinfection policy is available for decontamination of all reusable equipment.			
Comments				
SECTION 6 – Infection Control Practice				
		Yes	**No**	**N/A**
55	Leaflets emphasising correct handwashing technique are available.			
56	Jewellery e.g. watches / stoned rings are not worn by staff when handwashing.			
57	A poster demonstrating good handwashing technique is available by a least one sink.			
58	Gloves are available (sterile and non sterile) and worn where applicable.			
59	Disposable plastic aprons are available and worn where applicable.			
60	Staff can demonstrate good handwashing technique.			
61	Staff can locate the Infection Control Policy.			
62	Staff can describe cleaning and disinfectant procedure in event of blood / body fluid spillage accurately.			
Comments				

12.0	Individual Healthcare Plan

Template A: individual healthcare plan

Name of school/setting	
Child's name	
Group/class/form	
Date of birth	
Child's address	
Medical diagnosis or condition	
Date	
Review date	

Family Contact Information

Name	
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:

Template B: Parental agreement for School to administer medicine

The school 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.

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	
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	

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	[agreed member of staff]

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

Signature(s) _____ Date_____

Template C: 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			

C: Record of medicine administered to an individual child (Continued)

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			
Time given			
Dose given			
Name of member of staff			
Staff initials			

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

Template D: record of medicine administered to all children

Name of school/setting	

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

Template E: Staff training record – administration of medicines

Name of school/setting	
Name	
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 _____

Template F: Contacting emergency services

Request an ambulance - dial 999, ask for an ambulance and be ready with the information below.
Speak clearly and slowly and be ready to repeat information if asked.

1. your telephone number
2. your name
3. your location as follows [insert school's address]
4. state what the postcode is – please note that postcodes for satellite navigation systems may differ from the postal code
5. provide the exact location of the patient within the school setting
6. provide the name of the child and a brief description of their symptoms
7. inform Ambulance Control of the best entrance to use and state that the crew will be met and taken to the patient
8. put a completed copy of this form by the phone

Template G: Model letter inviting parents to contribute to individual healthcare plan development

Dear Parent

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, 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 most 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

13.0	Further Information

Access to information, advice and support contact:

Supporting pupils at school with medical conditions
Statutory guidance for governing bodies of maintained schools and proprietors of academies in England - December 2015 updated 2018

- **www.hse.gov.uk**
- **www.hpa.org.uk -** Public Health England Gov. UK
- **www.patient.co.uk**
- **www.medicinenet.com –** information produced by Doctors
- **www.netdoctor.co.uk -** covers all areas of health
- **www.nice.org.uk**
- **www.dh.gov.uk -** Department of Health and Social Care Gov. UK
- www.nhs.uk **–** Health A-Z medical conditions and treatments
- **www.emedicinehealth.com -** information produced by Doctor's health and medical information to make you have informed decisions about health concerns.
- **www.expresschemist.co.uk –** online Pharmacy UK
- www.gov.uk/hazardous-waste-disposal Environment disposal

Shropshire Council Occupational Health Service:
Occupational health advice or support ring (01743) 252833
Occupational Health Nurse Manager - Occupational Health Adviser

Shropshire Council Occupational Health and Safety Team
Workforce and Transformation
Shropshire Council
Direct Tel: 01743 252819
Email Address health.safety@shropshire.gov.uk

14.0	Sign Off Sheet

Guidance Read By:		
Signature	Name	Date