



Medical, Medication & First Aid Policy & Procedure

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MEATH SCHOOL

MEDICAL POLICIES AND PROCEDURES

The school aims to make the school welcoming and supportive to pupils with medical conditions who currently attend and those who may attend in the future. We work together to provide all children with medical conditions the same opportunities as others at school.

Throughout this policy 'parent' implies any person or body with parental responsibility such as foster parent, carer, guardian or local authority.

The main aim of the school medical services is to provide each child with optimum health care, health surveillance and health education.

This is achieved by:

1. Providing medical cover for all pupils.
2. Providing access to other medical services (e.g. doctor, optician/orthoptist) (where needed)
3. Providing a suitable environment for sick children to be nursed.
4. Providing First Aid administered by trained and competent staff.
5. Providing regular health surveillance checks on children, through:
 - Medical LSA – termly heights and weights, otherwise as necessary. When there is concern that a child is overweight or underweight, the Residential Services Manager or Safeguarding and Pastoral Lead will be informed. The school will then seek to work with the parents/carers to address the issue [see later section on Obesity].
6. Administering and storing medicines safely.
7. Arranging for prompt referral to specialists (where required).
8. Assuring good communication between parents/carers, school, and medical staff.
9. When a child commences at Meath School, the Residential Services Manager discusses all relevant Medical Details with the Parent/Carer on day of entry.

Medical Policy

Parents have key responsibility for their child's health and medical needs. They are responsible for taking their child to medical appointments.

Our involvement in a child's medical care is in partnership with parents. It is important that parents liaise with the school and the school liaise with parents. We will inform parents of any concerns we have regarding medical issues.

Medical needs are overseen by the Residential Manager and supported by the Medical Team.

Medication is stored in the Medical Room and is logged in and out. All medication is counted and signed off at the end of each week.

Controlled drugs are counted daily.

All information in the medical room files should be regarded as confidential and should not be shared. Any requests for information should be referred to the Principal, Deputy Principal or Residential Manager.

Communication between school and home is essential to make sure medication does not run out or go out of date. Parents are informed of when they need to send in more medication.

Before giving children any non-prescription medication the member of staff should check the child's records to make sure we have parental permission. All pupil's have a medical consent form that is completed at entry and updated yearly. If this permission form has not been updated and sent back by parents/carers then medication cannot be given until written permission has been obtained.

If a child is unwell, the parent/s will be contacted to collect the child from school. The exception to this is when a child is ill in the middle of the night, as we will keep the child until the morning. If the child is sick or contagious we will ask for them not to be returned to school for 48 hours.

If a member of staff is unsure about a medical matter they should seek advice from a senior member of staff.

Speech and Language UK insurance covers situations where non-prescribed and prescribed drugs are administered by non-medical staff with the exception of drugs that are to be taken by injection (i.e. insulin), and for some emergency treatments. Administration of Epipen type injected medications by non-medical staff is covered by Speech and Language UK insurance.

If staff are in doubt as to their capabilities in administering drugs they must seek further guidance from SLG.

Only members of the medical team can administer medication.

1. Storage and signing in of Medication

All medicines should be kept in the container they were dispensed in with the packaging and advice notes. The label should have all the information needed to ensure that it is taken correctly. The advice notes will give full instructions and will warn of any potential side effects.

On the label there should be:

- Name of child
- Dosage
- When the dose should be given
- Date of dispensing
- Details of the pharmacist
- Original pharmacist label

All medicines, household remedies and controlled drugs should be stored in the appropriate cupboards or the fridge within the locked dispensary. Controlled drugs need to be kept in the second smaller cupboard in the Dispensary which is fixed to the wall and double locked.

When storing medicines in the fridge, ensure they do not touch the back of the fridge. This can cause them to freeze which would reduce the effectiveness of the drug. The temperature of the fridge should be between 2°C and 8°C.

Please check the instructions on the packaging to ensure you are storing the item in the right place. If there is a need to store the medication in the fridge it is important to monitor the temperature daily and record it on the temperature sheet.

2. Administering Medication

When dispensing medicines staff need to check:

Right Pupil – make sure that the pupil you are giving medication to is correct.

Right Medicine - Read the label on the bottle and cross check it with the records.

Right Dose - Read the label on the bottle and cross check it with the records.

Right Time -Read the label, check when the pupil last had the medicine by checking their records. Check the time on the signing sheet.

Right Route - Read the label on the bottle, should it be taken orally, externally etc.

Right Way - Read the label and follow the instructions. Before, with, after food, do not chew etc. Many modern tablets are enteric coated to avoid irritation of the stomach or are time release; chewing one of these tablets could release a whole days medication into the system causing an overdose.

Right to Refuse - If the pupil refuses to take his medication, record it in their file and inform a member of SLG immediately so that the next steps can be decided.

3. How to Give Medication

- Pupil arrives at dispensary
- Responsible member of staff acquires keys and admits the pupil
- Staff member checks against pupil's name in Drugs Sheets file, which details type of medication[s]; time of administration; dosage
- Use keys [in locked key cupboard) to gain access to secure medication cupboards.
- N.B. Staff training includes knowledge of where various forms of medication are kept, and which key provides access.
- Ensure medication is correctly named for pupil
- Administer as detailed on drugs sheet [see DOSE section]
- Sign under the appropriate date and time the dose was given
- Return file to shelf above fridge
- Lock cupboard/fridge and replace keys
- Lock dispensary door and replace key
- Return pupil to class or elsewhere as appropriate

4. In the Event of an Overdose

If you accidentally overdose a child you should:

- Tell someone else immediately (member of SLG)
- Get someone to stay with the child
- Phone the GP immediately or 111, the NHS emergency and urgent care services. (SLG will do this)
- Act on the instructions given over the phone immediately

5. Giving Topical Medicines (creams, ointments etc)

Topical medicines are just as important as oral medicines and all the above (how to give medicines) still applies.

When opening new tubes or drops, record the day of opening on the container.

Unless otherwise stated the general guidance for expiry dates is:

- Jars – discard on expiry date on packaging
- Tubes – discard on expiry date on packaging
- Eye drops and ointments – discard after 28 days

6. Dosage Alteration

Prescribed medication must not be varied without the doctor's consent. On occasions, the Residential Manager or Senior on Duty may have to take verbal orders to vary a pupils dosage, if so please follow the below method:

- Record it in the pupils medical file
- Note down all the instructions you are being given (remember the date, time and the name of who is giving you the new instructions) if you are taking the message over the telephone.
- Write down everything and ask them to confirm the new instructions in writing as soon as possible.
- Repeat the new instructions back to ensure they are correct.
- Inform your line manager
- Where possible, you should get a colleague to hear the same message and both sign the changed instructions.
- Remember to always insist on written confirmation

7. Household Remedies

Household remedies are medicines that may normally be brought by a person without calling a doctor (e.g. Savlon, cough medicines,)

Only household remedies that are listed on the consent forms may be administered to the pupils.

Parents/Carers must give their consent for their child to receive any treatment that involves using household remedies. A form is sent out to each of the pupil's parent/carer. When it is returned it is filed in the pupils medical file. This should be checked each time a pupil requires treatment.

Equal care should be taken with household remedies as with prescribed medicines. Any remedies given should be recorded on the pupil's medical files.

Parents/carers should be informed whenever a household remedy is given to a child.

8. Self-Administration of Medication

All Prescription Only Medication (POM), pain relief creams and tablets should be stored in the medical room.

All pupils at Meath School need support to take their medication, to ensure that they get the correct dose at the right time.

Pupils are encouraged to start to be as independent as possible and this includes:

- Remembering to go for medication at the correct time
- Being supported to know what they are taking and what dose
- Being supported to know how to take the medication correctly
- Being supported to know when they need to take emergency medication such as asthma inhalers

9. Refusing Medication

No pupil should be forced to take medication. If a pupil refuses to take medication, the Residential Manager should be informed immediately so that action can be taken to inform their parent/carer (if the Residential Manager is unavailable, inform a member of SLG).

Record on the pupils medical file that they have refused medication and if the reason why is known make a note of that too. The level of risk to the pupil will depend on the medication they have refused.

In all cases the Residential Manager must be informed so she can make a decision of what action needs to be taken. (e.g. does the pupil need to go home, see a doctor, or do they need monitoring and parents informed).

10. Procedures for Administering and Storing Controlled Drugs

Each pupil's medication must be left in the original packaging in the locked Controlled Drugs Cabinet.

Receiving Medication - When receiving medication from parents, staff should check the quantity and enter the details into the pupils drugs book.

Do not assume that the quantity stated on the box is the actual quantity of medication brought in.

If you feel the medication has been tampered with and the tablet count is lower than expected then inform the Residential Manager so that parents can be contacted.

Errors - If you make a mistake in the controlled drugs book do not change the entry in any way. You must draw a single line through the error and inform the senior on duty, both yourself and the senior will need to initial the error.

The adjustment should then be entered on the next line and again signed by both members of staff. Details of the reason for the adjustment should be entered and signed by both members of staff. Remember to date the entry.

Administering the Drug - The two members of staff that will be administering the medication must go to the Controlled Drugs cabinet and before administering the drug ensure that the quantities of the drug matches the quantity recorded in the pupils signing record sheet. If there is a difference inform the Residential Manager immediately.

Once the pupil has taken the medication, record it in his book and get the witness to sign (two members of staff should sign in total).

You must only sign once you are satisfied that:

- The correct quantity of drugs remain
- The correct dosage of medication has been given
- The correct pupil has been medicated

After administering the drugs, the Controlled Drugs cabinet should be locked

Overdosing - In the unlikely event of a pupil being overdosed the doctor and parents must be contacted immediately.

The Principal and the Residential Manager must be informed.

Security for Controlled Drugs:

- The key for the controlled drugs cabinet should always be kept in the locked key cabinet in the medical room .
- The medical room should be locked when it is not being used
- Pupils should not be allowed to open any of the medication cupboards/draws at any time
- When medication is being given, there should only be one pupil at a time in the Medical Room
- Keys should not be given to pupils

11. POM Medication.

POM stands for Prescription Only Medicines

- POM's medication should be stored in the cupboard within the Medical Room

- Pupil's POM medication should be recorded in the signing in book
- Inhalers and EpiPens are stored with the children, in a safe space in their classrooms

12. PRN Medicines and Painkillers (eg Calpol)

Medicines that are taken 'as needed' are known as PRN medicines. PRN is a Latin term that stands for "pro re nata", which means "as the situation arises".

If prescribed a medicine to take 'only as needed', the pharmacist should provide a clear set of instructions about how and when to take it.

This type of medication would be signed in, in the usual manner accompanied by a letter from the parent/carer and recorded in the pupils file as and when taken.

If a pupil requires Calpol, you should record it in the medical book, remembering to put the time they had the medication. Check there has been at least four hours between doses.

If a day pupil requires medication check if and when they may have already taken any and if OK to give, inform the parents of the time their child took it to avoid overdosing.

13. EpiPens

EpiPens are prescribed to people who have been identified by a doctor as having a potentially severe allergy that could lead to them having an 'Anaphylactic Attack'

- EpiPens should be stored for easy access (with the pupil) in a clearly marked box
- The pupil's details should be attached including a treatment plan. This will ensure you give the right treatment to the right pupil.
- Staff should be trained in administering the EpiPen.
 - Training is available annually.
 - After an EpiPen has been administered, the pupil should be taken to the nearest hospital as soon as possible and you will need to take the EpiPen with you to hospital.
- It is important to take the EpiPen with you on outings that involve the pupil that has been prescribed it.

Using an EpiPen

- When needing to use an EpiPen send a member of staff to call an ambulance. Make sure the office are informed of where you are so that they can make sure the ambulance staff get to the correct place.
- Pull of the safety cap
- Place the tip on the pupil's outer thigh- midway between the hip & knee
- Push the EpiPen against the outer thigh until the auto injector is activated

- Hold the EpiPen in place for at least the count of 3 (it will not cause harm to leave it there longer).
- Remove the pen and massage the area gently
- Record the time that you gave them the dose
- Keep the used EpiPen and take it to the hospital with you, doctors will need to see it
- See individual pupil treatment plans
- The school has its own Epi-Pens to use in an emergency, where a prescribed Epi-Pen has failed. Permission is sought from parents to use these if necessary.

14. Inhalers for Pupil's with Asthma

- Pupils that have asthma should be monitored regularly and kept a close eye on when taking their medication to ensure they are using their inhalers correctly.
- The inhalers need checking regularly; it is always wise to have a spare for each pupil who suffers from asthma.
- If the pupil is involved in sport or leaves the school grounds, then staff should check that an inhaler goes with them. It needs to be signed out and back in again on return with details if any was taken.
- The school has its own Inhalers to use in an emergency, where a prescribed Inhaler has failed. Permission is sought from parents to use these if necessary.

Using an Inhaler

Unless otherwise stated in the instructions:

- Shake the inhaler
- Use any compliance aids needed, a spacer for instance
- Get pupil to follow instructions
- Rinse mouth after using steroidal inhaler
- When washing a spacer put in a bowl of soapy water and leave for 15 minutes, rinse and then let dry naturally

15. Administering Topical Medicines

Administering Creams & Ointments:

- When instructed to apply sparingly you should apply sufficient so that after rubbing in, the area is left slightly tacky to the touch.
- If the skin is dry, you haven't applied enough.
- If you can pull a fingernail through the ointment and can leave a visible line you have applied too much.
- When opening new jars or tubes, record the day of opening on the container and discard after the expiry date on the packaging.

Administering Nasal Drops

Unless otherwise stated in the instructions:

- Wash hands and put gloves on
- Get the pupil to gently blow their nose and sit down
- Tilt head backwards
- Put the drops in each nostril
- Keep the head tilted back for a short period of time
- Replace the cap back on the bottle and store away

Administering Ear Drops

Unless otherwise stated in the instructions:

- Wash hands and put gloves on
- Get the pupil to lie or sit down and tilt the head to bring the ear to the uppermost point
- Gently pull the ear backwards
- Put the correct number of drops into the ear.
- Do not push the dropper into the ear
- Get the pupil to remain in the same position for a short period of time.

Administering Eye Drops & Eye Ointment

Unless otherwise stated in the instructions:

- Wash hands and put gloves on
- Get the pupil to tilt their head backwards
- Pull down the lower eyelid
- Drops - put the correct number of drops inside the lower eyelid without touching the eye ball
- Ointment – squeeze half an inch of ointment inside the lower lid without touching the eyeball
- Get the pupil to close their eyes
- Replace the cap and store in a cool place
- Discard 28 days after opening

Patches

- Wash hands and put gloves on
- Ensure the skin is dry
- Apply to different sites to avoid sore skin
- Dispose of old patch by folding in half

16. Medical Forms Used in School

All medication sent to school by Parents/Carers and doctors for individual pupils should be recorded in the medication sign in book the day it arrives in school. You will need to fill in the date, the pupils name, the name of the medication and the amount sent.

If there was a letter it should be filed in the changes to medication file. If there was no instructions accompanying the medication then phone the parents to find out whether they sent the medication, the amount they sent and what they require you to do. (Remember to repeat back the instruction to check you have the right information, ask them to confirm it in writing ASAP).

When checking the amount of medication sent in, two members of staff should be present and they both need to sign the receipt record form to confirm the amount received.

It is vital that all medication arriving in school is recorded on the day it arrives as this will assist the smooth running of the auditing system.

Pupil's Regular Medication Recording Sheet

The medication is recorded in the medication signing book. It is for the use of all medication whether it is a prescription only medication (POM), pharmacy medicine (P) or general sale list (GSL) -including vitamins and fish oil tablets. You must fill in all sections of the book. The information required can be found on the medication packaging, the information leaflet inside the packaging, the letter sent by the Parents/Carer, or the pupil's consent forms in their medical files.

If you feel you require more information, then you can speak to the Residential Manager who will contact the parents for more information.

Every time the pupil has their medication, the individual pupil's signing sheet should be signed on the correct date and at the correct time. The form runs on a monthly cycle and at the end of each month they are collected in for auditing and replaced by new forms. Old forms are stored in a file marked 'completed records for pupil's monthly medication' in the medical room.

Pupils Treatment Record

Every pupil in the school has a treatment form in the medical file in class or residential.

It is for the use of any first aid treatment, or medication that is not given on day to day basis. It is also used to record use of Calpol.

Each time a pupil requires painkillers or first aid treatment, this form should be checked. It acts as a record of the pupil whilst at school and should remain in their files. When the form is full, a new one should be added.

Medication Leaving School Record

All medication that leaves school to a parent, carer or doctor/pharmacy should be recorded in the medication signing book (i.e. at the end of week, term or out of date medication etc).

Medication Leaving School on Educational Visits

All medication leaving school on a school outings and trips should be recorded in the medication record book. The book should be filled in, in full including the signature of the person taking the medication out. Once the trip has returned to school the adult is responsible for returning the medication back to the surgery and signing the medication back in.

Medication should be stored in the medical backpack in the lockable container and must stay with the allocated person at all times.

Pupils Medication Weekly Audit Sheet

All pupils' medication is audited weekly by the Residential Manager or Deputy Residential Manager. It involves checking all the medication that has been in school that week and completing the form.

Two members of staff should be involved in counting of the medication and they should also sign the form. Once the form is complete the total medication left and the total medication taken should match the total medication that was received.

The form is kept in the auditing file.

17. Disposal of Medication

The only people that are entitled to dispose of medication are; the doctor, the pharmacist, and as a last resort the Residential Manager.

Any medication that needs to be disposed of gets sent home with parents/carers.

18. Data Collection Form

A pupil's personal data and emergency contact details are stored on this form; it can be found in the medical files in the medical room. If there is a need to take a pupil to the doctors or hospital, this form should be taken with you.

The medical consent form completed by parents giving the school permission for their child to receive first aid or emergency treatment in their absence. It also contains a pupil's medical needs and history.

19. Health Care Plans, Medical Files and Logs

Any errors made in any medical file should be reported to the Residential Manager, do not change the error, draw one line through it and move on to the next line to make the adjustment.

Controlled Drugs are signed in the medication signing book. The drugs are counted and checked daily by the Residential Manager or Senior on Duty.

Health Care Plans

Health Care Plans are written once a new pupil has joined the school and a meeting has been had with their parent/carer. Health Care Plans are updated when necessary by the Residential Services Manager or Deputy with information from Parent/Carer or professionals.

Health care plans are reviewed on an annual basis through the annual review of EHCP process. Health care plans are to provide clarity as to what needs to be done, when and by whom and include:

- the medical condition, its triggers, signs, symptoms and treatments;
- the pupils resulting needs, including medication (dose, side effects and storage) and other treatments, time, facilities, equipment, testing, access to food and drink where this is used to manage their condition, dietary requirements and environmental issues, e.g. crowded corridors, travel time between lessons;
- specific support for the pupil's educational, social and emotional needs – for example, how absences will be managed, requirements for extra time to complete exams, use of rest periods or additional support in catching up with lessons, counselling sessions;
- level of support needed
- who will provide this support, their training needs, expectations of their role and confirmation of proficiency to provide support for the child's medical condition from a healthcare professional; and cover arrangements for when they are unavailable;
- who in the school needs to be aware of the child's condition and the support required;
- separate arrangements or procedures required for school trips or other school activities outside of the normal school timetable that will ensure the child can participate, e.g. risk assessments;
- where confidentiality issues are raised by the parent / child's condition; and
- what to do in an emergency. Including whom to contact, and contingency arrangements. Some children may have an emergency healthcare plan prepared by their lead clinician that could be used to inform development of their individual healthcare plan.

20. Medical Files

The medical files are arranged by name. All files are situated in the medical room.

Each file contains a section for each pupil.

Within each section there are the following forms:

- Medical Information Forms – containing details like the pupil's age, address, next of kin, emergency contact numbers, doctors' name and address

- Consent form for emergency medical treatment- this gives information about a pupil's medical history and needs.
- Pupil's treatment record - form for recording any medical treatment the school

21. Fridge Temperature Sheets

If any of the medication requires to be stored at lower than room temperature, in a cool fridge then a daily record of the temperature needs to be recorded.

There is a temperature log sheet in the medical room.

22. Accident Reporting Forms

Minor incidents should be recorded on the Accident Forms that can be found in the medical room and the main staff room.

It is important to fill it in as soon as possible, remember to add the date, time of accident and sign it. The copy gets given to the residential services manager to record in the accident book.

Should the accident be more severe (possibly requiring hospital treatment) then the accident should be recorded on an accident form and the form given to the RSM. The Principal member of staff dealing with the incident will inform you if any other paperwork needs filling in once they have assessed the incident.

23. The Medical Room

This is where all files are stored, including completed pupil records, and this is where any pupils would come if they are ill or require daytime medication.

Pupils should never be left in the Medical Room without a member of staff.

24. First Aid Boxes

In case of an accident requiring first aid, first aid boxes can be located in the following places:

- The main office
- The school building
- The gym
- The swimming pool
- The kitchen
- Robins
- The Woodland Area
- The minibus
- The school car
- The Bill Harrison Assessment Suite

A First aid box must be taken with you if you are going off site. You can collect one from the medical room.

First aid boxes are regularly checked and restocked if needed.

25. Hospital Treatment

If a pupil requires hospital treatment parents should be contacted immediately and when possible they should collect their child from the School and take them to their local hospital.

If it is not possible to contact the parents, then a discussion will need to be had whether or not a member of staff should take the pupil or whether they should continue to try to contact the parents. A risk assessment will need to be carried out by a senior member of staff.

In an emergency situation, the School should call '999' for an ambulance, and then call the parents so they can be at the hospital when their child arrives; remember to tell the parents which hospital their child is being taken to. A member of staff will need to travel in the ambulance with the pupil and stay with them until their parents arrive; they will need to take the pupils details with them (Health Care Plan).

26. First Aid Treatment

Any 1st aid trained member of staff can administer First Aid. When a situation is considered beyond the competency of any individual member of staff they must refer to line managers. In all cases of concern suitable medical advice and direction must be taken. Good practice is to PLAY SAFE!

A member of staff is said to be a trained First Aider if he/she has successfully completed a recognised 1st aid qualification.

For any health enquires that are not an emergency, call '111' If in doubt pass it along to appropriate medical authorities.

Remember there can be delayed reactions from head injuries. Detailed guidance is given in the head injury pack.

27. Trips Out of School

The member of staff organising the trip is responsible for checking whether or not they are taking pupils that may require medication. If anyone requires medication you should inform the Residential Manager or member of the Medical Team who will arrange the medication to be ready for you. On the day of the trip you will need to go to the Medical Room to collect the medication along with a first aid kit. The first aid bags will have a small booklet in; this is for you to record any treatment you give whilst you are out.

Before you take the medication from the medical room you will be required to sign the medication signing book. It is the trip organiser's responsibility to manage the medication whilst it is off site and make sure the right pupil receives the right medication, at the right time. All medication that is sent out with you will be clearly marked and have full details of how it should be taken.

The administering of controlled drugs will need to be witnessed by two people (preferably staff members). When you return to school you will need to see the Residential Manager or member of the Medical Team to return any medication that was not used and give feedback on any medical issues that have arisen from the trip. You will also be required to sign the pupils medical form, to say they have/haven't taken the medication and to sign medication back in.

28. Who's Responsible?

The Residential Manager is responsible for all medication within the school. The medically trained staff also manage the day to day handling of medication and also takes charge of medical matters in the absence of the Residential Manager.

Residential staff are guided by the Residential Manager in handling medication. It is the Residential Managers responsibility to ensure that the medication that leaves the school is in the original labelled container/ packaging.

29. Induction and Training

Induction

All new staff will be advised on the following at Induction Day training in the session with the Residential Services Manager:-

1. Health and Safety responsibilities
2. Location of First Aid boxes
3. Procedures to follow in the event of an accident
4. Medication, storage of drugs and administration, where applicable.
5. Record keeping relating to the administration of medications and accident reporting.
6. How to apply for further training.
7. All Medical needs of Children in their Class including any drugs and reason for administration.

Continuing Training

The medical team are all trained in 'Management of Medication in Educational or Childcare Settings'. They also complete training to support their giving of medication.

Staff are encouraged to undertake recognised First Aid Training (See below)

Every member of staff will receive update when necessary, covering any changes made to policies or procedures.

One of the Residential Services Manager's responsibilities is to ensure that her medical training is up to date. This will be an ongoing training need.

When a child moves classes the Medical LSA will ensure that all relevant staff are updated on the Child's Medical Needs.

Any member of School or Residential Staff should know what to do and respond accordingly should a Child in their Care need specific medical help at any time.

See Appendix C for Individual Staff Training Record for the Administration of Medication.

30. Illness and Epidemics

Illness in School

If a child is taken ill while at school, he or she is looked after in the medical room. If at all possible, the child is sent home if he or she is incapable of continuing with school lessons. The class teacher will decide whether they think the child is needing to go home. If the child is in school, he or she is looked after by an LSA, and the parents/carers informed.

If medical treatment is needed, the parents/carers are informed of the outcome.

If a residential pupil is deemed unfit to remain at school the decision must be checked with a member of the residential management team. If successful treatment is given and the child recovers, they may be sent back to class. All medication given must be recorded and a note sent home to parents/carers.

In the case of a residential child with a contagious disease, he or she must be sent home if their presence in the school puts other children at significant risk of becoming ill. Similarly, if a child is suffering from any illness which requires full-time care, arrangements will be made for the child to go home.

See Appendix A for the Management of Infectious Diseases.

Residential Illness

If any of the residential children are ill while they are at school the following will happen:

During the day:

A member of staff on duty will ring parents/carers to arrange for the child to be picked up. Residential team will be informed when they come on shift.

During the evening/overnight:

Either the residential services manager or a member of the care team will contact parents/carers to arrange for the child to be picked up. If a child is ill at an unreasonable hour parents/carers will be informed of a serious illness otherwise the child will be kept at school and monitored during the night and parents/carers contacted at 7am and arrangements made for the child to be collected.

Epidemics/Pandemic

If a large number of children are affected by an illness, advice should be sought from Public Health England as to whether or not to close the school, or part of it. This will depend on the circumstances at the time. Any other extraordinary circumstances will be dealt with according to the broad principles of the above policy.

See Appendix B for Pandemic Flu Plan.

31. Medical Arrangements

Children are registered with their home doctor. Details of this are in the child's file in the main office, the emergency details records [medical room] and the medical files [also held in the medical room]. Details of appointments must be listed each week on the weekly diary sheet and relevant information following the appointment passed on to the school and care staff.

Parents are responsible for medical appointments and maybe accompanied by a member of staff if this is deemed necessary.

32. Biting Incident

In case of biting incident a first aider will examine to see if the skin is broken. If the skin is broken, the pupil or staff member must go to Accident and Emergency for necessary treatment/injections – the school will pay for any treatments that incur a cost.

If skin is not broken, the first aider will treat at their discretion.

If a pupil is bitten, his/her family must be informed on the day of the incident.

33. Staff Injury

If a staff member is injured by a child, any medication that is needed to treat these injuries should be paid for by the School.

34. Educational Outings to Farms

If children are visiting areas where animals are present; they must ensure they wash their hands after handling the animals. If they have any cuts or grazes on their hands these should be covered with a plaster before handling.

35. All pupils

The parent/carer of any child needing medication during school time must fill in the appropriate consent form and return it to the school.

All medicines must be clearly marked with the child's name and the dosage.

Parents/carers must also provide written instructions about times, dosages and when the medication should cease to be given.

Any remaining medication will then be returned to the parent/carer. The Medical LSA will fill in the medication record book with details of all such medication from its arrival into school until its return home where appropriate.

In the case of invasive administration of medication, the parent/carer or medical professional will be expected to demonstrate the exact procedure to be followed. This will be to a senior member of staff and a medical LSA.

36. Inspection

The drug cupboard is checked half-termly by the Medical Team to ensure that all its contents are in current use and within their 'best before' date.

At this time the cupboards are cleaned.

37. Sun Safety

Meath School is concerned about protecting pupils from sunburn and skin damage that can be caused by harmful rays from the sun. We will encourage sun safe behaviour at school and teach children about the risks of prolonged exposure to the sun. We will encourage children to:

- Seek the shade, especially during the middle of the day
- Wear suitable hats
- Wear suitable clothing which protects the skin, especially during outdoor activities and school trips
- Use high factor sunscreen. This should be provided by parents/carers, *unless they give permission for a hypo-allergenic sunscreen to be applied by a member of staff.*

An annual reminder of this policy and practice will be sent to all parents/carers. It will include a consent form seeking approval to allow teachers or support staff to apply sunscreen [provided by the parents/carers] as and when necessary. Alternatively, parents/carers can agree that school provides a hypo-allergenic sunscreen, on the understanding that we will request a voluntary contribution towards the cost.

38. Dangerous Substances and Sharps

Sharps

It is vital that any sharps used are disposed of safely. All needles and blood lancets pose a risk to the person handling them and if placed in a bin sack can cause injury. It is therefore, important that they are disposed of in the yellow Sharps box situated above the sink in the Dispensary. This will ensure that they are incinerated safely.

Cleaning agents.

All chemicals such as cleaning agents should be stored in locked cupboards. They should never be decanted into other containers as there is important information on the labels.

Cleaning agents should never be left in toilets, kitchens or within reach of pupils.

Hazardous substances

A Hazardous substance Cosh file is kept in the maintenance office, containing details of the necessary emergency treatment.

39. Dealing With Body Fluids

These procedures are for cleaning up spilt body fluids. The term 'body fluids' encompasses blood, urine, faeces and vomit.

Spilt body fluids need to be cleaned up with care, as there is a risk of contracting diseases. If these procedures are followed, the risk of infection is minimal.

When dealing with body fluids, always:-

1. Wear disposable latex gloves, which are located in the dispensary, laundry, cleaning cupboard and all First Aid boxes.
2. Keep any open cuts covered with waterproof plasters.
3. Wear a plastic apron. These can be found hanging on the back of the door in the dispensary, and cleaning cupboard.
4. Wash hands well afterwards.

The Child

When a child has had an accident, they can be very frightened, and it is necessary to reassure the child. Clean the child following the guidelines above. (and see 'Intimate Care' policy).

Clothing

Wash off soiled clothing in laundry, wearing gloves, apron and mask. Leave to soak in bucket with lid and hot wash separately as material allows. If child is going home double bag and send home with child.

40. Dental health

As a school, we can only play a limited role in educating and informing our pupils and their parents/carers about the importance of:

- regular visits to the dentist
- restricting sugary or acidic food and drinks
- encouraging regular and thorough tooth-brushing
- protective treatments such as fluoride supplements in toothpaste and drinking water

Within specific areas of the curriculum [e.g. science and design technology] and by offering healthy school meals, we seek to promote child dental health whenever possible and practical. Clearly, for our small number of boarding pupils, care staff play a vital role in ensuring regular and thorough dental hygiene.

41. Obesity

Obese children are at increased risk from a number of serious health problems more usually seen in adulthood. The number of overweight and obese children in the UK has risen steadily over the past 20 years. The obesity epidemic is now a major health concern.

It is thought that most children put on excess weight because their lifestyles include an unhealthy diet and a lack of physical activity. Helping children to achieve and maintain a healthy weight involves a threefold approach that encourages them to:

- eat a healthy, well-balanced diet
- make changes to eating habits
- increase physical activity

Meath School fully accepts these factors, and strives to meet all of them within and beyond the curriculum and social experiences offered to our learners. The Medical LSA monitors heights and weights on a termly basis, and any concerns are passed to senior managers so that we can work with parents/carers to address them.

42. Equality and Inclusion

At Meath School we will continuously seek to ensure that all members of the school community are treated with respect and dignity. Every individual will be given fair and equal opportunities to develop their full potential regardless of their gender, ethnicity, cultural and religious background, sexuality, disability or special educational needs and ability, and other factors as detailed within the school's Equality Policy. These meet in full the requirements of the Equality Act, October 2010.

43. Roles and responsibilities

Trustees and School Advisory Board:

- Ensure that all pupils with medical conditions are supported to enable fullest participation possible in all aspects of school life.
- Monitor medical policy and ensure all who provide support to children with medical conditions have access to information and support materials.
- Ensure school leaders consult health and social care professionals and parents to ensure children are efficiently supported.

The Principal:

- Delegates responsibility for the development and revision of the medical policy to the Residential Services Manager.
- Agree with parents exactly what support the school can provide. Ensure parents are aware of the medical policy and procedures and their role in upholding this policy.

Residential Services Manager:

- Reviewing and developing the medical policy and procedures
- Write and review healthcare plans.
- Ensure all school staff have sufficient, up to date knowledge and training to meet the needs of the children in their class.

Medical Team

- Work with the Residential Manager to ensure sufficient school staff are trained and competent in administering first aid.
- Ensure all medications are correctly stored and administered.
- Ensure appropriate records are kept regarding the administration of medication and accidents

School Staff:

- Any member of school staff may be asked to provide support to pupils with medical conditions including the administration of medicines, although they may not be required to do so and only after appropriate training.
- Take into account medical conditions when planning activities / trips.
- Monitor impact of medical conditions or the impact of drug regimes a child's access to learning.

Appendix A: Managing Specific Infectious Diseases

Disease	Symptoms	Considerations	Exclusion/Minimum amount of time to stay away from school
Athlete's Foot	Scaling or cracking of the skin, particularly between the toes, or blisters containing fluid. The infection maybe itchy.	Cases are advised to see their GP/Pharmacist for advice and treatment.	None
Bacillary dysentery (Shigella)	Symptoms include bloody diarrhea, vomiting, abdominal pain and fever. It lasts four to seven days on average, but potentially several weeks.	The school will contact the HPT.	Microbiological clearance is required for some types of shigella. The HPT will advise.
Campylobacter	Symptoms include diarrhea, headache, fever and in some cases, vomiting.		Cases will be excluded until 48 hours have passed since symptoms were present.
Chicken Pox	Sudden onset of fever with a runny nose, cough and generalised rash. The rash then blisters and scabs over. Several blisters may develop at once, so there may be scabs in various stages of development. Some mild infections may not present symptoms.	Cases are advised to consult their GP.	Chickenpox is infectious from 48 hours prior to a rash appearing up to 5 after the onset of a rash. Cases will be excluded from school for 5 days from the onset of a rash. The lesions should be crusted over before the children return to school. It is not necessary for all the spots to have healed before the case returns to school.
Cold Sores	The first sign of cold sores are tingling, burning or itching in the affected area. Around 24 hours after the first signs appear the area will redden and swell, resulting in a fluid filled blister. After blistering, they break down to form ulcers and then dry up and crust over.	Cases are advised not to touch the cold sore, or to break or pick the blisters. Sufferers of cold sores should avoid kissing people and should not share items such as cups, towels and face clothes.	None
Conjunctivitis	The eye(s) become reddened and swollen, and there may be a yellow or green discharge. Eyes may feel itchy and 'gritty'	Cases are encouraged to seek advice, wash their hands frequently and not run their eyes. The HPT will be contacted if an outbreak occurs.	None
Coronavirus (Covid-19)	Symptoms include cough, high temperature, shortness of breath, loss of taste and smell.	The symptoms are similar to other illnesses that are much more common, such as cold and flu. Up-to-date guidance should be consulted www.nhs.uk/conditions/coronavirus-covid-19/	For the latest guidance on self-isolation see www.nhs.uk/conditions/coronavirus-covid-19/

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Cryptosporidiosis	Symptoms include abdominal pain, diarrhea and occasional vomiting.		Cases will be excluded until 48 hours have passed since symptoms were present.
E.coli (verocytotoxigenic or VTEC)	Symptoms vary but include diarrhoea, abdominal cramps, headaches and bloody diarrhoea.	Cases will immediately be sent home and advised to speak to their GP.	Cases will be excluded whilst symptomatic and for 48 hours after symptoms have resolved. Where the sufferer poses an increased risk, for example, food handlers, they will be excluded until a negative stool sample has been confirmed. The HPT will be consulted in all cases.
Food Poisoning	Symptoms normally appear within one to two days of contaminated food being consumed, although they may start at any point between a few hours and several weeks later. The main symptoms are likely to be nausea, vomiting, diarrhea, stomach cramps and fever.	Cases will be sent home. The HPT will be contacted where two or more cases with similar symptoms are reported. The cause of food poisoning outbreak will always be investigated.	Cases will be excluded until 48 hours have passed since symptoms were present. For some infections, longer exclusion periods may be required. The HPT will advise in such cases.
Gastroenteritis	Symptoms include three or more liquid or semi-liquid stools in a 24-hour period.	The HPT will be contacted where there are more cases than usual.	Cases will be excluded until 48 hours have passed since symptoms were present. If medication is prescribed, the full course must be completed and there must be no further symptoms displayed for 48 hours following completion of the course before the cases may return to school. Cases will be excluded from swimming for two weeks following their last episode of diarrhoea
Giardia	Symptoms include abdominal pain, bloating, fatigue and pale, loose stools.	Cases will be sent home.	Cases will be excluded until 48 hours have passed since symptoms were present.
Glandular Fever	Symptoms include severe tiredness, aching muscles, sore throat, fever, swollen glands and occasional jaundice.	The sufferer may feel unwell for several months and the school will provide reasonable adjustments where necessary.	Exclusion is not necessary and cases can return to school as soon as they feel well.
Hand, foot and mouth disease	Symptoms include a fever and rash with blisters on cheeks, hands and feet. Not all cases will have symptoms.		Exclusion is not necessary.
Head Lice	Other than the detection of live lice or nits, there are no immediate symptoms until two to three weeks after infection, where itching and scratching of the scalp occurs.	Treatment is only necessary where live lice are seen.	Exclusion is not necessary.

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		<p>If a staff member notices head lice in a pupil's hair, they will inform the pupil's parents and advise them to treat their child's hair.</p> <p>When a pupil has been identified as having a case of head lice, a letter will be sent home to all parents informing them that a case of head lice has been reported and asking all parents to check their children's hair.</p>	
Hepatitis A	Symptoms include abdominal pain, loss of appetite, nausea, fever and tiredness, followed by jaundice, dark urine and pale faeces.	The illness in children usually lasts one to two weeks but can last longer and be more severe in adults.	<p>Cases are excluded while unwell and for seven days after the onset of jaundice (or the onset of symptoms if no jaundice presents), the case is under five years of age or where hygiene is poor.</p> <p>There is no need to exclude older children with good hygiene.</p>
Hepatitis B	Symptoms include general tiredness, nausea, vomiting, loss of appetite, fever and dark urine and older cases may develop jaundice.	<p>The HPT will be contacted where advice is required.</p> <p>The procedures for dealing with blood and other bodily fluids will always be followed.</p>	<p>Acute cases will be too ill to attend school and their doctor will advise when they are fit to return</p> <p>Chronic cases will not be excluded or have their activities restricted.</p> <p>Staff with chronic hepatitis B infections will not be excluded</p>
Hepatitis C	Symptoms are often vague but may include loss of appetite, fatigue, nausea and abdominal pain. Less commonly, jaundice may occur.	The procedures for dealing with blood and other bodily fluids will always be followed.	Cases will not be excluded or have their activities restricted.
Impetigo	Symptoms include lesions on the face, flexures and limbs.	<p>Towels, face cloths and eating utensils will not be shared.</p> <p>Toys and play equipment will be cleaned thoroughly.</p>	Cases will be excluded until lesions have healed and crusted or 48 hours after commencing antibiotic treatment.
Influenza	Symptoms include headache, fever, cough, sore throat, aching muscles and joints and tiredness.	The influenza vaccine is offered through school for pupils and staff.	Cases will remain at home until they have fully recovered.

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Measles	Symptoms include a runny nose, cough, conjunctivitis, high fever and small white spots around the cheeks. Around the third day, a rash of flat red or brown blotches may appear on the face then spread around the body.	All pupils are encouraged to have MMR immunisations in line with the national schedule. Staff members are encouraged to be up-to-date with their MMR vaccinations. Pregnant staff members and those with weak immune systems will be encouraged to contact their GP immediately for advice if they come into contact with measles.	Cases are excluded for four days after the onset of a rash.
Meningitis	Symptoms include fever, severe headaches, photophobia, stiff neck, non-blanching rash, vomiting, drowsiness, cold hands and feet.	Meningitis is a notifiable disease.	Once a case has received any necessary treatment, they can return to school.
Meningococcal meningitis and meningitis septicaemia	Symptoms include fever, severe headaches, photophobia, stiff neck and a non-blanching rash.	Medical advice will be sought immediately. The confidentiality of the case will always be respected. The HPT and school health advisor will be notified of a case of meningococcal disease in the school. The HPT will conduct a risk assessment and organise antibiotics for household and close contacts. The HPT will be notified if two cases of meningococcal disease occur in the school within four weeks.	When the case has been treated and recovered, they can return to school. Exclusion is not necessary for household or close contacts unless they have symptoms suggestive of meningococcal infection.
Meningitis (viral)	Symptoms include headache, fever, gastrointestinal or upper respiratory tract involvement and, in some cases, a rash.	The case will be encouraged to consult their GP. If more than once case occurs, the HPT will be consulted.	No exclusion required.
Meticillin resistant staphylococcus aureus (MRSA)	Symptoms are rare but include skin infections and boils.	All infected wounds will be covered.	No exclusion required.
Mumps	Symptoms include a raised temperature and general malaise. Then, stiffness or pain in the jaws and neck is common. Following this, the glands in the cheeks and under the jaw swell up and cause pain (this can be on one or both sides). Mumps may also cause swelling of the testicles.	The case will be encouraged to consult their GP. Parents are encouraged to immunise their children against mumps.	Cases can return to school five days after the onset of swelling, if they feel able to do so.
Ringworm	Symptoms vary depending on the area of the body affected.	Pupils with ringworm of the feet will wear socks and trainers at all times and cover their feet during physical education.	No exclusion is usually necessary. For infections of the skin and scalp, cases can

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			return to school once they have received treatment.
Rotavirus	Symptoms include severe diarrhoea, stomach cramps, vomiting, dehydration and mild fever.	Cases will be sent home if unwell and encouraged to speak to their GP.	Cases will be excluded until 48 hours have passed since symptoms were present.
Rubella (German Measles)	Symptoms are usually mild, with a rash being the first indication. There may also be mild catarrh, headaches or vomiting. There may be a slight fever and some tenderness in the neck, armpits or groin, and there may be joint pains.	MMR vaccines are promoted to all pupils.	Cases will be excluded for six days from the appearance of the rash.
Salmonella	Symptoms include diarrhoea, headache, fever and, in some cases, vomiting.	Cases will be sent home. The HPT will be contacted where two or more cases with similar symptoms are reported.	Cases will be excluded until 48 hours have passed since symptoms were present.
Scabies	Symptoms include tiny pimples and nodules on a rash, with burrows commonly seen on the wrists, palms, elbows, genitalia and buttocks.	All household contacts and any other very close contacts should have one treatment at the same time as the second treatment of the case. The second treatment must not be missed and should be carried out one week after the first treatment.	Cases will be excluded until after the first treatment has been carried out.
Scarlet Fever	Symptoms include acute inflammation of the pharynx or tonsils, with tonsils reddening in colour and becoming partially covered with a thick, yellowish exudate. In severe cases, there may be a high fever, difficulty swallowing and tender, enlarged lymph nodes. A rash develops on the first day of fever and is red, generalised, pinhead in size and gives the skin a sandpaper-like texture, with the tongue developing a strawberry-like appearance.	Antibiotic treatment is recommended, as a person is infectious for two to three weeks if antibiotics are not administered. If two or more cases occur, the HPT will be contacted.	Cases are excluded for 24 hours following appropriate antibiotic treatment.
Slapped cheek syndrome, Parvovirus B19, Fifth's Disease	Where symptoms develop, they include a rose-red rash making the cheeks appear bright red.	Cases will be encouraged to visit their GP.	Exclusion not required
Threadworm	Symptoms include itching around the anus, particularly at night.	Cases will be encouraged to visit their GP.	Exclusion not required
Tuberculosis (TB)	Symptoms include cough, loss of appetite, weight loss, fever, sweating (particularly at night), breathlessness and pains in the chest. TB in parts of the body other than the lungs may produce a painful lump or swelling.	Advice will be sought from the HPT before taking any action, and regarding exclusion periods.	Cases with infectious TB can return to school after two weeks of treatment if well enough to do so, and as long as they have responded to anti-TB therapy. Cases with non-pulmonary TB, and cases with pulmonary TB who have effectively completed two weeks of treatment as

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			confirmed by TB nurses, will not be excluded.
Typhoid and paratyphoid fever	Symptoms include tiredness, fever and constipation. The symptoms or paratyphoid fever include fever, diarrhoea and vomiting.	All cases will be immediately reported to the HPT	Cases will be excluded whilst symptomatic and for 48 hours after symptoms have resolved. Environmental health officers or the HPT may advise the school to issue a lengthened exclusion period.
Whooping Cough (pertussis)	Symptoms include a heavy cold with a persistent cough. The cough generally worsens and develops the characteristic 'whoop'. Coughing spasms may be worse at night and may be associated with vomiting.	Cases will be advised to see their GP. Parents are advised to have their children immunised against whooping cough.	Cases will not return to school until they have had 48 hours of appropriate treatment with antibiotics and feel well enough to do so, or 21 days from the onset of illness if no antibiotic treatment is given. Cases will be allowed to return in the above circumstances, even if they are still coughing.

Appendix B: Pandemic Flu Plan

AIMS OF THE PLAN

This plan has been developed to allow Meath School to think ahead and implement an effective plan should there be a pandemic flu outbreak in Britain. Our aims are:

- To ensure minimal interruption in the event of a pandemic flu outbreak
- To maintain control of the situation and prevent the spread of infection
- To increase staff, parents'/carers' and pupils' awareness

WHAT IS PANDEMIC FLU?

Pandemic flu is a type of influenza that occurs every few decades and which spreads rapidly to affect most countries and regions around the world. The symptoms of pandemic flu are similar to those of 'ordinary' flu but are usually more severe.

Flu viruses are constantly changing, producing new strains. Pandemics occur when a virus develops that is so different from previously circulating strains that few, if any, people have any immunity to it. This allows it to spread widely and rapidly, affecting many hundreds of thousands of people.

A new pandemic virus may emerge through the mixing of human flu virus with an animal flu virus [usually a bird (avian) flu virus]. It may affect around 25% of the population and people of every age may be at risk of serious illness. A vaccine will become available, and when it does so the aim will be to immunize the whole population as rapidly as possible.

COMMUNICATION

Clear communication is critical in providing staff, parents/carers and pupils with a full understanding of their role in the plan. It will also alleviate fears and prevent uncoordinated and hasty decision-making.

- The Pandemic flu plan will be made known to all staff and be posted on the Meath section of the Speech and Language UK website.
- This website will also provide a link to the Department of Health Protection Agency and World Health Organisation websites which will contain the most up to date information on a national/ international level.
- Parents/carers will be asked to watch this website or telephone the school for the most up-to-date picture of the situation.
- The school will share all local and national guidance for schools with families.

EARLY PLANNING

- Plastic bags, soap, tissues and antiseptic solution or wipes will be in stock and stored until required for use.
- All parents/carers will be reminded to ensure that their contact details, including secondary contacts, are up to date.

- The School Emergency Plan is updated regularly with contact numbers of all parents/carers, staff and governors along with contact details for Speech and Language UK and the Local Authority.

SCHOOL CLOSURE

Children are highly efficient 'spreaders' of respiratory infections, both among themselves and to adults in their families. Evidence suggests that such infections spread less in holiday periods than in term-time. So, closing schools for a period might significantly reduce the number of children infected.

Central Government will advise whether schools in affected areas should stay open or close, on the basis of scientific advice. The decision to close/reopen the school will be taken by the Trustees and the Principal when notified by the LA/Government.

SCHOOL REMAINS OPEN – STEPS TO TAKE:

- The school will operate as normally as possible but plan for staff absence at a much higher level.
- There may be disruption in any area of the school and staff should be prepared to cover absenteeism and may have to perform jobs beyond their normal duties, e.g. cleaning, supervision, etc.
- Should the kitchen staff fall ill, we may ask parents/carers and staff to provide packed lunches.
- Children who become sick during the day will be cared for in the assessment centre waiting room, thus being separated from other pupils and minimising contact with staff until they are collected by their parents/carers.
- Parents/carers are asked to be extra vigilant in watching for flu symptoms in their children and if they are concerned, they should keep their child at home and contact their doctor's surgery. Bringing their child to school, or to the surgery, greatly increases the risk of spreading the virus.
- If any member of staff shows signs of infection they will be sent home. If members of immediate family of staff become ill the staff member may need to remain at home.
- We will provide the LA with any information requested, i.e. absence rates, etc.
- After school activities and overnight opportunities may have to be postponed.

BASIC MEASURES TO REDUCE THE RISK OF INFECTION

All staff and pupils should adhere to the following guidelines to prevent the spread of infection:

- Cover your mouth and nose when coughing or sneezing, using a tissue whenever possible.
- Dispose of dirty tissues promptly and carefully – bag and bin them. Plastic bags will be available in all classrooms which should be regularly tied up and disposed of in the dustbins.
- Maintain good hygiene – washing hands frequently in soap and water protects against picking up the virus from surfaces and passing it on. Pupils will be instructed

to wash their hands with soap at break, before and after lunch and before going home.

- Extra supplies of bags, soap and tissues are kept in the stock cupboard.

As well as the above we have introduced extra cleaning measures:

- Regularly wiping door handles and phones – the cleaners will do this each evening but staff should ensure their area/classroom is as clean as possible during the day and may have to step in to clean during the evening in the event the cleaners are infected by the virus.
- Antiseptic and germicidal cleaning materials have been increased and cleaning staff have been made aware of the need for extra thoroughness and vigilance during this period.
- We have introduced new dispensers which provide soap without the hands needing to come into contact with the machine.

SCHOOL CLOSURES – STEPS TO TAKE:

If the LA/Speech and Language UK orders the school to close the Trustees and the Principal will inform the SLG, staff and parents/carers accordingly.

- Staff should come into school, unless ill, caring for dependants or authorised to work elsewhere.
- Teachers have a duty to provide education for children of compulsory school age who are out of school. The staff not affected by the virus will be advised whether this is possible for our pupils.
- Should the Government introduce limitations on the movement of people we will follow their guidelines.
- Parents/carers will be advised to watch for notices and information placed on the Meath School website.
- Telephones will be constantly manned in order to provide the latest guidance and information.



Appendix C
Medical Policy and Procedures
Staff Training Record – Administration of Medicines

Name:

Type of training received:

Date training was completed:

Training provided by [name]:

Trainer's profession and title:

I confirm that.....has received the training detailed above and is competent to carry out any necessary treatment.

I recommend that the training is updated every.....

Trainer's signature:

Date:

I confirm that I have received the training detailed above.

Staff signature:

Date:

Suggested review date: