

## Hereford Cathedral Junior School

### **FIRST AID POLICY** **including Medicine Administration Policy**

**This policy applies to all pupils at Hereford Cathedral Junior School including those in our EYFS settings.**

This policy has been written with regard to the Independent School Standards, the ISI Commentary on the Regulatory Requirements (September 2019) and the DfE document 'First Aid in Schools'.

Hereford Cathedral School recognises that it has a duty of care to pupils, members of staff, Parents, Governors and visitors to the School and that this duty includes the timely and competent administration of first aid and the effective implementation of this first aid policy.

#### **Policy Aims:**

- To support pupils (and others) with chronic illnesses while at school and to deal with acute health problems or injuries that occur during the school day.
- To ensure that there are sufficient numbers of staff trained, and at appropriate intervals retrained, in First Aid to support the normal functioning activities of the school.
- To ensure that all members of the school are informed of standard procedures to follow to ensure safe good practice and given guidance and details of the provision made for First Aid and Health Care in the areas in which they live or work.
- To ensure that the first aid equipment and facilities are adequate to maintain suitable practical arrangements for dealing with first aid incidents
- To regularly review arrangements for dealing with first aid incidents and ensure compliance with all relevant legislation
- To keep accident records and report, via the Director of Finance and Resources, to the HSE as required under the Reporting of Injuries Diseases and Dangerous Occurrences Regulations 1995 (RIDDOR)

#### **School Nurses**

Hereford Cathedral Junior School has two School Nurses (both qualified RGN) who job share and work 1 FTE to cover the school week. The School Nurse is available during normal school hours (8:30am to 3:35pm). The Nurse is based in the Medical Room in 28 Castle Street.

The School Nurse may be contacted via the school office, or by email ([hcjsnurse@herefordcs.com](mailto:hcjsnurse@herefordcs.com)).

The role of the School Nurse is to support children with chronic illnesses while at school and to deal with acute health problems or injuries that occur during the school day. Under normal circumstances, medicines are not administered to children without parental consent (see notes on EYFS).

The School Nurse is responsible for:

- Delivery of First Aid

- Provide advice on health issues to staff and parents
- Liaison with staff and parents on health problems of specific children
- Liaison with hearing, vision and immunisation specialists
- Maintaining stocks of First Aid and medical supplies
- Advising on the planning and provision of First Aid across the school
- Maintaining the children's medical health records
- Supporting the delivery of First Aid on trips off site
- Maintaining the school Accident Record
- Supporting Health Care and health related education throughout the school.

In addition to the School Nurse, a number of staff hold First Aid qualifications. The School Nurse holds a regularly updated list of qualifications. The School Nurse, in conjunction with the Deputy Head, monitors requirements for and validity of relevant qualifications and ensures that training is updated at least every three years.

### **Medical Information**

Parents complete medical information forms on entry to school and at the beginning of the school year and these are stored in the School Office. Parents also complete an additional Health and Permission Form prior to their child going on any residential school outing and are reminded to ensure that information held by the school is up to date prior to other school trips.

At the beginning of every school year, lists of pupils with specific medical problems will be issued to all teachers. The School Nurse advises staff, including the catering staff, of a child's relevant health needs.

### **Accidents**

In the event of an accident, the pupil concerned should be seen by the School Nurse; if, for any reason, the School Nurse is not available, then the pupil should be seen by a member of staff with up-to-date first aid training. The Nurse will assess the pupil and determine the appropriate course of action.

If the pupil requires attention at hospital, the School Nurse will contact the parents or guardians to take the child to hospital themselves if possible. If the parents or guardians cannot be contacted or cannot attend, a member of staff will accompany the child to hospital. If a child is taken to hospital as the result of an injury, the School Nurse will inform the School Secretary who will inform appropriate members of staff. The member of staff witnessing the accident completes the Accident Report, the Nurse writes a follow-up report as necessary.

If hospital treatment is not considered necessary, the School Nurse will deliver appropriate treatment on the school site. Where necessary, and depending on the nature of the injury, the School Nurse will inform parents either by telephone, e-mail or by written note accompanying the child home at the end of the day. The School Nurse will complete the Accident Report when necessary.

Injuries occurring off the school site will be dealt with by the most appropriately qualified First Aider who will be responsible for completing the Accident Report when appropriate.

Copies of Accident Reports are forwarded to the Director of Finance and Resources who brings them to the attention of the Health and Safety Committee which will report to the HSE if indicated.

### **Accidents Off Site**

Injuries occurring off the school site will be dealt with by the most appropriately qualified First Aider.

Where possible, medical diagnosis should be sought (e.g. host school nurse), but it is the responsibility of the member of staff to subsequently review the injury at regular intervals. For any injury which remains a concern, parents should be contacted as soon as possible to formulate an action plan. The member of staff would also be expected to contact the school to inform a member of senior management, either via the School Office in school hours or via the emergency contact number outside of school hours.

Wherever possible, we ensure that more than one member of staff accompanies off site visits, including sports fixtures, whether in the minibus or in convoy. Therefore, should a child require attendance at Accident and Emergency this can be facilitated, whether by ambulance or driven by a member of staff, whilst the rest of the children can be supervised. If necessary, the member of staff on emergency duty at school is also available to meet at A&E when the presence of another member of staff is required or until parents arrive.

A follow up call at an appropriate time on the day in question will be made by the member of staff responsible for the individual. The member of staff will relay any further information and/or enquire after the child, depending on circumstances.

From this point the School Nurse will assume responsibility for all matters relating to after care.

### **When the School Nurse is not on site**

There is at least one qualified person on the school site when children are present.

At times when the nurse is not on site, there will be a member of staff available with paediatric first aid training who will deal with children who become ill or who require medical attention. Outside of normal school hours, the members of staff responsible for Breakfast Club and Phoenix Club have both undertaken paediatric first aid training will deal with children who become ill or who require medical attention. Both clubs also have other members of trained staff in addition who could deal with a child if required.

### **First Aid Boxes**

First Aid boxes are kept at specific locations around the school (see Appendix 2) and are maintained by the School Nurses; if items from a First Aid box are used, the School Nurse should be informed so that they may be replaced.

### **Portable First Aid Boxes**

Portable First Aid boxes are kept in the medical room and should accompany pupils to Wyeside and are available for other trips off the school site. They are maintained by the School Nurses. Epi-pens, inhalers etc. are kept in the School Medical Room (for children in Years 3-6) and in form rooms (for children in Reception to Year 2) and should be collected when children are going off-site. The School Nurses keep lists of the children who require these.

## **Pupils' Medication**

Sometimes children bring medicines into School. A medical form should be completed by the parent giving permission for the medical staff to administer these medicines with clear instructions, and the medicines left with the School nurses in the Medical Room.

Some pupils require an Epi-pen at school, for pupils in the pre-prep these are kept in their form rooms and for pupils in the junior school these are kept on a designated shelf in the Medical Room. Epi-pens are kept individually in a medical bag labelled with the pupil's name. When these pupils leave the school site these must accompany the pupil and it is the responsibility of the staff taking the pupil off-site to ensure that the Epi-pen is taken with the child and returned after the outing.

Pupils up to and including Year 2, who have an inhaler at school, have their inhaler kept in the form room. Pupils from Years 3-6, who have an inhaler at school, have their inhaler kept in the medical room. Pupils in Year 4 and above may carry their own inhaler. When these pupils leave the school site the inhalers should accompany the children; the member of staff coordinating the trip must ensure that those children who carry their own inhalers have them with them and must collect the inhalers kept in the Medical Room from the School Nurse.

The school carries an emergency inhaler and spacer device. This may be administered only to a pupil who has been diagnosed with asthma, who has been prescribed an inhaler but whose inhaler is either empty or absent and who require an inhaler immediately.

Other medication brought to school that must be administered during the school day will be kept by the School Nurse and given according to the Medicine Administration Policy. (See Appendix 1)

A number of children have special medical needs. The School Nurses keep lists of children with diabetes, asthma, allergies and other conditions. Staff should be made fully aware of these children and of actions to take if they get into difficulties. There are protocols for the management of asthma and anaphylaxis in the Medical Room.

Information received about children who have temporary or long term medical needs should always be given to the School Nurses who will then act accordingly.

## **Additional Procedures for EYFS**

Parents will be informed of any accidents or injuries sustained by pupils and the resulting first aid treatment.

The School Nurse will discuss with parents the procedures for pupils who are ill or infectious. Medication brought in to school can only be administered with the written consent of parents. Medicines must be delivered to school in their original container with the name of the child clearly marked on the container.

In addition to the School Nurse, members of EYFS staff will hold relevant, LA approved, paediatric first aid certificates.

At least one member of staff trained in paediatric first aid will accompany children on outings. Onsite, in addition to the school nurse, a number of other staff are also trained in paediatric first aid and at least one trained member of staff will be available at all times when the children are in school.

## **Pupils who become ill during the school day**

A School Nurse is on the school site all day to assess and deal with pupils who develop any illness after arriving at school. Pupils who report illness to a teacher should be sent to the Medical Room.

The School Nurse will assess the pupil; the pupil may be returned to class to complete the school day, may be kept in the Medical Room for a period of observation or may be sent home. When children have a condition requiring them to be sent home, the School Nurse will contact the parents to collect the child. The child will be signed out by the School Office.

### **Special Diets**

Some children may not eat particular foods for medical or religious reasons. The School Nurses and the Catering staff keep lists of special diets.

## **Appendix I Medicine Administration Policy**

### **For children in EYFS:**

Medicine (both prescription and non-prescription) is administered to a child only where written permission for that particular medicine has been obtained from the child's parent and/or carer. A written record is made each time a medicine is administered to a child, and the child's parents and/or carers are informed.

### **Medication sent in to School:**

**Prescribed Medication** – For children who require medication from home to be given during the school day, the nurses must be given clear instructions, preferably written, by the parents when the child arrives at school; the instructions on the dispensing label will be followed.

**Non-Prescribed Medication Brought Into School** – For children whose parents request that non-prescribed medication (eg: paracetamol, ibuprofen, piriton) be administered during the school day, clear, specific and explicit instructions must be given to the nurse; this may be given verbally in person directly to the nurse or as signed, written instruction sent in to school. If instructions as detailed above are not received by the School Nurse, medication will only be administered after contacting the parents directly.

### **Medication administered on advice of the nurse:**

The school will hold a stock of paracetamol suspension 250mg/5ml and 120mg/5ml, ibuprofen suspension 100mg/5ml and chlorphenamine (piriton) syrup 2mg/5ml.

The School Nurse may administer these to a child based on clinical assessment. The School Nurse will attempt to contact the parents prior to administration, using the contact details provided by the parents.

**Paracetamol** – will be given no more often than every 4 hours and only after the child has been at school for 4 hours (unless the parents are able to confirm that a dose has not been given in the previous 4 hours) at a dose directed by the British National Formulary.

**Ibuprofen** – will be given no more often than every 4 hours and only after the child has been at school for 4 hours (unless the parents are able to confirm that a dose has not been given in the previous 4 hours) at a dose directed by the British National Formulary.

**Piriton** – will be given no more often than every 6 hours and only after the child has been at school for 6 hours (unless the parents are able to confirm that a dose has not been given in the previous 6 hours) at a dose directed by the British National Formulary.

### **Protocol for the administration of Paracetamol Elixir**

It is standard procedure for verbal consent for the administration of paracetamol to be obtained from a parent or guardian on every occasion. When a parent or guardian cannot be contacted using the contact numbers provided, paracetamol may be administered according to the following protocol:

- Child having pyrexia of 37.5 degrees centigrade or greater
- Allergy to paracetamol is excluded

- Interaction with existing medication is excluded
- Child has been at school for 4 hours or previous administration of paracetamol is reliably excluded
- Dose and time of medication is recorded in child's notes and a note sent home with the child

Age 2 – 4 years: 7.5ml paracetamol 120mg/5ml

Age 4 – 6 years: 10ml paracetamol 120mg/5ml

Age 6 – 8 years: 1 (one) 5 ml spoonfuls paracetamol every 4 hours, 250mg/5ml

Age 8 – 10 years: 7.5ml spoonfuls paracetamol every 4 hours, 250mg/5ml

Age 10-12 years: 10ml spoonfuls paracetamol every 4 hours, 250mg/5ml

### **Administration of Chlorphenamine Elixir**

It is standard procedure for verbal consent for the administration of Chlorphenamine to be obtained from a parent or guardian on every occasion. When a parent or guardian cannot be contacted using the contact numbers provided, Chlorphenamine may be administered according to the following protocol.

- Child showing sign of allergic reaction (eg: swollen mouth or tongue, redness or swelling around a sting, widespread urticaria) or hayfever
- Allergy to chlorphenamine is excluded
- Interaction with existing medication is excluded
- Child has been at school for 6 hours or previous administration of Chlorphenamine is reliably excluded
- Dose and time of medication is recorded in child's notes and a note sent home with the child

'Piriton' syrup will be used (Chlorphenamine 2mg in 5 ml)

Age 2 – 5 years: 2.5 ml (two point five millilitres) every 6 hours

Age 6 – 12 years 1 (one) 5 ml spoonful every 6hrs

## **Appendix 2 Location of First Aid boxes**

### **Junior School**

- Medical Room, No. 28 Castle Street

### **Pre-Prep**

- Staff cloakroom, The Moat
- Staff kitchen, The Moat

### **Nursery & Phoenix Kitchen**

There are also First Aid boxes in the school mini buses and in St David's Hall. Portable First Aid boxes are available for trips off the school site.



## **Appendix 3**

### **Medical Guidelines and Emergencies**

#### **I. MINOR INJURIES**

**Cuts and grazes:** Areas of broken skin should be cleaned with warm water or sterile saline and allowed to dry; a plaster may be applied if appropriate (exclude allergy to elastoplast first). Deep lacerations or cuts that continue to bleed should be assessed in casualty.

**Nose bleeds:** Nose bleeds are rarely dangerous (unless there is an underlying clotting disorder) and may occur spontaneously or follow injury; in every case the bleeding should be controlled as follows. The soft fleshy part of the nose below the nasal cartilage (not the bridge of the nose) should be pinched firmly and the child should breathe through the mouth; pressure should be maintained for 10 minutes and then released. If bleeding continues, pressure should be applied for a further 20 minutes; if bleeding still continues the child should need to be taken to casualty for further treatment.

**Damage to teeth:** Damage to or loss of a first tooth usually requires no intervention. If a permanent tooth is knocked out, it should be preserved for reinsertion as soon as possible. The tooth may be kept in milk or sterile saline and the bleeding gum treated by instructing the child to bite firmly on a rolled-up sterile swab. Dental advice should be obtained the same day via the child's usual dentist (parents to contact) or via casualty.

**Injury to fingers:** A finger trapped in the hinge of a door or a desk may suffer severe injury with damage to the growing nail-bed or a fracture of the terminal bone. If there is any doubt about the extent of the injury, the child should be taken to casualty. Lesser injuries may be treated by applying an ice-pack to reduce swelling.

#### **2. FOREIGN BODIES**

**Splinters:** Once the area has been cleaned, if the splinter protrudes from the skin it may be removed by a forceps or a sterile 21G needle. Deeper splinters or splinters under the nail may require assessment in casualty.

**Foreign bodies in the eye:** If a child is splashed in the eye by an irritating liquid, the eye should be irrigated with sterile saline until the discomfort ceases. Foreign bodies clearly visible in the eye may be removed with a soft tissue or a wet cotton-bud; if the foreign body is retained under an eyelid or cannot be easily and immediately removed, the child should be taken to casualty.

**Foreign bodies in the ear or nose:** These will usually have been inserted deliberately and later regretted; the object will usually need to be removed in casualty to avoid inhalation (in the case of objects in the nose) or further impaction (in the case of objects in the ear).

**Foreign bodies in the throat:** If a child inhales an object (or a portion of food) this may become a medical emergency. If a child experiences respiratory distress or collapses, an ambulance should be called immediately on 999 and treatment given to try and remove the object. Attempts to dislodge the object should be made using either abdominal thrusts or back slaps (these are detailed in the manual "*Emergency Aid in Schools*"). If breathing stops, artificial respiration should be maintained until the ambulance arrives.

#### **3. HEAD INJURIES**

Treatment details are given in the “Head Injury Protocol”.

#### 4. ASTHMA

Treatment details are given in the “Asthma Protocol”.

#### 5. ALLERGIES

Treatment details are given in the “Anaphylaxis Protocol” and in the individual pupil treatment plans.

#### 5. DIABETES

The management of pupils with diabetes is closely monitored by the School Nurse and staff are made aware of these pupils and their needs. Any member of staff who has concerns regarding a child with diabetes should either take the child to the Nurse of, if appropriate, summon the Nurse. Treatment details are given in the individual pupil treatment plans.

#### 6. FRACTURES

If a fracture is suspected after an injury, the child should be taken to casualty for assessment; if a child is unable to bear weight on an injured leg or cannot use an injured arm, a fracture should be suspected. The injured limb should be moved as little as possible during the transfer to casualty; severe or open fracture may require transfer by ambulance.

#### 7. SPRAINS

Sprains most commonly occur around the ankle joint; if a child cannot place full weight on a sprained ankle, a fracture should be suspected and the child transferred to casualty. Treatment of a sprain is immediate rest and elevation of the affected part followed by the application of an ice pack to minimise swelling and bruising.

#### 8. BURNS

The most important immediate treatment of a burn is to cool the affected area and to continue to cool the area for 10 minutes; this is best achieved by the application of tepid running water for several minutes; it is important that the tepid water is run over the burn for 10 minutes, not just some seconds. If the burn is under hot, wet clothing (such as after a spillage of hot liquid), the clothing must be removed immediately and then tepid water applied as above. Application of an ice pack or cold compress is **not** an effective or appropriate method for cooling a burn. If blisters develop at the site of the burn they must be left intact; any areas of skin loss may be covered with an appropriate dressing or with cling-film and the child then taken to casualty.

#### 9. EPILEPTIC FITS

A grand mal fit is extremely frightening for the child and for any witnesses, who often believe that the child is dying; the fit itself is rarely dangerous, any risk arises from injury sustained during the fit or inappropriate treatment. In a grand mal fit the child collapses and loses consciousness, there is often uncontrolled jerking or rigidity of all limbs, the jaw may be clenched shut (sometimes biting the tongue causing bleeding) and loss of bladder and bowel control may occur. The fit will usually resolve without any treatment or intervention, the aim is to prevent any injury during the fit and to maintain the child’s airway so that breathing is not obstructed.

- The child should be removed from any immediate risk of injury and laid in the recovery position (on their side with the chin extended) so that any saliva, blood or vomit may drain from their mouth.

- Nothing should be inserted into the child's mouth at any stage.
- Someone must remain with the child at all times until the fitting stops.
- The fit will usually stop within a few minutes, leaving the child drowsy and confused; the child should remain lying until fully recovered.
- If it is a first fit or if a fit continues for more than 5 minutes then an ambulance should be called on 999.
- Once recovered from a fit, the child's parents should be called to take the child home.

## 10. ACCIDENTAL POISONING

If a child accidentally ingests any potential poisonous substance (eg: plant material, domestic chemical), it is important to note the quantity swallowed and to note the time of ingestion. Advice should be sought immediately from the casualty department (County Hospital tel. 01432 355444) or from the National Poisons Information Service (tel. 0844 892 0111).

## 11. MEDICAL TREATMENT OFF THE SCHOOL SITE

When children leave the school site for school activities (eg. Games or school trips), an appropriate First Aid bag should accompany the member of staff in charge; the staff member is also responsible for checking whether any child has ongoing medical needs (including allergies) and for ensuring that any medication that might be required by individual pupils (eg. Epi-Pen or inhalers) is also taken with the child. All medication and the First Aid bag must be returned to the Medical Room immediately after the activity; any items used or any items missing should be reported to the School Nurse when the First Aid bag is returned. Any illness or injury occurring off site should be treated according to the above protocol and staff must carry a mobile phone for use in emergencies.

## 12. PUPIL MEDICATION

For a pupil to receive prescribed medication at school, the parents or guardian must complete and sign a "Request to Administer Medication" form and return this to the School Nurse who will check that it is clear and accurate. All prescribed medication to be given at school must be clearly labelled with the child's name and with clear dosage instructions. Usually the School Nurse will be responsible for administering medication at school; older children who require regular medication (such as inhalers) may carry their own medication with them.

## 13. TAKING A CHILD TO HOSPITAL

If a child suffers an injury at school that requires assessment at casualty, all efforts must be made to contact the parents who will then collect the child and take them to hospital; if the parents cannot be contacted, a member of staff may take the child to casualty in their place. If a member of staff has to take a child to casualty, s/he should be given details of any relevant medical history, allergies or current medication that the school has been informed of. If an injury is severe or requires urgent attention, an ambulance should be called on 999.

If a child becomes too ill to remain at school, the parents (or failing that an emergency contact) should be informed and requested to collect the child from school. If a child suddenly becomes so ill as to require urgent admission to hospital while at school, an ambulance should be called on 999 and then the parents contacted and informed as soon as possible so that they can accompany the child.

## **Appendix 4**

### **Policy for dealing with a Pandemic**

In the event of a pandemic being declared, Hereford Cathedral Junior School will follow guidance from Government and Local Authority and regarding appropriate action.

Government guidelines recommend that in the event of a pandemic arriving in the country that schools should operate as normal until otherwise advised. Evidence suggests that in the event of a Pandemic children are highly efficient 'spreaders' of the virus among themselves and to adults and their family and closing the School for a period might significantly reduce the number of children infected. However, this would only occur should circumstances develop that might indicate this would be the most appropriate course of action; the decision will be made by Head in consultation with the local Health and Education Authorities.

#### **Reasons for school closure:**

- To prevent the spread of the virus;
- If many staff were off ill to enable the school to operate.

#### **Re-opening the school:**

The school will re-open once the Local Authority deems it advisable so to do.

#### **Operations during school closure:**

The School may remain open to staff who could set and mark work. Work may be available to pupils via firefly and email. A more comprehensive online learning programme may be introduced.

#### **Managing a pandemic alert whilst keeping the School open:**

- Signs will be put around the school to remind everyone to maintain high standards of hygiene: washing hands, throwing tissues away, not sneezing and spreading germs without the use of tissues, etc.
- Closed bins may be made available around the school to stop the spread of germs, depending on external advice.
- Appropriate hand gel will be available throughout the school and all staff, pupils and visitors will be expected to use it.
- Appropriate personal protective equipment will be available for all staff dealing with potentially infected members of school.
- Any pupil or member of staff showing signs of illness would report to Nurse, where they will be kept in isolation where possible and sent home as soon as possible. Any potentially infected member of school should not wait in the company of anyone else while awaiting collection.
- We will consider making separate sickbays available for boys, girls and staff.
- At all times, we will follow guidance form Government and Local Authority.

#### **Ensuring effective communication with Parents and staff if a pandemic is declared:**

- We will communicate with parents via email and text messages, following our usual policy.
- Parents will be advised not to send their children to school if they are demonstrating any of the viral symptoms and be given advice on maximising hygiene.

## **Appendix 5**

### **Universal precautions for individual protection**

Universal precautions apply - all spillage of blood, vomit, and other body fluids should be treated as hazardous. Biohazard waste disposal bags are used as necessary.

All individuals must take action to protect themselves against HIV and many other diseases spread by contact with body spillage.

For their own protection, all staff must follow the school guidelines when dealing with any body fluids (see appendix 6). However, the School does recognise that in unlikely and extreme conditions, an occasion may arise where First Aid may need to be administered without protection in order to save life, or body fluid may be spilled onto another person. If this occurs, medical advice should be sought as soon as possible.

It is important to clean up body spillage as soon as possible after the incident has occurred. Any member of staff who is first on the scene should ensure that an incident is dealt with as quickly as possible. The Housekeeper or Nurse will clean up and disinfect using the appropriate kit (kept in the Medical Room). In their absence, the member of staff first on the scene should deal with the spillage.

## **Appendix 6 Management of Spillage of Low Risk Body Fluids**

- In the first instance report any spillage to the cleaning team.
  
- If the domestic staff are unavailable then appropriate cleaning should be carried out by a member of staff using:
  - Disinfectant from under the sink in the kitchen in No 29.
  - The red mop and bucket should be used to mop any spillages – this is stored outside the kitchen in No 29.
  - The mop bucket should be filled with hot water, outside the kitchen, using the clean black bucket and when cleaning is completed the mop bucket should be emptied down the outside drain.
  
- Where spillages occur in the Pre-Prep or Moat department, the red mop and bucket stored in “The Cottage” should be used and filled as above.

When mopping up spillages, staff should wear disposable gloves and, with significant spillages or vomit, the vomit spillage kit (kept in the Medical Room) should be used.

When spillages occur on carpet or soft furnishings, use a solution of detergent and hot water instead of disinfectant, or use the vomit spillage kit (kept in the Medical Room).

**ALWAYS WASH YOUR HANDS**

## **Appendix 7 Staff taking medication**

If practitioners are taking medication which may affect their ability to care for children, those practitioners should seek medical advice. The school will ensure that those practitioners only work directly with children if medical advice confirms that the medication is unlikely to impair that staff member’s ability to look after children properly. Staff medication on the premises must be securely stored, and out of reach of children, at all times.

Updated June 2022