



EMMANUEL
SCHOOLS FOUNDATION

The King's Academy



Supporting Students at the Academy with Medical Conditions Policy And Procedure



Last Reviewed: May 2018
Approved: February 2020
Approved by: Governors
Next Review: February 2021

Supporting Students at the Academy with Medical Conditions Policy

Background and Purpose

This policy forms part of and should be read in conjunction with the Special Educational Needs Policy, Safeguarding Policy and Health and Safety Policy and their accompanying procedures it is designed to confirm how the Academy will address the requirements and its associated responsibilities regarding the provision of suitable and sufficient support for students/students with medical conditions to allow, where reasonable, equal access to the Academy and the educational activities provided.

All Educational establishments, are expected to develop and formalise procedures for dealing students medical needs, based upon an assessment of such needs. The resulting procedures should cover medical related personnel, equipment and practices and be designed in accord with the legal standards and good practice.

<https://www.gov.uk/government/publications/supporting-pupils-at-school-with-medical-conditions>

Organisational Scope

This policy applies to all Academy activity either on or off site and to all students enrolled.

The Academy on behalf of the Board and Governing Body has a general duty of care with regard to its students which requires it to make adequate generic and where appropriate specific arrangements for supporting students with medical conditions.

Definitions

Individual Healthcare Plans (IHP)

A written plan addressing the medical needs of a student produced by a healthcare professional, such as a school nurse or specialist nurse in conjunction with a member of school staff and with the involvement of the students parent or carer. The IHP should include information about:

- ✓ The nature of the medical condition.
- ✓ Information regarding warnings that may be recognised and triggers to be avoided.
- ✓ How does the condition present itself.
- ✓ What, if any, medication is needed, emergency or otherwise.
- ✓ What, if any additional staff support is needed.

This information is confidential and should only be available to members of staff who work with the student.

IHPs should be reviewed and updated at least once a year. Any changes needed between reviews, for example a change in medicine, should be recorded as soon as possible.

Medical condition

A student is described as having a medical condition if they have a diagnosed specified disease, illness or injury which includes any physiologic, mental or psychological condition or disorder. A biological or psychological state which is within the range of normal human variation is not a medical condition.

Training and Competence

"Training" includes induction training refresher training tool box talks, training in specific skills, managers training, emergency training, training to accommodate changes etc.

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

While no clear definition exists competence is deemed to have been achieved if an individual has sufficient training, experience, knowledge and understanding to carry out their work safely and without risk to health.

Disabled

You are disabled under the [Equality Act 2010](#) if you have a physical or mental impairment that has a 'substantial' and 'long-term' negative effect on your ability to do normal daily activities.

'substantial' is more than minor or trivial - eg it takes much longer than it usually would to complete a daily task like getting dressed

'long-term' means 12 months or more - eg a breathing condition that develops as a result of a lung infection

Policy Statement

The Board and Governing body will take all necessary and appropriate steps to ensure that arrangements are in place to support students enrolled at the Academy with medical conditions.

Students at the Academy with medical conditions will be properly supported so that they have full access to education, including school trips and physical education. This means that no child with a medical condition will be denied admission or prevented from taking up a place in the Academy because arrangements for their medical condition have not been made. However, in line with their safeguarding duties, the Board and Governing body will take steps to ensure that students' health is not put at unnecessary risk from, for example infectious diseases and therefore recognise that to

accept a child in school at times where it would be detrimental to the health of that child or others is unacceptable.

The Board and Governing body recognise that some children with medical conditions may be disabled. Where this is the case compliance with the duties under the Equality Act 2010 will be the minimum acceptable standard. Some may also have special educational needs (SEN) and may have a statement, or Education, Health and Care (EHC) plan which brings together health and social care needs, as well as their special educational provision, where this is the case the specific arrangements relating to a student with a medical condition will be combined to ensure the best possible support is provided.

The Board and Governing body will take all necessary and appropriate steps to ensure that the Principal and their management team consult as appropriate health and social care professionals, students and parents to ensure that the needs of children with medical conditions are effectively supported.

The Principal is responsible for determining the actual provision required at the Academy on behalf of the Board and Governing Body, by the use of the formal assessment techniques identified in the procedures accompanying this policy.

The Assistant Principal SEND (SENCo) and the Medical Needs Coordinator at the Academy will establish arrangements for satisfying the personnel, equipment and facilities needs as identified for general and where appropriate specific purposes identified in an IHP.

Curriculum/Departmental managers should determine any additional personnel, equipment and facilities required using the same approach, for example, specific provision for a student's medical needs should form part of the arrangements for any offsite work and educational visits.

Records

A record of the assessments to determine the generic and where appropriate specific needs will be retained to confirm the process undertaken and facilitate any future reviews.

A record of all relevant medical treatments will be retained using a standard form to assist in the determination/development of any future medical need, and to provide documentary confirmation on the treatment given.

A record of all staff training provided will be retained so as to maintain the competence of those supporting students with medical needs by ensuring suitable and sufficient courses, including refresher training, are arranged.

References

Supporting students at school with medical conditions

Statutory guidance for governing bodies of maintained schools and proprietors of academies in England.

Children and Families Act 2014

Health and Safety at Work Act Etc 1974,

The Management of Health and Safety at Work Regulations 1999

Health and Safety Policy and Procedures

Safeguarding Policy and Procedures

Risk Assessment Policy and Procedure.

Monitoring

The operation of this policy will be subject to review annually as part of the overall review of the Academy safety management system.

Annually, as part of the "Health and Safety Report" presented to the Board and Governing Body, a review on the application of this policy and accompanying procedure will be undertaken and incorporated in the report.



Supporting Students at the Academy with Medical Conditions Procedure

This procedure forms part of, and should be read in conjunction with, the Supporting students at school with medical conditions Policy. It is designed to confirm how the King's Academy will address the responsibilities regarding the arrangements by which support for students with medical conditions will be provided.

All Educational establishments, are expected to develop and formalise procedures for dealing with the medical needs presented by students. The procedures should cover personnel, equipment and practices and be designed in accord with the legal standards and good practice.

Responsibility Position

While recognising that responsibility sits with the Governing Body the Academy has established an organisation for addressing this issue on their behalf.

The Principal has overall managerial responsibility with the following personnel having operational responsibility for determining the actual provision required for each student requiring support. Where consensus between the Academy, the relevant Health Practitioner and the Parent cannot be reached the Principal has the final say.

While not part of the Academy's organisation **parents** have a prime responsibility for the health and wellbeing of their child/ren and as such should support the Academy by:

- ✓ Keeping their child/ren away from the Academy when they are unwell and either infectious or unable to participate in the school day, exclusion times for the most common conditions can be found at Appendix A.
- ✓ Providing the Academy with suitable and sufficient comprehensive information on their child's health status and what arrangements if any the Academy will be expected to assist in.
- ✓ Ensuring any required medication or other prescribed treatment, equipment etc is provided and kept in date.
- ✓ Participating in any health related meetings arranged to discuss the health and treatment of their child/ren.

Details of the above will be included with Academy information supplied to parents.

The **Assistant Principal** is responsible for the management of this policy and procedure and for the day to day implementation arrangements. As part of this role they are

responsible for ensuring suitable resources are available for satisfying this procedure, including suitable trained and competent personnel, equipment and facilities.

The Medical Needs Coordinator is responsible for receiving information as regards a students' medical condition and jointly with parents and the Health Practitioners producing and implementing the IHP.

They will also in conjunction with the **Head of Logistics** coordinate any specialist training required to accommodate any students' medical needs.

Where appropriate for health and safety reasons and where parents have given their expressed permission the Medical Needs Coordinator will inform Heads of Department of a students' medical condition where it is likely to be a possible issue within the respective curriculum area.

The **Assistant Principal KS3** is responsible for overseeing the Year 6 to 7 transition arrangements, and informing the Medical Needs Coordinator of any students with medical needs joining the Academy.

The **Head of Sixth Form** is responsible for overseeing the Year 11 to 12 transition arrangements and informing the Medical Needs Coordinator of any students with medical needs joining the Academy.

The **Assistant Principal KS4** is responsible for overseeing all in-year arrivals and informing the Medical Needs Coordinator of any students with medical needs joining the Academy, and also for informing the Medical Needs Coordinator of any staff with medical needs where assistance may be required and where the staff member has given expressed permission for such information to be shared.

The **EVC** is responsible with the appropriate manager responsible at each Department where additional needs relevant to their specific offsite activities exist.

Unacceptable practice

The Board and the Principal have agreed that it is generally unacceptable practice to:

- ✓ prevent students from easily accessing their inhalers and medication and administering their medication when and where necessary;
- ✓ assume that every student with the same condition requires the same treatment;
- ✓ ignore the views of the student or their parents; or ignore medical evidence or opinion, (although this may be challenged);
- ✓ send students with medical conditions home frequently or prevent them from staying for normal Academy activities, including lunch, unless this is specified in their IHP;
- ✓ send a student to the medical room if they become ill unaccompanied or with someone unsuitable;
- ✓ penalise students for their attendance record if their absences are related to their medical condition eg hospital appointments;
- ✓ prevent students from drinking, eating or taking toilet or other breaks whenever they need to in order to manage their medical condition effectively when identified in the IHP;
- ✓ require parents, or otherwise make them feel obliged, to attend the Academy to administer medication or provide medical support to their child, including with toileting issues. No parent should have to give up working because the Academy is failing to support their child's medical needs; or
- ✓ prevent students from participating, or create unnecessary barriers to their participation in any aspect of Academy life, including school trips, eg by requiring parents to accompany them.

Complaints

Should parents or pupils be dissatisfied with the support provided by the Academy regarding any aspect of supporting students with medical needs they should discuss their concerns directly with the Principal. If for whatever reason this does not resolve the issue, they may make a formal complaint via the Academy's complaints procedure to the Governing Body

Formal complaints can be made to the Department for Education if it comes within scope of section 496/497 of the Education Act 1996 and after other attempts at resolution have been exhausted.

Individual healthcare plans

Where students have identified medical needs and the Academy, relevant Health Practitioner and the Parent agree on the need an Individual healthcare plans will be produced to help to ensure that the Academy provides effective support for their medical conditions.

A flow chart for identifying and agreeing the support a child needs and developing an individual healthcare plan is provided at Appendix B.

While the IHPs will be easily accessible to all who need to refer to them confidentiality will be preserved, see the arrangements in the Policy and Procedure on data protection.

The IHPs should capture the key information and actions that are required to support the student effectively. The level of detail within plans will depend on the complexity of the students condition and the nature and degree of support needed.

Where a student has SEN but does not have an EHC plan, their special educational needs should be mentioned in their IHP. Where the student has a SEN identified in a statement or EHC plan, the individual healthcare plan should be linked to or become part of the EHC plan.

The IHP will be drawn up in partnership between the Academy, parents, and a relevant healthcare professional, who can best advise on the particular medical needs of the student who will also be consulted whenever appropriate.

The aim of the IHP is to identify the steps which the Academy will take to help the particular student manage their medical condition and overcome any potential barriers to getting the most from their education. All IHPs will be reviewed at least annually or earlier if necessary to ensure they remain fit for purpose.

When deciding what information should be recorded on IHPs, the School Nurse will consider the following:

- ✓ the medical condition, its triggers, signs, symptoms and treatments;
 - ✓ the students 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;
 - ✓ who in the Academy needs to be aware of the student's condition and the support required;
 - ✓ arrangements for written permission from parents and the Principal for medication to be administered by a member of staff, or self-administered by the student during school hours;
 - ✓ separate arrangements or procedures required for school trips or other activities outside of the normal timetable that will ensure the student can participate, eg as part of activity risk assessments;
 - ✓ where confidentiality issues are raised by the parent/student, the designated individuals to be entrusted with information about the students condition; and
 - ✓ what to do in an emergency, including whom to contact, and contingency arrangements.
- Some student's may have an emergency healthcare plan prepared by their lead clinician that could be used to inform development of their IHP.

The Assistant Principal SEND (SENCo) will use the IHP to decide on the following:

- ✓ specific support for the student's educational, social and emotional needs – for example, how absences will be managed, requirements for extra time to complete exams, use of rest periods or additional support in catching up with lessons, counselling sessions;
- ✓ the level of support needed, (some student's will be able to take responsibility for their own health needs), including in emergencies. If a student is self-managing their medication, this should be clearly stated with appropriate arrangements for monitoring;
- ✓ who will provide this support, their training needs, expectations of their role and confirmation of proficiency to provide support for the student's medical condition and cover arrangements for when they are unavailable;

Staff Training

All staff involved in the planning and implementation of a students' medical needs are required to be suitably competent in any given task. Training should be sufficient to ensure that staff have appropriate knowledge, understanding and have confidence in their ability to support students with medical conditions.

To fulfil the requirements as set out in IHPs they will need an understanding of the specific medical conditions they are being asked to deal with, their implications and preventative measures.

Staff will not give prescription medicines or undertake health care procedures without appropriate training (updated to reflect any IHPs). **NB** A first-aid certificate **does not** constitute appropriate training in supporting children with medical conditions.

It is important that there is a whole Academy awareness of the policy and procedure for supporting student's with medical conditions and their role in implementing that policy. Induction arrangements for new staff will include a briefing on the arrangements.

Liability and indemnity

The Academy's insurance arrangements cover staff providing support to students with medical conditions when following this procedure and in accordance with their training.

The insurance policy provides liability cover relating to the administration of medication, but additional cover may need to be arranged for any health care procedures, ESF should be contacted who manage the cover on behalf of the Academy when an IHP identifies the need for a health care procedure over and above the administration of medication.

In the event of a claim alleging negligence by a member of staff, civil actions are most likely to be brought against the employer.

Managing medicines on Academy premises

If a student needs to take medicine on a daily basis, parents are asked to inform the Academy and records will be updated. If medicine is required to be taken in the daytime or if any other medical intervention required during the Academy day, this is the responsibility of the parent. Drugs and medicines with the exception of inhalers and epi-pens are not usually allowed on the premises for the health and safety of other students. Should this cause problems, parents are invited to discuss the matter with the Principal. Should a mutual agreement be reached about the administration of medicine, the relevant forms in the Appendices should be completed and guidelines about administering medicines in the College followed.

No students should have in their possession any form of medication, other than inhalers and for senior students, Epipens (Adrenaline Auto Injectors – AAI's)

Medication in school must be prescribed by a doctor, and must have the medical instructions, including dosage, attached to the medication. Following recent guidance from the Department of Health 'Guidance on the use of adrenaline auto-injectors in schools (September 2017), the Academy may administer their "spare" adrenaline auto-injector (AAI), obtained, without prescription, for use in emergencies, if available, but only to a student at risk of anaphylaxis, where both medical authorisation and written parental consent for use of the spare AAI has been provided. The same applies to the school Salbutamol inhalers.

The Academy will never accept medicines that have been taken out of the container as originally dispensed nor make changes to dosages on parental instructions. Medication must be in its original packaging with the prescription label, (please see exception above)

If a student simply turns up with medication it will not be administered and the parent will be informed. In certain cases the student may need to be sent home or collected by the parent.

All medicines will be stored safely. Students should know where their medicines are at all times and be able to access them immediately. Where relevant, they should know who holds the key to the storage facility. Medicines and devices such as asthma inhalers, blood glucose testing meters and adrenaline pens should be always readily available to children. They are locked away in the medical room but easily accessible to a Master Key holder. This is particularly important to consider when outside of school premises eg on school trips.

Where medication is being administered the student is responsible for being in the medical room at the correct time and giving themselves their medication, if possible, with the First Aid staff only acting as observers.

If students refuse to take medication, then their parents will be informed immediately and if necessary the emergency services called.

Staff should not dispose of medicines. Parents should collect medicines held at the Academy at the end of each term. They should also be responsible for changing empty medicine containers.

Where clinically possible, medicines should be prescribed in dose frequencies which enable them to be

taken outside school hours.

Records of all medicines administered to individual students, stating what, how and how much was administered, when and by whom. Any side effects of the medication to be administered at school should also be noted.

Specific protocols detailing how medication will be administered and recorded including:

- ✓ the name of the student
- ✓ what was provided or administered
- ✓ for what purpose
- ✓ time and date

can be found at Appendix C.

Academy Trips and Sporting Activities

The Academy encourages students with medical needs to participate in Academy trips, therefore no student will be excluded from an Academy or extra-curricular opportunities because of his/her medical needs unless a risk assessment deems it necessary. If this is the case every effort will be made to adapt an opportunity for the student's needs. It is the duty of parents to ensure that the correct medical information is supplied in the case of residential visits on the forms supplied.

The Medical Needs Coordinator the EVC and the visits leader will communicate on the attendance list for a visit to determine whether any medical need will require to be accommodated and need addressing in the visit risk assessment or a personal risk assessment where this is considered necessary and appropriate.

Staff supervising visits should always be aware of any medical needs and relevant emergency procedures. They should receive relevant information from the IHP before the visit so they are able to make suitable arrangements including any additional supervision or training needs.

The Individual Health Care Plan requires parents to complete a declaration agreeing to emergency treatment and confirming that information held by Academy is up to date. Leaders can obtain copies of the declaration from the Medical Room.

Parents will also be required to confirm that it is acceptable for staff to offer students on a visit treatment from an agreed list of "over the counter" medication for routine non emergency treatments such as Paracetamol for a headache.

Medicines and devices such as asthma inhalers, blood glucose testing meters and adrenaline pens should be always readily available to students and not locked away.

All medication provided or administered by staff on visits will be recorded using the agreed protocol including;

- ✓ the name of the student
- ✓ what was provided or administered
- ✓ for what purpose
- ✓ time and date

Emergency procedures

The IHP should clearly define what constitutes an emergency situation what steps to take if it arises, issues to address include;

- ✓ ensuring that all relevant staff are aware of emergency symptoms
- ✓ ensuring that all relevant staff are aware of emergency procedures including when emergency medication or other intervention may be required
- ✓ whether hospitalisation or an ambulance should be called
- ✓ any special arrangements during a visit

Where appropriate other staff and students in the Academy should know what to do in general terms, such as informing a teacher immediately if they think help is needed.

If a student needs to be taken to hospital an ambulance should be summoned (999), a member of staff should accompany them to hospital and remain with them until a parent arrives.

Record keeping

Records offer protection to staff and students and provide evidence that agreed procedures have been followed. The following records will be maintained:

- ✓ The students IHP and any reviews
- ✓ Parental letters and declarations concerning a student's medical condition, associated medical needs as well as any document requesting support during an educational visit, see Appendix D.
- ✓ A spreadsheet/log book or similar for recording when medication is administered by staff or where staff supervised self administration to include,
 - the name of the student
 - what was provided or administered
 - for what purpose
 - time and date

It is the responsibility of the parents to inform the College about their child's medical conditions.

Each year, during the first half of the Autumn term, all parents will be issued with a Data Check Sheet showing the information which is currently held on the database. They will be asked to check this, update it and return it to the College. Information from parents may be received by the College in a number of ways, such as via the Admission form, via letters from parents, via conversations subsequently recorded in writing with tutors. This information should be passed immediately to Reception to add to the database. The Class Teacher/Tutor must alert the SENDCo team when a student is discovered to have medical needs. In conjunction with the Medical Support Coordinator, they will liaise specifically with the parent to obtain as much information as possible and ensure the Medical Support Coordinator has the information for the database. A medical register will be produced at the start of every term by the Medical Support Coordinator. The Designated Persons (Principal and Vice Principal) must be informed if a student becomes pregnant. Individual teachers will then be told in confidence. The Pastoral team will speak in confidence to each of the students' regular teachers at the

start of each Academy year about serious medical conditions and requirements, alerting them to the child's knowledge of their own condition. When the student goes out of the College, for example on Work Experience, the placement must be informed.

EXCLUSION PERIODS FOR COMMON AILMENTS

Rashes and skin infections

Children with rashes should be considered infectious and assessed by their doctor.

Infection or complaint	Recommended period to be kept away from school	Comments
Athlete's foot	None	Athlete's foot is not a serious condition. Treatment is recommended
Chickenpox	Until all vesicles have crusted over	May be an issue for Vulnerable Children and Female Staff
Cold sores, (Herpes simplex)	None	Avoid kissing and contact with the sores. Cold sores are generally mild and self-limiting
German measles (rubella)*	Four days from onset of rash	Preventable by immunisation (MMR x 2 doses) May be an issue for Female Staff – Pregnancy
Hand, foot and mouth	None	Contact your local PHE Centre if a large number of children are affected. Exclusion may be considered in some circumstances
Impetigo	Until lesions are crusted and healed, or 48 hours after starting antibiotic treatment	Antibiotic treatment speeds healing and reduces the infectious period
Measles*	Four days from onset of rash	Preventable by vaccination (MMR x2). May be an issue for Vulnerable Children and Female Staff – Pregnancy
Molluscum contagiosum	None	A self-limiting condition
Ringworm	Exclusion not usually required	Treatment is required
Roseola (infantum)	None	None
Scabies	Child can return after first treatment	Household and close contacts require treatment

Scarlet fever*	Child can return 24 hours after starting appropriate antibiotic treatment	Antibiotic treatment is recommended for the affected child
Slapped cheek/fifth disease. Parvovirus	None (once rash has developed)	May be an issue for Vulnerable Children and Female Staff – Pregnancy
Shingles	Exclude only if rash is weeping and cannot be covered	Can cause chickenpox in those who are not immune, ie have not had chickenpox. It is spread by very close contact and touch. If further information is required, contact your local PHE centre. May be an issue for Vulnerable Children and Female Staff – Pregnancy
Warts and verrucae	None	Verrucae should be covered in swimming pools, gymnasiums and changing rooms

Diarrhoea and vomiting illness

Infection or complaint	Recommended period to be kept away from school	Comments
Diarrhoea and/or vomiting	None	
E. coli O157 VTEC Typhoid* [and paratyphoid*] (enteric fever) Shigella (dysentery)	Should be excluded for 48 hours from the last episode of diarrhoea. Further exclusion may be required for some children until they are no longer excreting	Further exclusion is required for children aged five years or younger and those who have difficulty in adhering to hygiene practices. Children in these categories should be excluded until there is evidence of microbiological clearance. This guidance may also apply to some contacts who may also require microbiological clearance. Please consult your local PHE centre for further advice
Cryptosporidiosis	Exclude for 48 hours from the last episode of diarrhoea	Exclusion from swimming is advisable for two weeks after the diarrhoea has settled

Respiratory infections

Infection or complaint	Recommended period to be kept away from school	Comments
Flu (influenza)	Until recovered	
Tuberculosis*	Always consult your local PHE centre	Requires prolonged close contact for spread
Whooping cough* (pertussis)	Five days from starting antibiotic treatment, or 21 days from onset of illness if no antibiotic treatment	Preventable by vaccination. After treatment, non-infectious coughing may continue for many weeks. Your local PHE centre will organise any contact tracing necessary

Other infections

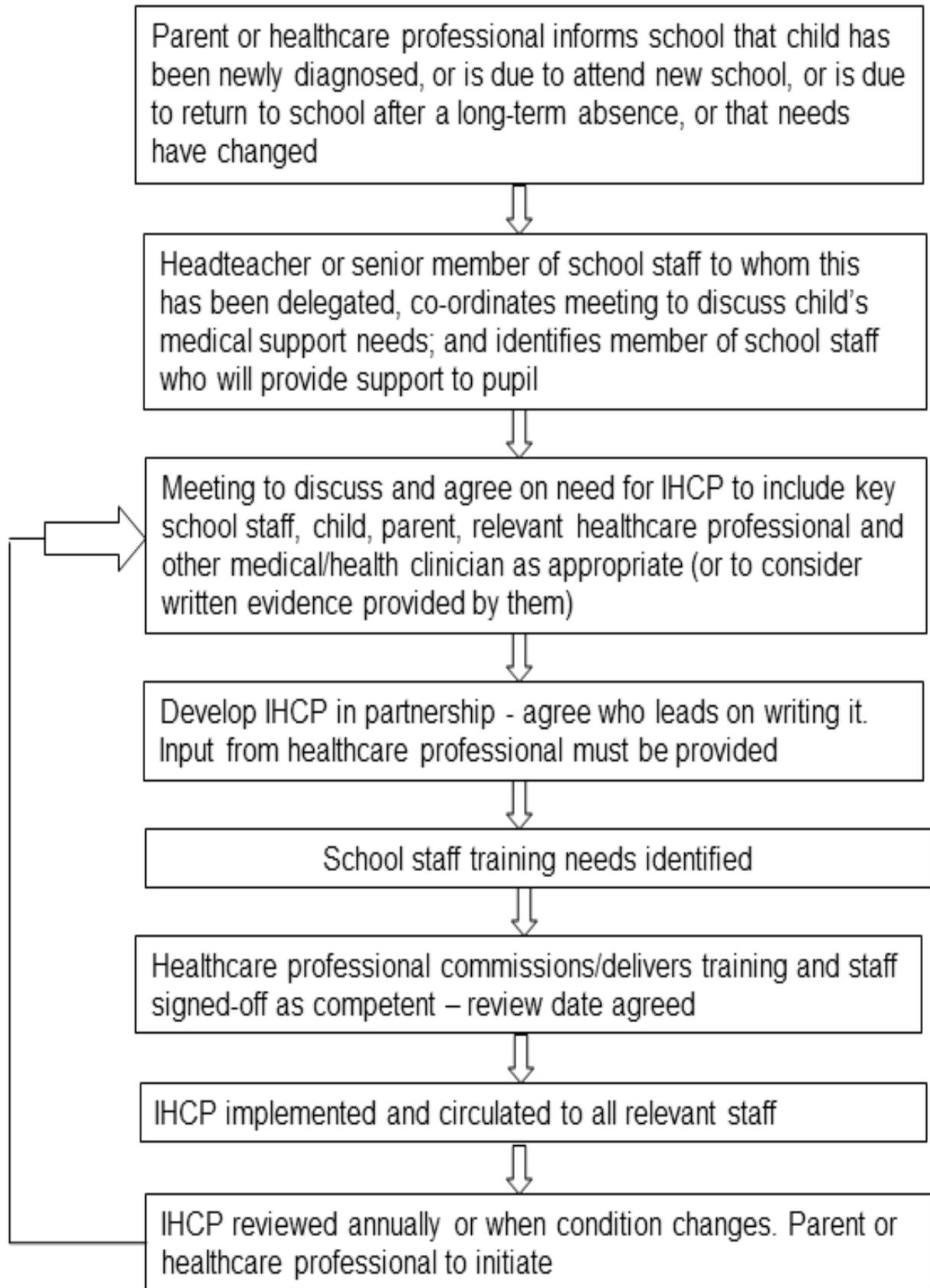
Infection or complaint	Recommended period to be kept away from school	Comments
Conjunctivitis	None	If an outbreak/cluster occurs, consult your local PHE centre
Diphtheria*	Exclusion is essential.	Always consult with your local HPT Family contacts must be excluded until cleared to return by your local PHE centre. Preventable by vaccination. Your local PHE centre will organise any contact tracing necessary
Glandular fever	None	
Head lice	None	Head lice Treatment is recommended only in cases where live lice have been seen
Hepatitis A*	Exclude until seven days after onset of jaundice (or seven days after symptom onset if no jaundice)	In an outbreak of hepatitis A, your local PHE centre will advise on control measures
Hepatitis B*, C*, HIV/AIDS	None	Hepatitis B and C and HIV are bloodborne viruses that are not infectious through casual contact.
Meningococcal meningitis*/Septicaemia*	Until recovered	Meningitis C is preventable by Vaccination There is no reason to exclude siblings or other

		close contacts of a case. In case of an outbreak, it may be necessary to provide antibiotics with or without meningococcal vaccination to close school contacts. Your local PHE centre will advise on any action needed
Meningitis viral*	None	Milder illness. There is no reason to exclude siblings and other close contacts of a case. Contact tracing is not required
MRSA	None	Good hygiene, in particular handwashing and environmental cleaning, are important to minimise any danger of spread. If further information is required, contact your local PHE centre
Mumps*	Exclude child for five days after onset of swelling	Preventable by vaccination (MMR x2 doses)
Threadworms	None	Treatment is recommended for the child and household contacts
Tonsillitis	None	There are many causes, but most cases are due to viruses and do not need an antibiotic

*denotes a notifiable disease. It is a statutory requirement that doctors report a notifiable disease to the proper officer of the local authority (usually a consultant in communicable disease control).

Outbreaks: if an outbreak of infectious disease is suspected, please contact your local PHE centre

INDIVIDUAL HEALTHCARE PLAN



Appendix C

Medication Protocols

Appendix D

Parental Letters and declarations