



Supporting Students with Medical Conditions Policy

Section 100 of the Children and Families Act 2014 places a duty on governing bodies of maintained schools, to make arrangements for supporting pupils at their school with medical conditions.

In line with the duty, which came into force on 1st September 2014, to support students at college with medical conditions, we are committed to ensuring that all children with medical conditions, in terms of both physical and mental health, are properly supported at The Henry Cort Community College, so that they can play a full and active role in life, remain healthy and achieve their academic potential, including throughout the global pandemic.

No child with a medical condition will be denied admission or prevented from taking up a place in our college because arrangements for their medical condition have not been made.

We will ensure that students' health is not put at unnecessary risk from, for example, infectious diseases. Therefore, we will not accept a child in college at times where it would be detrimental to the health of that child or others to do so, such as during a Pandemic.

This policy does not cover First Aid procedures, which are covered under the Health and Safety Policy.

The policy will be reviewed regularly and is readily accessible to parents and staff.

Policy implementation

The named person, who has overall responsibility for policy implementation, is the Business Manager.

The Business Manager will

- ensure that sufficient staff are suitably trained
- ensure that all relevant staff are made aware of the child's condition. Assisted by the First Aid Team, ensuring that Trip leads are informed of a student's IHCP needs as well as any required medication to be supplied and administered
- cover arrangements in case of staff absence or staff turnover to ensure someone is always available assisted by the Cover Manager
- brief supply teachers assisted by the Cover Manager
- carry out risk assessments assisted by the H&S and First Aid Teams

The Health & Safety and First Aid Teams will

- carry out risk assessments as required, and report to SLT ½ termly

Visit Coordinator will

- carry out risk assessments for college visits, holidays, and other college activities outside the normal timetable, they will also ensure IHCP's are referred to as well as any medication students may require, staff will be instructed on equipment use such as Epi Pens, Defibrillator etc;

The SENDCO will

- monitor Educational, Health and Care Plans, and communicate any SEN support required to relevant staff
- make referrals to Inclusion Support Services, when appropriate

The Senior First Aid Staff will

- monitor Individual Health Care Plans, and communicate any SEN support required to relevant staff
- carry out student risk assessments

Procedure to be followed when notification is received that a pupil has a medical condition

When our college is notified that a pupil has a medical condition we will:

- make arrangements for any staff training or support
- make every effort to ensure that arrangements are put in place within two weeks
- not wait for a formal diagnosis before providing support to students
- make a referral to Inclusion Support Services, if appropriate, using the referral form in appendix 2.

Individual healthcare plans

Our college will send home a health questionnaire. Any parent reporting that their child has an ongoing medical condition such as asthma, epilepsy, diabetes or a more complex medical condition will be asked to complete an Individual Healthcare Plan (IHP). It is a legal requirement that this is updated annually. At our college we will ensure that plans are reviewed at least annually, or earlier if evidence is presented that the child's needs have changed. We will assess and manage risks to the child's education, health and social wellbeing, and minimise disruption.

Our IHP (see Appendix 1) requires information about:

- the **medical condition, its triggers, signs, symptoms and treatments**
- the **student's 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 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 (NB If a child 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 child's medical condition from a healthcare professional; and cover arrangements for when they are unavailable;
- **who** in the college **needs to be aware** of the child's condition and the support required
- **arrangements for written permission from parents for medication to be administered by a member of staff, or self-administered by the pupil during college hours**
- arrangements or procedures required for **college trips** or other college activities outside of the normal college timetable that will ensure the child can participate, e.g. risk assessments
- **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

Roles and responsibilities

At our college, those people involved in arrangements to support students at college with medical conditions include:

- Chris Rice – Principal
- Julie Coffin – Business Manager
- Ben Parker – SENDCO
- Andy Ford – Senior Site and Community Manager (Risk Assessments)
- Jenni Colbourne – Lead First Aid
- Henrietta Steel – Admin Assistant

Staff training and support

Staff are supported in carrying out their role to support students with medical conditions through appropriate training, records of which can be seen on request. Training needs are assessed regularly and training will be accessed as required through HTLC. Any member of college staff providing support to a student with medical needs will have received suitable training. The responsible manager will ensure that appropriate numbers of emergency first aiders and qualified first aiders are nominated, as identified by completion of the First Aid Needs Assessment, and that they are adequately trained to meet their statutory duties.

The child's role in managing their own medical needs

Where children are deemed competent to manage their own health needs and medicines by their parents and medical professional, they will be supported to do this. We see this as an important step towards preparing students for the next stage of their education.

Managing and administering medicines on college premises

At our college:

- medicines will only be administered at college when it would be detrimental to a child's health or college attendance not to do so
- no child will be given prescription or non-prescription medicines without their parent's written consent
- we will never give medicine containing aspirin unless prescribed by a doctor
- Medication, e.g. for pain relief will never be administered without first checking maximum dosages and when the previous dose was taken and parents will be informed
- where clinically possible, we will expect that medicines will be prescribed in dose frequencies which enable them to be taken outside college hours. We will only accept prescribed medicines if they are:
 - **in date**
 - **labelled**
 - **provided in the original container as dispensed by a pharmacist**
 - **include instructions for administration, dosage and storage.** *(NB The exception to this is insulin, which must still be in date, but will generally be available to colleges inside an insulin pen or a pump, rather than in its original container)*
- all medicines will be stored safely
- children will know where their medicines are at all times and will be able to access them immediately. Where relevant, they will know who holds the key to the storage facility. Medicines and devices such as asthma inhalers, blood glucose testing meters and adrenaline pens will be always readily available to children and not locked away, including when students are outside the college premises, e.g. on college trips
- when no longer required, medicines will be returned to the parent to arrange for safe disposal. Sharps boxes will always be used for the disposal of needles and other sharps
- whilst we understand that a child who has been prescribed a controlled drug may legally have it in their possession if they are competent to do so, in this college we keep controlled drugs that have been prescribed for a student securely stored in a lockable cupboard, and only named staff have access. Controlled drugs are easily accessible in an emergency
- college staff will administer a controlled drug to the child for whom it has been prescribed. Staff administering medicines will do so in accordance with the prescriber's instructions
 - we will keep a record of all medicines administered to individual children, stating what, how and how much was administered, when and by whom. Any side effects of the medication to be administered at college will be noted in college
- we will confiscate over the counter medication if students are found to be in possession of these without preauthorisation from the college, in agreement with parents

Non-prescribed medicines

At our college we accept and will keep a small stock of non-prescription medicines which will include:

- Paracetamol

These will only be administered when it would be detrimental to the child not to give, and only with your permission.

Allergic reactions

Although we recognise that this cannot be guaranteed, the aim is to operate as a nut free college. This policy serves to set out all measures to reduce the risk to those children and adults who may suffer an anaphylactic reaction if exposed to nuts to which they are sensitive. The college aims to protect children who have allergies to nuts yet also help them, as they grow up, to take responsibility as to what foods they can eat and to be aware of where they may be put at risk. ***We strongly discourage consumption of nuts or nut products in college and reminders will be sent termly to staff, students and parents.***

Record keeping

We will ensure that written records are kept of all medicines administered to children. We recognise that records offer protection to staff and children and provide evidence that agreed procedures have been followed. Parents will be informed if their child has been unwell at college.

All accidents requiring first aid treatment are to be recorded with (at least) the following information:

- name of injured person
- name of the qualified/emergency/school/paediatric first aider or appointed person
 - date of the accident
- type of accident (e.g. bump on head etc.)
- treatment provided and action taken

Emergency procedures

Where a student has an individual health care plan, this will clearly define what constitutes an emergency and provide a process to follow.

Where a student is required to be taken to hospital, a member of staff will stay with the student until their parents arrives, this includes accompanying them to hospital by ambulance if necessary (taking any relevant medical information, care plans etc. that the college holds).

Day trips, residential visits and sporting activities

We always actively support students with medical conditions to participate in college trips and visits, or in sporting activities, and not prevent them from doing so.

As a college we believe it to be unacceptable practice to:

- prevent children from easily accessing their inhalers and medication and administering their medication when and where necessary
- assume that every child with the same condition requires the same treatment;
- ignore the views of the child or their parents; or ignore medical evidence or opinion (although this may be challenged)
- send children with medical conditions home frequently for reasons associated with their medical condition or prevent them from staying for normal college activities, including lunch, unless this is specified in their individual healthcare plans
- if the child becomes ill, send them to the college office or medical room unaccompanied or with someone unsuitable
- penalise children for their attendance record if their absences are related to their medical condition, e.g. 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
- **require parents, or otherwise make them feel obliged, to attend college to administer medication or provide medical support to their child, including with toileting issues. No parent should have to give up working because the college is failing to support their child's medical needs;** or
- prevent children from participating, or create unnecessary barriers to children participating in any aspect of college life, including college trips, e.g. by requiring parents to accompany the child

Absence and Attendance

All parents/carers are expected to follow the guidance on Attendance available on the college website and should inform the college of all absences on the first and subsequent days of absence. Absences relating to Covid-19 are addressed separately below.

If an absence is longer than one week or more, parents/carers will be asked to provide medical evidence from a GP or Specialist detailing the reasons and giving an estimated period of absence. College work will be sent home if the absence is over two weeks and deemed appropriate.

House Progress Leaders and Tutors will arrange this with the parent/carer following notification of absence by the parent/carer.

If the college is notified that an absence on medical grounds is planned or expected to be over two weeks, work will be provided to do at home following liaison with the parent/carer.

College staff will work with the parents/carers to meet the needs of an individual student.

When a student's ill health persists beyond 15 consecutive or non-consecutive school days the school will make a referral to Inclusion Support Service (ISS) for advice, guidance and support. **Where the college has arranged suitable educational**

provision for the pupil and does not require alternative provision to be provided by HCC the college must still notify ISS. No full medical referral is required but an email with full details should be sent to attendance.queries@hants.gov.uk with the title 15 Day Absence. The information will be triaged on receipt triggering a professionals meeting to scope next steps around provision if required.

The Inclusion Support Service (ISS) policy for access to education for school age children and young people with medical needs can be found in appendix 2.

Long Term Absence Due to a Medical Condition

If an absence is long term and further support is needed, this will be dealt with and provision for support made on an individual basis. As detailed above, a referral to ISS will be made when the absence extends past 15 consecutive days. Medical referrals to ISS will be made using the HCC medical referral form (appendix 1 of the ISS policy)

Return to College Following Long Term Absence

- parents are expected to notify the college when a student is due to return from a long term absence
- the House Progress Leader will prepare a reintegration plan, including if necessary a phased return, with the parent/carer, consulting other relevant staff, Inclusion Support Service (ISS) or external medical agencies as deemed necessary
- the college will drive the ISS agreed action plan for the student and inform all relevant parties of any changes
- the college will provide or loan specialist resource materials as part of the agreed ISS action plan, where possible (such materials to be itemised and returned to the college at the end of the period of ISS provision)
- a risk assessment prior to students returning to lessons
- completion of an Individual Health Care Plan or review of an existing plan to ensure all information is current
- staff training needs addressed as required

Return to College with an injury resulting in crutches or cast

Parents are expected to notify the college when a student has had an injury so that they can have a risk assessment prior to returning to lessons.

Short Term and Frequent Absence due to a Medical Condition

The impact of short term and frequent absences, including those for regular medical appointments, will be monitored. Appropriate support will be put in place by college staff to minimise the impact on the student's education and wellbeing and a referral to ISS made if absences reach the 15 non-consecutive/consecutive days threshold, in accordance with the policy in appendix 2.

Special Considerations – Exams

Exam Officers will liaise with the SENDCO and other members of appropriate staff to identify students that require special considerations in advance of any examinations.

JCQ will give advice and guidance on any special arrangements required and the Exam Officers will ensure any arrangements are in place for an individual student's needs.

Late applications for special considerations due to unexpected circumstances require submission of medical evidence to JCQ.

Liability and indemnity

Maintained schools and academies with a SLA with HCC will be insured as long as all appropriate training and risk assessment have taken place.

Complaints

Should parents or students be dissatisfied with the support provided they can discuss their concerns directly with the college. If for whatever reason this does not resolve the issue, they may make a formal complaint via the college complaints procedure.

Emergency Asthma Inhalers

Since 2015 colleges may hold asthma inhalers for emergency use. This is entirely voluntary, and the Department of Health has published a protocol which provides further information. As a college we have agreed to purchase and keep emergency inhalers. These will only be used for those children who are already prescribed asthma inhalers. They will only be used in an emergency and at all times the college will seek to use the child's prescribed inhaler if possible.

Protocol for the use of emergency inhalers

Reference should be made to the "Guidance on the use of emergency salbutamol inhalers in schools".

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/416468/emergency_inhalers_in_schools.pdf

- The emergency kit
- Staff with responsibilities for maintaining the emergency inhaler kit
- Storage and care of emergency inhalers
- List of children with asthma
- Signed parental consent form for the use of emergency inhalers
- Inclusion of permission in IHP
- Process to notify parents of the use of an emergency inhaler
- Avoiding possible risk of cross-infection
- Disposal

Infection Control

To minimise and manage outbreaks, the college uses Public Health England “Gastroenteritis outbreak pack for schools” – [Appendix 3](#)

Information specifically related to Covid-19 can be found at the PHE website:

<https://www.gov.uk/government/organisations/public-health-england>

Return to College Following Long Term Absence due to Covid-19

In some cases, individuals can suffer with symptoms that last long after the infection has gone. This is sometimes referred to as “long Covid”.

Symptoms of long Covid include:

- extreme tiredness
- shortness of breath
- chest pain or tightness
- problems with memory and concentration
- difficulty sleeping
- heart palpitations
- dizziness
- pins and needles
- joint pain
- depression and anxiety
- tinnitus, earaches
- feeling sick, diarrhoea, stomach aches, loss of appetite
- a high temperature, cough, headaches, sore throat, changes to sense of smell or taste
- rashes

The college will treat each case individually, through return to college risk assessments. The advice from the NHS is that if individuals have concerns about their symptoms 4 weeks or more after having coronavirus, they should contact their GP.

More information regarding long Covid can be found on the following sites:

<https://www.nhs.uk/conditions/coronavirus-covid-19/long-term-effects-of-coronavirus-long-covid/>

<https://www.yourcovidrecovery.nhs.uk/>

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Appendix1 – Inclusion Support Service (ISS) Policy for access to education for school age children and young people with medical needs

Name of school
Child’s name Tutor Group
Date of birth
Child’s address
Medical diagnosis or condition
Date
Review date

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Clinic/Hospital Contact

Name
Phone no.

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| |

G.P.

Name
Phone no.

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Who is responsible for providing support in college:

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|--|

Describe medical needs and give details of child's symptoms, triggers, signs, treatments, facilities, equipment or devices, environmental issues etc.

Name of medication, dose, method of administration, when to be taken, side effects, contraindications, administered by/self-administered with/without supervision

Daily care requirements

Specific support for the pupil's educational, social and emotional needs

Arrangements for college visits/trips etc.

Other information

Describe what constitutes an emergency, and the action to take if this occurs

Who is responsible in an emergency (*state if different for off-site activities*)

Appendix2

Hampshire County Council (HCC)

Inclusion Support Service (ISS)

**Policy for access to education for school age children
and young people with medical needs**

‘Every child should have the best possible start in life through a high-quality education, which allows them to achieve their full potential. A child who has health needs should have the same opportunities as their peer group, including a broad and balanced curriculum’ DFE 2014

The education of children and young people who are unable to attend school due to medical needs

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1 Introduction

1.1 This policy sets out how Hampshire County Council (HCC) will comply with its statutory duty to arrange suitable full-time (or part time when appropriate for the child's needs) education for children of compulsory school age (5 – 16) who, because of illness, would otherwise not receive suitable education.

1.2 This statutory duty applies to all children and young people of compulsory school age, permanently living in Hampshire, who would normally attend mainstream schools or special schools, including academies, free schools and independent schools, or where a child is not on roll of a school.

1.3 This policy does not apply to children who are electively home educated. Where a young person is on roll of a post-16 institution, either a school or college it is their responsibility to ensure support for education.

2 Premise

2.1 HCC believe school is the best environment in which to educate a child/young person; schools provide a broad and balanced curriculum alongside opportunities for social and emotional development.

2.2 HCC's intention is that all children, regardless of circumstances or education setting, should receive a good education to enable them to shape their own futures. Therefore, alternative provision for children medically unfit to attend school and the framework surrounding it should offer good quality education. This support should meet the child's individual needs, including social and emotional needs and enable them to thrive and prosper in the education system.

2.3 The provision for children who are medically unfit to attend school will ensure that:

- Pupils make good progress in their education
- Disruption to learning is minimised and there is a continuity of education provision within the school curriculum
- Pupils are able to obtain qualifications as appropriate to their age and abilities
- Pupils are able to reintegrate successfully back into school and that this takes place as soon as their health permits
- Pupils feel fully part of their school community and are able to stay in contact with classmates

2.4 HCC is committed to providing a recovery-focused model that embraces inclusive principles with a clear focus on an appropriate and timely return to school-based learning.

2.5 Where an Education Centre is accessed to meet need, the child's home school and the Education Centre should collaborate with parents/carers, ISS and all relevant health services to ensure the delivery of effective education for children with additional health needs.

3 Responsibility, Legislation and Guidance

3.1 The moral and legal mandate for schools is to ensure that they are supporting children with medical needs to the best of their ability and that each school has policies and processes in place to ensure this happens. There was a major shift in the legal responsibilities of schools when Section 100 of the Children and Families Act 2014 placed a legal duty on schools, academies and PRUs to make arrangements for supporting pupils with medical conditions at their school.

3.2 Sometimes children or young people become too unwell and are unable to attend school for a significant period of time. At these times the LA can in partnership with the school make suitable arrangements for that child's continuing education that takes into account their age, aptitude, ability and SEN needs and their health condition.

3.3 There is an expectation that schools will make reasonable adjustments to meet the need of the child if they are able to attend school with adjustments. There is an expectation that schools will be creative and flexible in meeting needs. It is, however, left to the school's discretion as to how they meet the needs. Schools will need to demonstrate how they are meeting educational need. This includes meeting the needs of pupils who can attend school part time and intermittently, particularly when there are known medical needs, and these can be planned for. The link below to the Reduced Hours Timetable notification should be used in all cases.

[Reduced Hours Timetable Notification Form](#)

3.4 There is an expectation that most children will make a full or partial recovery from their illness. At this point it is important that the child's needs for education continue to be appropriately met; most children will transition back to full time mainstream education.

3.5 Schools retain the responsibility to provide a suitable education for all pupils and must be able to make reasonable adjustments according to identified needs. Headteachers need to maintain appropriate records of their decision making, in particular recording

how it was assessed the alternative provision is suitable and if not full time, why they consider this suitable. Occasionally a joint package of support may be arranged for the child between the school and HCC through the Inclusion Support Service (ISS). The pupil will remain on the school roll (see 'Intervention' below).

3.6 Education Support for Medical Absence is part of the Inclusion Support Service (ISS) and aims to provide support for Hampshire residents of statutory school age who are temporarily unable to attend their school or programme of support due to the impact of their medical condition.

3.7 Education Support for Medical Absence is underpinned by the following Government documents:

- Children and Families Act, 2014, section 100
- Education Act 1996 (Section 19)
- Equality Act 2010
- Statutory Guidance for Local Authorities, January 2013
- Out of School Out of Mind, 2011
- Ofsted Subsidiary Guidance, 2012
- Alternative Provision Statutory Guidance, January 2013
- SEND Code of Practice, January 2015
- Supporting pupils at school with medical conditions, December 2015

This policy has been developed with regard to the above guidance.

4 **Identification**

4.1 Most unwell children continue to have their need for education appropriately met by their own school. This support can be sensitively arranged between the school, the parents or primary carers, a primary health care provider (most often the GP) and the child themselves. This can be referenced through an Individual Health Care Plan (Appendix 3).

4.2 Before considering a referral to the local authority for advice and guidance a school must satisfy itself that a child's absence is due to ill-health and that there are no other factors influencing nonattendance.

4.3 Schools should consider liaison with other agencies that may be in contact with the child and/or their family. This could, for example, be Children's Social Care, CAMHS, School Nursing Service or the GP.

4.4 When ill health persists beyond 15 consecutive or non-consecutive school days the school must make a referral to ISS for advice, guidance and support. **Where the school has arranged suitable**

educational provision for the pupil and does not require alternative provision to be provided by HCC the school must still notify ISS. No full medical referral is required but please send an email with full details to attendance.queries@hants.gov.uk with the title 15 Day Absence. The information will be triaged on receipt triggering a professionals meeting to scope next steps around provision if required.

Children on roll of a special school with complex medical needs requiring frequent hospital admissions/or frequent absence will not necessarily need to be referred to

ISS. Education provision should be provided by the school in liaison **with** SEN/hospital/parents

5 Role of Hampshire County Council

5.1 Local authorities are responsible for ensuring that there is a named senior officer with responsibility for education provision for children with health needs and parents should know who that person is.

The named officer for HCC is Jon Willcocks, Inclusion Support

Service Manager, Jonathan.Willcocks@hants.gov.uk

5.2 Schools must consult and take direction with HCC's SEN Casework team who will liaise with schools to review any changing needs of a child with an Education Health and Care Plan (EHCP), or undergoing assessment, who is unable to attend school because of their medical needs. The EHCP will link the long-term educational needs associated with the child's medical condition to the most appropriate teaching and learning provision.

5.3 ISS provide advice on pupils receiving alternative education provision. This team works closely with colleagues within the local authority, schools and partner agencies to reduce the length of time that children are on reduced timetables, which may be due to their medical needs. This is monitored, and schools are held to account through internal systems.

6 Funding and other school responsibilities

6.1 Schools retain the Age Weighted Pupil Unit (AWPU) funding for pupils during the period of Inclusion Support Service provision and will be charged according to the agreed formula based on the daily AWPU rate for educational provision.

6.2 The home school will also be responsible for:

- Driving the agreed action plan for the pupil and informing all relevant parties of any changes
- Providing or loaning specialist resource materials, where possible (such materials to be itemised and returned to the school at the end of the period of ISS provision)
- Making examination arrangements (e.g. GCSE, SATs, etc.)
- Examination entry fees

- Any offsite activity (if appropriate)
- Schools should be consistently seeking an early return to school-based learning in line with the premise set out earlier in this document

7 Identification of children who need provision

7.1 All referrals, both primary and secondary, to Hampshire County

Council will be received via a Single Point of Access (SPA) by the Inclusion Support Service (ISS). This ensures (a) that all referrals are treated in an equitable manner (b) that effective monitoring can take place.

7.2 Medical referrals will be made by the Headteacher using the HCC medical referral form (see Appendix 1).

7.3 The triage system will take account of:

- Medical evidence where available should be verified in writing by a consultant community pediatrician or specialist consultant psychiatrist from Child and Mental Health Adolescent Services (CAMHS). Where this is not possible, alternative enquiries should be made to General Practitioners (GP's) and/or others
- If the Headteacher is satisfied the child is genuinely too unwell to attend school, medical evidence is not necessary
- That the Headteacher must be satisfied that the school has made every reasonable adjustment to include the child in education and whether there are any further reasonable adjustments the school could make to enable the child to attend school. Headteachers need to make appropriate records of their decision making, in particular recording how it was assessed the alternative provision is suitable and if not full time, why they consider this suitable
- Schools should authorise absence due to illness unless they have genuine concern about the veracity of an illness Where this is the case the Headteacher should contact the SPA for bespoke advice
- Should the veracity of the absence be questioned by the Headteacher and parents are unable to provide evidence, schools should seek permission from the parents to make further enquiries to the GP or other health professionals or agencies especially around mental health issues
- The DfE Attendance Guidance advises that medical evidence is also to be addressed flexibly, noting that: "medical evidence can take the form of prescriptions, appointment cards, etc, rather than doctors' notes" The DfE would not expect schools to request medical evidence unless there is a clear case to do so
- It should be noted that medical practitioners do not routinely 'sign – off' children from school or advise this

- Medical professionals such as CAMHS recognise that difficulties associated with a child's mental health may impact upon their functioning and their perceived ability to attend school, however it is not usually within their role to make a specific recommendation about whether the child can attend school or not
- Decisions on alternative provision lie with the school and the LA, although it is the LA that is ultimately accountable

7.4 Whilst unable to attend their home school it is important that children continue to engage in education. The provision offered will take account of age, aptitude and ability alongside other individual characteristics such as social and emotional needs, special educational needs and any disability. It is recognised and accepted that the capacity of the individual child to engage in learning may change over time. It is important, therefore, to ensure that the provision is regularly reviewed and that it continues to be both flexible and sensitive to individual need. All provision will maintain a focus on returning the child to school-based learning as soon as is reasonably possible.

7.5 (a) for KS3/4.

Following triage the following options can be applied:

- Referral will be sent to the local Education Centre Headteacher who will respond to the school with advice and guidance which could include signposting to appropriate services or agencies, strategies or outreach support
- Referral will be sent to the local Education Centre Headteacher and a place commissioned where either attendance or provision is arranged. Where the child cannot attend physically alternative arrangements must be considered such as a home tutor, online learning (e.g. P2L or similar) or robotic interventions
- In all cases there will discussion between the Headteacher and ISS as each case is bespoke

(b) for early Years/KS1/2 the ISS triage officer will undertake this role.

7.6 The child's progress will be reviewed regularly, in consultation with the parents/carers, the home school and other relevant services. Reviews may be made more frequently according to need. It should be recognised that a child's educational needs and ability to access education may change depending on their health and that the programme may need to be flexible to accommodate this.

7.7 See Appendix 2 for a flow diagram overview.

8 Intervention: Persistent or long-term illness affecting ability to engage in education

8.1 For KS3/4 the Headteacher of the Education Centre/ISS for Early

Years KS1/2 in partnership with the child's home school will:

- Undertake a thorough evaluation of all the circumstances affecting the child's ability to engage in learning
- Work closely with the family and all agencies/professionals working with the child and their family
- Initiate a multi-agency Education Planning Meeting (EPM)
- Develop an ongoing education support for medical absence programme including an Individual Health Care Plan (IHCP), see Appendix 3
- Monitor and review the effectiveness of the programme
- Ensure a timely return to school-based education

9 Recovery, Reintegration and Partnership Working

9.1 Many children recover and make a positive transition back into school. Depending on the age and stage of the child this may, however, not be the most appropriate course of action e.g. pupils in Y11 who are approaching the end of KS4. In this circumstance it is expected that they would be supported in their

onward transition to education, employment or training by the community based intervention services.

9.2 Parents and carers have a key role to play in their child's education

and are to be involved in planning and on-going review. In the case of a Looked After Child (LAC), HCC and primary carers will fulfil this role. Children should also be involved in decisions to ensure they are engaged as much as possible in this process.

9.3 Relevant services including Special Educational Needs (SEN), Child and Adolescent Mental Health Services (CAMHS), Inclusion Support Service/Attendance/Hampshire Inspection and Advisory Service (HIAS), educational psychologists and school nurses all have responsibilities to work together to support children who are medically unfit to attend school.

9.4 Schools and Education Centres will make arrangements to reintegrate the child at the earliest opportunity and as soon as they are well enough. Each child should have an individually tailored reintegration plan. Under Equalities legislation, schools must consider whether they need to make any reasonable adjustments to provide suitable access for the child as part of their reintegration.

9.5 Plans for longer term outcomes and the next steps will be agreed at the start of the commissioned support, intervention or provision, according to the statutory guidance for Alternative Provision

(2013);

<https://www.gov.uk/government/publications/education-forchildren-with-healthneeds-who-cannot-attend-school>

9.6 In all cases the child must have an Individual Health Care Plan (see Appendix 3) that can be reviewed and amended as appropriate.

9.7 Both the home school and Education Centre will support child to sit public examinations. Awarding bodies will make special arrangements for children with permanent or long-standing disabilities when they are taking public examinations.

9.8 When a parent chooses to end elective home education and opts for LA provision, the LA will assume responsibility under their section 19 duty if the Child or young person (CYP) is considered medically unwell. Where the CYP is cited to be medically unwell, the LA will seek supporting medical information. The LA will act on the parents' request for LA provision once the parent has made their wishes clear to the LA, and will be dated and recorded by the relevant team for example EHE or SEN.

The LA will support the family in seeking a place in a suitable LA provision and will liaise and support the family in accessing this provision. In the cases where a family does not willingly engage with a suitable offer made, the LA will draw upon the legal processes in place to challenge non-attendance, this may include a referral to the Legal Intervention Team.

The relevant team will record the wishes of the family and will direct the family concerned to the LA Admissions team, to support their application to a school. This is in accordance with the In Year Admissions Process and where necessary uses the Fair Access Policy (FAP). In the case of a CYP with an EHCP the SEN team will be involved.

10 Complaints and Review

10.1 Complaints about provision for children who are medically unfit to attend school should be made to the child's home school in the first instance. The council will only intervene if it has reason to believe that the education provision is unsuitable or insufficient.

Complaints can be made using the corporate complaints procedures.

<https://www.hants.gov.uk/educationandlearning/complaints>

10.2 This policy will be reviewed every two years or in line with any changes made to statutory guidelines.

Appendix 1 : Referral form

Appendix 2 : Flow diagram

Appendix 3: Example of an Individual Health Care Plan (Schools should have this in place prior to a referral to ISS)

INCLUSION SUPPORT SERVICE

MEDICAL REFERRAL FORM

| PUPIL DETAILS | |
|---|---------------------|
| Name: | DOB: / / |
| School: | Year Group: |
| Ethnicity: | UPN: |
| First Language: | UCI: |
| Gender: | ULN: |
| Designated School Contact & contact details: | |
| Last date of school attendance:* / / | Attendance % |

* Attendance Certificate must be included with the referral

| FAMILY DETAILS | |
|---------------------------|---------------------------|
| Parent/Carer Name: | Parent/Carer Name: |
| Relationship: | Relationship: |
| Address: | Address: |
| Postcode: | Postcode: |
| Home Phone: | Home Phone: |
| Mobile: | Mobile: |
| Email: | Email: |

| | |
|---------------------------------|---------------------------------|
| Parental Responsibility? YES/NO | Parental Responsibility? YES/NO |
|---------------------------------|---------------------------------|

If neither of the named above has parental responsibility, please provide details below:

| PARENTAL RESPONSIBILITY | |
|--------------------------------|---------------|
| Name: | Relationship: |
| Address: | |
| Home Phone: | Mobile Phone: |

| CHILD PROTECTION |
|---|
| Child Protection Issues? YES/NO <i>Please specify CIN, CP</i> |
| Child in Care? YES/NO |

| OTHER PROFESSIONALS INVOLVED | | | |
|---|-------------------------------|--------------------------|------------------------|
| <i>What actions are currently in place to support the pupil and who is involved? Please provide as much details as possible</i> | | | |
| EXTERNAL AGENCY | NATURE OF INTERVENTION | LEAD PROFESSIONAL | CONTACT DETAILS |
| Health e.g. CAMHS, Speech & Language, Health Visitor | | | |
| Early Help | | | |
| Education Welfare | | | |
| Educational Psychologist | | | |
| Social Services | | | |
| Police, Young Offenders Service | | | |

SUPPORTING STUDENTS WITH MEDICAL CONDITIONS POLICY

| | | | |
|---------------------------------------|--|--|--|
| Other e.g. Youth Work, Voluntary Orgs | | | |
| General Practitioner | | | |
| Other, e.g. Consultants | | | |

| |
|--|
| SCHOOL DETAILS |
| Previous School attended: |
| Details of all previous schools (including managed moves as applicable): |

Please give the name of the staff member responsible for the liaison and provision of school work

| | |
|---------|-----------|
| Name: | Position: |
| Tel No: | Email: |

| |
|---|
| ELIGIBLE FOR PUPIL PREMIUM |
| Free School Meals YES/NO Forces YES/NO |

| |
|--|
| OUTLINE OF MEDICAL CONDITION AND REASON FOR REFERRAL* |
|--|

**If there is a medical diagnosis, please include*

EMOTIONAL AND SOCIAL ISSUES

e.g. feeling special, early attachments, risk/actual self-harm, phobias, psychological difficulties, coping with stress, motivation, positive attitudes, confidence, relationship with peers, feeling isolated and solitary, fears, often unhappy

BEHAVIOURAL ISSUES

e.g. lifestyle, self-control, reckless or impulsive activity, behaviour with peers, substance misuse, antisocial behaviour, sexual behaviour, offending, violence and aggression, restless and overactive, easily distracted, attention span/concentration/criminal behaviour Where relevant include behaviour log

SPECIAL EDUCATIONAL NEEDS

| |
|--|
| |
|--|

EHCP

YES/NO/IN PROGRESS (*Delete as appropriate*)

| | |
|--|---------------------------------|
| IF YES REASON FOR EHCP | |
| Issue Date: / / | Date of last annual review: / / |
| <i>ECHP needs to be sent with referral. If in progress, please specify what stage and include draft copy of EHCP</i> | |

| |
|---|
| ATTITUDE TO WORK <i>Including enthusiasm, interests and strengths</i> |
|---|

| |
|--|
| PREVIOUS STRATEGIES |
| <i>Please describe the strategies already employed, whether successful or not and provide copies of Individual Education Plans/Individual Behavioural Plans/Pastoral Support Plans where appropriate</i> |

| ANTICIPATED OUTCOMES WHAT WOULD YOU HOPE TO ACHIEVE FOLLOWING THIS REFERRAL? |
|--|
| <p><i>Please share your ideas for how the school and the Education Centre/LA might work together to meet the needs of this pupil</i></p> |

| CURRENT EDUCATIONAL PROVISION WHAT EDUCATION IS THE PUPIL CURRENTLY RECEIVING? |
|--|
| <p><i>Please detail the amount of education currently being provided, by whom, and comment on engagement</i></p> |

Please confirm Parent/Carer are aware of referral YES/NO

PROFILE OF PUPIL CAPABILITY – *Please complete as fully as possible* **Key**

Stage 2 – must be completed

| | Reading | Mathematics | Science |
|---------------------|---------|-------------|---------|
| Test level achieved | | | |
| Teacher assessment | | | |

Key Stage 3 – must be completed if in KS4

| | Reading | Mathematics | Science |
|--|---------|-------------|---------|
| | | | |

| | | | |
|---------------------|--|--|--|
| Test level achieved | | | |
| Teacher assessment | | | |

Cognitive Abilities Test

| Verbal | Quantitative | Non-verbal | Average |
|--------|--------------|------------|---------|
| | | | |

| Reading Age | Spelling Age | Dates when tested |
|-------------|--------------|-------------------|
| | | |

Access Arrangements

| | |
|----------------|--------|
| Reader | YES/NO |
| Scribe | YES/NO |
| Overlays | YES/NO |
| Laptop | YES/NO |
| 25% Extra Time | YES/NO |

Key Stage 4 – Targets for GCSE Performance

| Subject | Exam Board | Current Grade | Target Grade | Subject | Exam Board | Current Grade | Target Grade |
|-----------------------------|------------|---------------|--------------|------------------------------------|------------|---------------|--------------|
| English | | | | Design Technology (please specify) | | | |
| Maths | | | | Option 1 | | | |
| Science | | | | Option 2 | | | |
| Humanities (please specify) | | | | Option 3 | | | |

SUPPORTING STUDENTS WITH MEDICAL CONDITIONS POLICY

| | | | | | | | |
|----------------------|--|--|--|--------------------------|--|--|--|
| 14-16 College Course | | | | Extended Work Experience | | | |
|----------------------|--|--|--|--------------------------|--|--|--|

| | |
|-----------------------------|--------|
| EXAMINATIONS OFFICER | |
| Tel: | Email: |

(MEDICAL) EDUCATIONAL INCLUSION REFERRAL CHECK LIST

Please ensure that the relevant parts of the following information are attached before sending the referral to ISS at attendance.queries@hants.gov.uk

- Any reports (e.g. academic, medical and other agency involvement)

- Attendance Record

- Copy of EHCP

- IEP/IBMP/PSP

- Most recent PEP

- Behavior Logs

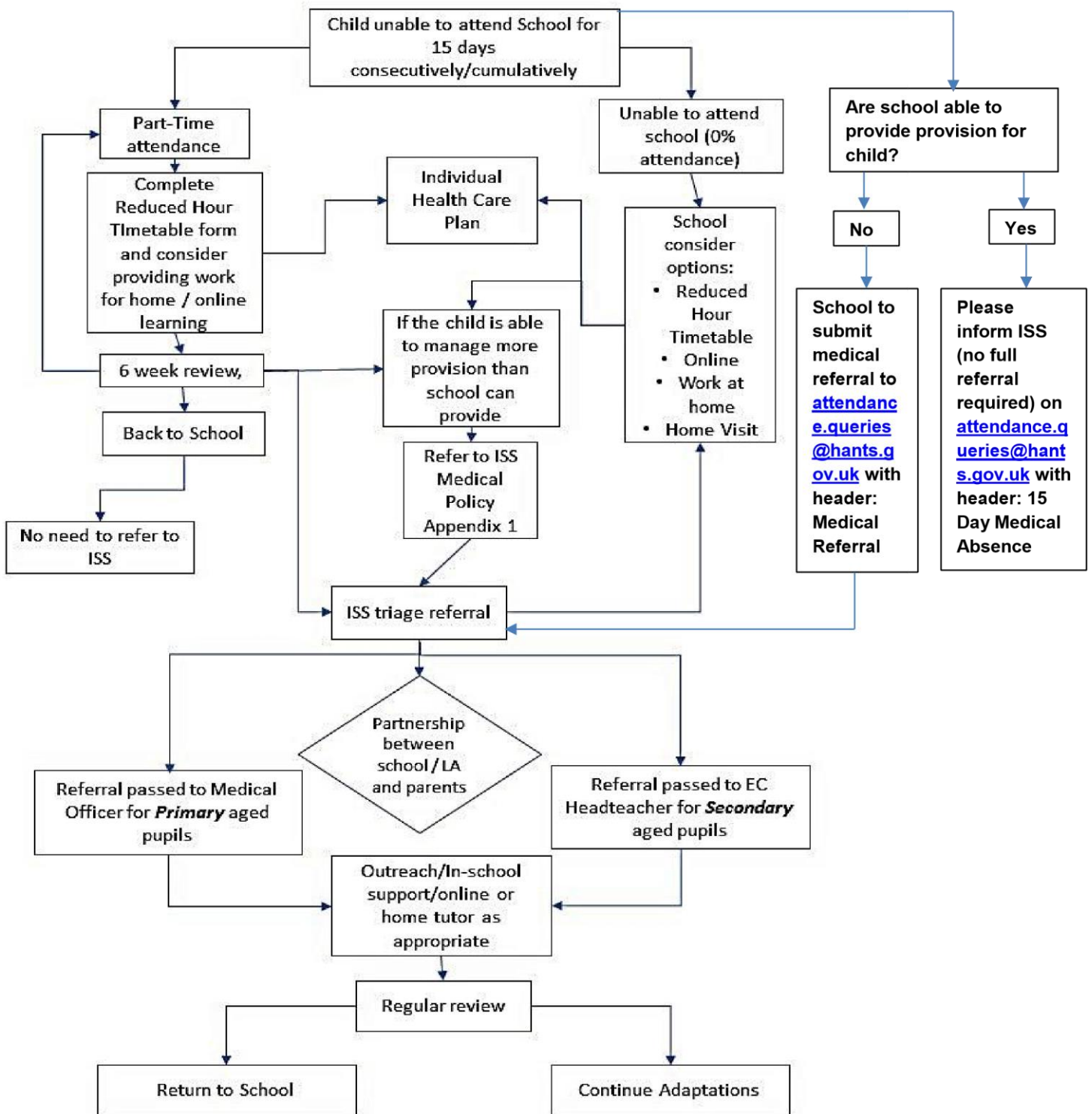
Headteacher signature:

Headteacher name (print):

Date:

Please return to attendance.queries@hants.gov.uk Telephone: 01962 846340

Appendix 2



Appendix 3

Individual Health Care Plan

SUPPORTING STUDENTS WITH MEDICAL CONDITIONS POLICY

Name

Phone no.

General Practitioner

Name

Phone no.

Who is responsible for providing support in school

Describe medical needs and give details of child's symptoms, triggers, signs, treatments, facilities, equipment or devices, environmental issues etc

Name of medication, dose, method of administration, when to be taken, side effects, contra-indications, administered by/self-administered with/without supervision

Daily care requirements

Specific support for the pupil's educational, social and emotional needs

Arrangements for school visits/trips etc

Other information

Describe what constitutes an emergency, and the action to take if this occurs

Who is responsible in an emergency (*state if different for off-site activities*)?

Plan developed with

Staff training needed/undertaken – who, what, when

Form copied to

Why do we collect and use this information?

Hampshire County Council is the Data Controller for the purpose of collecting and using pupil information from you as a professional or agency to carry out our statutory functions in relation to referrals and medical referrals for educational support through the Inclusion Support Service.

We collect information about children and young people as well as information about their parent or carer and other individuals within their family. We hold this personal data securely and use it to:

- ✦ Deliver our statutory duties as set out in relevant Children's legislation;
- ✦ Ensure provision of full-time education for pupils, including preparation of reports;
- ✦ Contribute to the core education record of the pupil held by the County Council;
- ✦ Undertake statistical and financial forecasting and planning;
- ✦ Complete statutory returns;
- ✦ Assist in providing information, advice and support and developing our local offer; ✦ Evaluate and improve our services;
- ✦ Undertake wider County Council statutory duties in support of a child's education and welfare; and
- ✦ Ensure compliance with our obligations under the accuracy principle of the General Data Protection Regulation (Article (5)(1)(d)), making sure our records about you and your family are up to date.

CAPITA plc is a data processor for this information acting on our instructions for the purpose of delivering a contract to the County Council around the hosting and supporting of the CAPITA One system, which the County Council uses to store the information provided to us, as identified under this privacy notice. This includes accessing the CAPITA One system to fix any technical issues to ensure the system is fit for use.

The following sections provide further detail around the information we process setting out what allows us to do this (lawful basis), who we may share it with, how long we keep it for (the retention period), alongside identifying any rights you may have and who to contact if you think we're not handling this information in the right way.

The categories of information that we collect, hold and share

The following personal and special category information is processed:

- ✦ a child's personal information (name, address, date of birth) and characteristics (such as gender);
- ✦ Personal information about the school currently attended by the child;
- ✦ Personal information about the child's education;
- ✦ Health information about the child including relevant medical evidence and SEN involvement;
- ✦ Information contributed by professionals currently working with the child;
- ✦ Personal information about the parents and wider family;
- ✦ Cognitive performance data;
- ✦ Relevant social care data;

The lawful basis on which we process this information

We collect, store, use and share the information ensuring that we comply with the UK General Data Protection Regulation (UKGDPR) and Data Protection Act 2018 (DPA2018) requirements for processing through:

- ✦ Article 6(1)(e) - the processing is necessary to perform a task in the public interest or for our official functions, and the task or function has a clear basis in law;
- ✦ Article 9(2)(g) – Necessary for reasons of substantial public interest on the basis of Union or Member State law which is proportionate to the aim pursued and which contains appropriate safeguarding measures; and
- ✦ Sch.1, Pt.2, 1 - Substantial public interest conditions, for processing under the DPA 2018.

These articles under the UKGDPR and the DPA2018 are supported by the following specific legislation and statutory guidance:

- ✦ Children and Families Act, 2014, section 100;
- ✦ Education Act 1996, Section 19;
- ✦ Equality Act 2010;
- ✦ Statutory Guidance for Local Authorities, January 2013;
- ✦ Out of School Out of Mind, 2011;
- ✦ Ofsted Subsidiary Guidance, 2012;
- ✦ Alternative Provision Statutory Guidance, January 2013;
- ✦ SEND Code of Practice, January 2015;
- ✦ Supporting pupils at school with medical conditions, December 2015;

Under this lawful basis we do not require your consent to process this information once a request for assessment has been received but we are required, through this privacy notice, to ensure you are fully informed of why we are collecting this information and what we will do with it.

Storing and Securing Data

Information provided to us will be held within the County Council's CAPITA One system, which is we use to provide our service case management system. The information held within CAPITA One will be kept in line with our retention schedule and then disposed of as appropriate. The County Council's CAPITA One system is hosted by CAPITA plc in secure data centres based in the UK. No information leaves the European Economic Area (EEA) and the information is encrypted when in transit between County Council users of the system and the data centre the information is hosted within.

Any relevant paper based documentation, including any supporting evidence you provide will be scanned to create an electronic record and stored within the County Council's Document Management System (DMS), with the paper version being destroyed. The file will be linked to the record created in CAPITA One by the use of a reference identifier. The information held within the County Council's DMS will be kept in line with our retention schedule and then deleted as appropriate. The County Council's DMS is hosted by the County Council in secure UK based data centres, which are on site. No information leaves the European Economic Area (EEA).

The County Council takes its data security responsibilities seriously and has policies and procedures in place to ensure the personal data held is:

- ✦ prevented from being accidentally or deliberately compromised;
- ✦ accessed, altered, disclosed or deleted only by those authorised to do so;
- ✦ accurate and complete in relation to why we are processing it; ✦ continually accessible and usable with daily backups; and ✦ protected by levels of security 'appropriate' to the risks presented by our processing.

The County Council also ensures its IT Department is certified to the internationally recognised standard for information security management, ISO27001.

Who do we share information with?

We do not share information with anyone unless there is a lawful basis that allows us to do so. Information contained within the referrals may be shared with relevant professionals as long as it necessary, relevant and proportionate to task being undertaken.

Requesting access to your personal data and your rights

Under data protection legislation, individuals have the right to request access to information about them that we hold. To make a request for your personal information, or someone you have responsibility for, please contact the Children's Services Department's Subject Access Request (SAR) Team, whose contact details alongside further information around this process can be found via: <https://www.hants.gov.uk/socialcareandhealth/childrenandfamilies/accessrecords>

You also have the right to:

- ✦ prevent processing for the purpose of direct marketing;
- ✦ object to decisions being taken by solely automated means;
- ✦ in certain circumstances, have inaccurate personal data rectified, blocked, erased or destroyed; and
- ✦ claim compensation for damages caused by a breach of the Data Protection regulations.

Please note that under the UKGDPR, there is also a right to erasure but the right to erasure does not provide an absolute 'right to be forgotten'. Where the data being processed is for the purpose of 'performing a task in the public interest or for our official functions, and the task or function has a clear basis in law' (Article 6(1)(e)), this right does not automatically apply.

If you have a concern about the way we are collecting or using personal data, you can raise your concern with us in the first instance or you can go directly to the Information Commissioner's Office, as the supervisory authority, at <https://ico.org.uk/concerns/>.

Contact Details

If you would like more information about these services please visit our website via: <https://www.hants.gov.uk/socialcareandhealth/childrenandfamilies/specialneeds/sen>

SUPPORTING STUDENTS WITH MEDICAL CONDITIONS POLICY

For further information on how we handle personal information, your data rights, how to raise a concern about the way we are processing your information and the County Council's Data Protection Officer, please see our General Privacy Notice:

<https://www.hants.gov.uk/aboutthecouncil/strategiesplansandpolicies/dataprotection>

Appendix 3

Gastroenteritis outbreak pack for schools and other childcare settings

The following guidance aims to help you manage an outbreak of gastroenteritis in a school or nursery environment. The principles are effective at limiting the spread of viral and bacterial infections, including norovirus. It has been produced with reference to PHE's national guidance, entitled 'Health Protection in schools and other childcare facilities' and can be found - <https://www.gov.uk/government/publications/health-protection-in-schools-and-other-childcare-facilities>.

The guidance consists of the following sections:

1. Summary
General principles for effective control of gastroenteritis
2. Action Card 1
Key actions for the Head Teacher or Administrator to manage the outbreak.
3. Action Card 2
Key actions for caretakers and staff who will be undertaking cleaning, which is a vital step to reduce the spread of infection.
4. Action Card 3
Information to be provided to the Health Protection Team to help them give appropriate advice to manage the outbreak.
5. Action Card 4
Contact information for organisations that can provide help during an outbreak.
6. Links to the chapters of PHE national guidance - Health Protection in schools and other childcare facilities.

| Summary for Norovirus Outbreaks | |
|--|---|
| Transmission Route: | Person to person by the faecal oral route, from aerosols of projectile vomit and from environmental contamination. |
| Incubation Period: | 12 to 48 hours (length of time from acquiring the infection to developing symptoms) |
| Exclusion: | 48 hours after their last episode of diarrhoea or vomiting |
| Recommendations for action | |
| Hand Hygiene: | <ul style="list-style-type: none"> • Children should be supervised and encouraged to wash their hands before eating and drinking and after going to the toilet • Hand washing with liquid soap and warm water. • Paper towels should be used for drying hands and a waste paper bin provided for disposal. • Alcohol gel is not effective against norovirus, but it can be used in addition to soap and water • Everyone should wash their hands on arrival at school and before leaving • Sand, play dough and water play activities should be suspended for the duration of the outbreak. |
| Cleaning and disinfection: | <ul style="list-style-type: none"> • Ensure the school surfaces are thoroughly cleaned daily using warm water and detergent. • All eating surfaces and toilet areas should be disinfected after cleaning twice daily using a hypochlorite solution 1,000 parts per million (such as Milton Solution) • It is recommended that toilets are cleaned at least twice a day and their condition monitored during the day, with a view to an extra clean if required. • Always wear disposable apron and gloves when cleaning. • The areas that should be cleaned and then disinfected should include: <ul style="list-style-type: none"> ➤ All areas of the toilet including rims, seats and handles ➤ Wash basins and taps ➤ Door handles and light switches ➤ All frequently touched equipment ➤ Frequently handled items such as telephones and computer keyboards ➤ Carpeted areas and soft furnishings should be cleaned as normal, preferably with a carpet shampoo rather than a vacuum cleaner (hypochlorite will bleach carpets and soft furnishings) |
| Public spillage incident: | <p>When spillages of vomit or diarrhoea occur:</p> <ul style="list-style-type: none"> • Cover the excreta/vomit spillages immediately with disposable paper towels. • Always wear a disposable apron and gloves when disposing of faeces/vomit. A face mask should be worn if there is a concern about splash contamination to the face. • After removing the spillage, clean the surrounding area with warm soapy water, followed by disinfection with a hypochlorite solution of 1000 parts per million. Always clean a wider area than is visibly contaminated. • Carpets contaminated with faeces or vomit should be cleaned with warm soapy water (or a carpet shampoo) after removal of the spillage with paper towels. This should be followed by steam cleaning if possible. • The area where the incident has occurred should be cleared and ventilated as soon as possible |
| Food Safety: | <ul style="list-style-type: none"> • Everyone should eat and drink in designated areas (i.e. dining hall or staff room). • Open boxes of chocolates/biscuits and fruit bowls must be removed in an outbreak as they can easily become contaminated. • Food handlers should avoid contact with children during an outbreak, in order to avoid contamination of the kitchen or food. • Kitchens MUST have their own separate cleaning equipment. |

Further Information can be found in the guidance: Health Protection in Schools and other childcare facilities - <https://www.gov.uk/government/publications/health-protection-in-schools-and-other-childcare-facilities>

Action Card 1

| | |
|--------------------|--|
| Title | Managing an outbreak of diarrhoea & vomiting in a childcare setting |
| Description | Overview of what to do in an outbreak situation |
| Who | Those members of staff that are responsible for overseeing/managing an outbreak i.e. Head Teacher, administrative staff, absence monitoring manager etc. |

Definition of an outbreak – An increase in the number of sickness absences (above the normal rate) due to diarrhoea and/or vomiting.

What do you need to do:

- Ensure good record keeping – names, dates of birth, symptoms, dates of onset of illness, episodes of public vomiting etc. in the school.
- Inform Public Health England (PHE) for advice & guidance (see Action Card 3)
- Prompt exclusion / isolation of affected children and staff, ensuring strict compliance with 48 hour exclusion (i.e. fully recovered for 48 hours before returning to school)
- In addition, it is recommended that new pupils are delayed from starting at school until 48 hours after the resolution of symptoms in the school.
- Consideration should be given to advising parents and visitors about the outbreak.
- Remind children about the importance of good hand hygiene.
- Cookery activities for the children as well as sand, playdough and water play activities should be suspended for the duration of the outbreak. All potentially contaminated materials should be discarded and replaced in accordance with your local procedure.
- Ensure robust infection control measures are in place:
 - Cleaning regime in place (see Action Card 2)
 - Guidance for the management of 'Spillages of vomit or diarrhoea' are followed (see Action Card 2)
 - Effective hand hygiene (see Summary Sheet)
 - Plentiful supply of personal protective equipment (PPE), liquid soap, paper towels, etc.
 - Individuals who have had diarrhoea should be excluded from swimming until at least 48 hours after symptoms have settled.
 - Non-essential visitors should be restricted and/or discouraged from visiting during the outbreak.
 - Dispose of all infection-exposed food items from communal areas i.e. boxes of chocolates, biscuits or bowls of fruit.
- Declare the outbreak over when there has been 48 hours since the resolution of symptoms in the last known case.
- Terminal clean to be performed as soon as possible after the resolution of the outbreak.

Further Information can be found in the guidance: Health Protection in Schools and other childcare facilities - <https://www.gov.uk/government/publications/health-protection-in-schools-and-other-childcare-facilities>

| Action Card 2 | |
|----------------------|--|
| Title | Cleaning & disinfection of the school/nursery environment |
| Description | Germs that cause diarrhoea & vomiting will survive in the environment, so to stop the infection spreading it is important that the areas are maintained in a clean condition. Decontamination (cleaning and disinfecting) the areas thoroughly on a frequent basis is necessary. |
| Who | Caretakers, other staff with responsibility for cleaning |

The following are terms that you may hear:

| | |
|--|--|
| Detergent: A cleaning agent that helps to remove dirt and grease from surfaces | Disinfectant: A chemical that destroys bacteria. Recommended Disinfectant: Chlorine - releasing agent/hypochlorite solution (e.g. bleach or 'Milton' solution 0.1% at 1000ppm) |
| Routine cleaning: A process that physically removes contamination which is done on a regular/daily basis. Warm water and detergent should be used to clean. | Disinfection: A process that reduces the number of germs to a level at which they are not harmful, but it is only effective if the surfaces and equipment are cleaned thoroughly with detergent and water beforehand. |
| Enhanced cleaning: During an outbreak cleaning and disinfection should be done twice-daily as a minimum (plus as necessary). Particular attention should be given to frequently-touched surfaces, e.g. door handles, flushes, taps, contact points, switches, mirrors, bins, furniture, stair rails, etc. | Deep cleaning: Intense and enhanced thorough cleaning process. Usually planned ahead e.g. during holiday periods. |
| Terminal cleaning: Cleaning that takes place at the end of an outbreak to ensure the area has been thoroughly cleaned and disinfected. This included the steam cleaning of carpets and soft furnishings. | |

To clean effectively you will need:

Equipment

Clean, disposable, single-use cloths, dedicated mop & mop bucket (different coloured equipment for different areas is a useful tool), dust pan and brush, clinical waste bags (yellow), spillage kit, paper towels, Personal protective equipment (PPE), steam cleaner.
Cleaning equipment used by the kitchen staff **must** be kept separate.

Chemicals

Detergent (see above)

Disinfectant (see above)

Sanitiser – this is a commercial purchased combination of a detergent with disinfectant properties.

You must always ensure that you follow your health and safety guidelines when handling chemicals including the use of appropriate PPE

- During an outbreak cleaning and disinfection should be done twice-daily.
- Warm water and detergent should be used to clean hard surfaces followed by disinfection with a 0.1% hypochlorite solution. Bleach or Milton are the recommended disinfectants (at 1000ppm), as they will kill both bacteria and viruses. If these are unsuitable, a disinfectant that has **both** antibacterial and antiviral properties **must** be used.
- Particular attention should be paid to cleaning and disinfecting toilet seats, toilet flush handles, door handles, washbasin taps, push-plates on doors, light switches, stair handrails and other frequently touched areas.
- Spillages of vomit or diarrhoea should be cordoned off and the area cleared immediately:
 - Wear disposable gloves and apron.
 - Use a spill kit or paper towels to soak up the spillage. Transfer these and any solid matter directly into a clinical waste bag.
 - Clean the soiled area with detergent and hot water, using a disposable cloth. A two metre area around the spillage should be cleaned.
 - The same area should then be disinfected with the freshly made hypochlorite solution.
 - Dispose of gloves, apron and cloths into the clinical waste bag.
- Wash hands thoroughly using soap and water and dry them. Alcohol hand-rub is not a substitute for hand washing after cleaning up a spillage.
- Vacuum cleaning carpets and floor buffing are not recommended during an outbreak.
- Do-not use bleach on carpets or soft furnishings - a steam cleaner must be used to remove the bacterial or virus particles.
- Clothing contaminated with body fluids should be placed in a sealed plastic bag and taken home by the child/parent. Do not wash/sluice or soak the contaminated items on behalf of the child/parent.
- Carpets and soft furnishings should be steam-cleaned, or a carpet shampoo used.

Further Information can be found in the guidance: Health Protection in Schools and other childcare facilities - <https://www.gov.uk/government/publications/health-protection-in-schools-and-other-childcare-facilities>

Action Card 3

| | |
|--------------------|---|
| Title | Reporting an outbreak of D&V to Public Health England (PHE) by telephone. |
| Description | This card gives you the contact number for PHE and details of the information that PHE will require to help you manage your outbreak. |
| Who | Those members of staff that are responsible for informing PHE of an outbreak i.e. head teacher, administrative staff. |

When to report: An increase in the number of sickness absences (above the normal rate) due to diarrhoea and/or vomiting

Phone: 0344 2253861, option 2 (Hants & Isle of Wight), then option 1 (Health Protection)

What PHE will ask for:

- Name and address of the school, including the postcode
- Contact person's name and phone number
- Total number of children at the school,
- Details of the year groups / classes
- Number of staff at the school
- Number of children affected, which year groups, details of siblings affected
- Number of staff affected
- Date of first illness (onset date)
- Details of any recent school trips, special events
- Details of any episodes of public vomiting
- Details of school caterers affected
- School lunch / packed lunch ratio
- School layout and facilities, particularly who shares toilets

Further Information can be found in the guidance: Health Protection in Schools and other childcare facilities - <https://www.gov.uk/government/publications/health-protection-in-schools-and-other-childcare-facilities>

Action Card 4

Title Contacts and further information

Description This card provides details of the main contacts who can help you during an outbreak.

Who Those members of staff that are responsible for informing PHE of an outbreak, i.e. administrative staff, head teacher

PHE – South East Centre – HIOW Office 0344 225 3861, option 2, option 1

Education Departments

| | | | |
|--------------------------|---------------|--------------------------|---------------|
| Hampshire County Council | 0845 603 5638 | Southampton City Council | 023 8083 3000 |
| Portsmouth City Council | 023 9283 4092 | IOW Council | 01983 821000 |

School Nursing Teams

| | | | |
|-----------------------------------|--------------|----------------------------------|---------------|
| Portsmouth School Nursing Service | 023 92684545 | Southampton School Health Nurses | 0300 123 6661 |
|-----------------------------------|--------------|----------------------------------|---------------|

Hampshire School Nursing Team -

<http://www.southernhealth.nhs.uk/services/childrens-services/school-nursing/>

Isle of Wight School Nursing Team -

<http://www.iow.nhs.uk/our-services/health-visiting-school-nursing/0-19-years-service>

Environmental Health Departments

| | | | |
|-----------------------------|--------------|---------------------------------|--------------|
| Basingstoke & Deane BC | 01256 844844 | East Hampshire District Council | 01730 234306 |
| Eastleigh Borough Council | 02380 688329 | Fareham Borough Council | 01329 236100 |
| Gosport Borough Council | 02392 584242 | Hart District Council | 01252 622122 |
| Havant Borough Council | 02392 446654 | Isle of Wight Council | 01983 823000 |
| New Forest District Council | 02380 285230 | Portsmouth City Council | 02392 688366 |
| Rushmoor Borough Council | 01252 398177 | Southampton City Council | 02380 832519 |
| Test Valley Borough Council | 01264 368000 | Winchester City Council | 01962 848186 |

Public Health England South East

Gastrointestinal Pack for Schools and Nurseries

PHE have developed guidance for schools and nurseries which is available on the GOV UK website. It is entitled 'Health protection in schools and other childcare facilities'. The following are links to the individual chapters for ease of reading.

| | | |
|----|---|--|
| 1. | Infections in Childcare Settings | Infections |
| 2. | Prevention and Control | Prevention and control |
| 3. | Guidance For Hand Washing | Hand washing guidance |
| 4. | What to do if you suspect an outbreak of infection | Suspecting an Outbreak |
| 5. | Cleaning the environment | Cleaning |
| 6. | Staff Health | Staff health |
| 7. | Exclusion Table | Exclusion table |
| 8. | Diarrhoea and Vomiting Action Checklist | D&V checklist |
| 9. | National Documents Health Protection in Schools and other childcare facilities Winter Readiness Information for South East Schools and Nurseries | Health protection in schools and other childcare facilities - GOV.UK This document is sent out annually in the Autumn and can be obtained from the Local Authority Public Health Team or the Health Protection Team. |

Hand-washing technique with soap and water



1 Wet hands with water



2 Apply enough soap to cover all hand surfaces



3 Rub hands palm to palm



4 Rub back of each hand with palm of other hand with fingers interlaced



5 Rub palm to palm with fingers interlaced



6 Rub with back of fingers to opposing palms with fingers interlocked



7 Rub each thumb clasped in opposite hand using a rotational movement



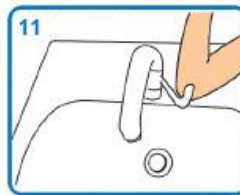
8 Rub tips of fingers in opposite palm in a circular motion



9 Rub each wrist with opposite hand



10 Rinse hands with water



11 Use elbow to turn off tap



12 Dry thoroughly with a single-use towel



13 Hand washing should take 15–30 seconds



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Adapted from World Health Organization *Guidelines on Hand Hygiene in Health Care*
Produced by PHE SE Centre, Hampshire and Isle of Wight Office Fareham



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