

## **St Agnes' C.E. Primary School**

# **Policy for Supporting Pupils at School with Medical Conditions**

### **Policy Information and Review**

#### **Named personnel with designated responsibility for pupils with Medical Conditions**

Academic year	Designated Lead Person(s)	Nominated Governor	Chair of Governors
2020-21	Shelley Lynton	Helen Thompson	Helen Thompson
2021-22	Shelley Lynton	Helen Thompson	Helen Thompson
2022-23	Shelley Lynton	Helen Thompson	Helen Thompson

## **INTRODUCTION**

We want all children and young people to have successful and fulfilling lives. Section 100 of the Children and Families Act 2014 places a statutory duty on all schools to effectively manage and meet the needs of pupils with medical conditions, medical needs and physical disabilities. The aim is to ensure that all children with medical conditions, in terms of both physical and mental health, are properly supported in school. The outcome should be that they can play a full and active role in all aspects of school life including trips, educational visits, residential and extended school activities, such that they remain healthy and achieve their academic potential.

This policy document should be considered in conjunction with all other relevant duties, policies and guidance, for example, Health and Safety legislation, the SEND code of practice and the Equality Act 2010 that may impact on support / provision for pupils with medical conditions. In conjunction: Safeguarding Policy; Attendance Policy; SEN Policy; Asthma Policy; Health and Safety Policy and School's Healthy Food Policy.

Some children with medical conditions may be disabled. Where this is the case the governing body must comply with the duties under the Equality Act 2010. For example, schools are required to make reasonable adjustments to minimise or remove barriers to access and participation and ensure that individuals are not subject to less favourable treatment because of their disability. Some children may also have special educational needs (SEN) and may have a statement or Education, Health and Care Plan (EHC Plan) which brings together health and social care needs as well as their special educational provision. For children with SEN this policy should be read in conjunction with the school SEN policy.

Supporting a child with a medical condition during school hours is not the sole responsibility of one person and the school's ability to provide effective support will depend on co-operative working with other agencies including healthcare professionals, the local authority, parents/carers, the child and, where appropriate, social care or other outreach professionals. This type of partnership working aims to ensure that the needs of pupils with medical conditions are met effectively.

Medical conditions can sometimes result in short term, frequent or long term absence from school, which can impact on educational attainment. Schools are required to recognise and consider the potential social and emotional implications associated with a medical condition, as well as the educational impact, when planning to meet the pupil's needs.

## **PURPOSE OF DOCUMENT**

The purpose of this policy is to put in place effective management systems, arrangements and practices to support children and young people with medical conditions to attend school.

This policy also aims to give confidence to parents/carers that school will provide effective support for their child's medical condition and support their child to feel safe.

This policy clarifies the range of medical needs that may result in a child requiring support, namely:

- children with long term and/or complex medical conditions who require support to manage their medical needs on a day to day basis to keep them healthy;
- children requiring monitoring and/or intervention in emergency circumstances;
- children whose health needs may change over time in ways that cannot always be predicted.

All staff in school have a duty to maintain professional standards of care and to ensure that children and young people are safe. It is considered to be good practice that school will consider and review cases individually and actively support pupils with medical conditions, including administering medicines or medical interventions in order to meet the all-round needs of the child. However, there is no legal duty requiring individual staff to administer medication, carry out medical interventions or to supervise a child when taking medicines. Any member of staff may be asked to

administer medicines or medical interventions but they cannot be required to do so. This is a voluntary role.

This policy aims to ensure that appropriate support is put in place to limit the impact on educational attainment in the event of a short or long term absence from school. Refer to school policy on managing attendance.

## 1. ROLES AND RESPONSIBILITIES

### 1.1 The Governing Body

The governing body is responsible for:

- ensuring the Head Teacher develops and effectively implements policy with partners and school staff, including regular policy review;
- ensuring the Head Teacher makes all staff aware of this policy on supporting pupils with medical conditions and all staff understand their role in its implementation;
- designating a named individual who is responsible for effective implementation of this policy  
Ms S Lynton Deputy Headteacher
- ensuring this policy clearly identifies how the roles and responsibilities of staff who are involved in the arrangements to support pupils at school with medical conditions are made clear to both staff, parents/carers and the child;
- ensuring that all relevant staff are aware of an individual child's medical condition and needs;
- ensuring that sufficient numbers of staff receive appropriate training to fulfil the roles and responsibilities of supporting children with medical conditions i.e. are able to deliver against all Individual Healthcare Plans (IHCPs see Appendix 2.1 – 2.7) and implement policy, including in contingency and emergency situations;
- ensuring that a system is in place which identifies procedures to be followed on receipt of notification of a pupil's medical needs; procedures should cover any transitional arrangements or when pupil needs change (see Appendix 1);
- ensuring that cover arrangements are always available in the event of staff absence or staffing changes including briefing for volunteers, supply teachers and appropriate induction for new members of staff;
- ensuring that individual healthcare plans (IHCPs) are in place, where appropriate, and developed in consultation with parents/carers, healthcare professionals, relevant staff and (if appropriate) the child or young person;
- ensuring that individual healthcare plans (IHCPs) are monitored and are subject to review, at least annually, or sooner if needs change;
- ensuring that risk assessments relating to the school environment are in place, as appropriate, including consideration for actions to take in the event of emergency situations;
- ensuring that risk assessments relating to off-site visits, residential trips and extended school opportunities offered outside the normal timetable are in place, as appropriate, including consideration for actions to take in the event of emergency situations;
- ensuring that appropriate insurance is in place to support staff to undertake this role;

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- ensuring that a complaints procedure is in place and is accessible.

## **1.2 The Head Teacher / Principal**

The Head Teacher / Principal is responsible for:

- ensuring that the notification procedure is followed when information about a child's medical needs are received (Appendix 1);
- ensuring that parents/carers provide full and up to date information about their child's medical needs by completion of 'Parent/Carer Information about a Child's Medical Condition' form (Template A)
- deciding, on receipt of a "Parent/Carer Request and Agreement for School to Administer Medicines / Medical Interventions' form (Template B), on case by case basis, whether any medication or medical intervention will be administered, following consultation with staff;
- deciding, on receipt of a 'Parent/Carer Request for the Child's Self-administration of Medication/Medical Intervention (Template C), on a case by case basis, whether any medication will be carried by the child, will be self-administered by the child or any medical intervention will be self-administered by the child, following consultation with staff, if appropriate;
- ensuring that procedures are understood and implemented by all staff, volunteers and pupils.

## **1.3 Staff**

Any member of staff may be asked to provide support for a child with a medical condition, including the administration of medicine(s) and medical intervention(s), although they cannot be required to do so; this is a voluntary role.

School staff will receive sufficient and suitable training and achieve competency before they take on responsibility for supporting children with medical conditions.

Where children have an Individual Healthcare Plan (IHCP) the roles and responsibilities of staff will be clearly recorded and agreed.

## **1.4 Parents/carers Responsibilities**

Parents/carers are required to:

- provide the school with sufficient and up to date information about their child's medical needs and to update it at the start of each school year or, if needs change, by completion of 'Parent/Carer Information about a Child's Medical Condition' form (Template A);
- complete, if appropriate, a 'Parent/Carer Request and Agreement for School to Administer Medicines / Medical interventions' form (Template B) to gain consent for medicines / medical interventions to be administered at school;
- complete, if appropriate, a 'Parent/Carer Request for the Child's Self-administration of Medication/Medical Intervention' form (Template C) to gain consent for medicines / medical interventions to be administered by the child;
- provide up to date contact information so that parents/carers or other nominated adults are contactable at all times;

- carry out any action they have agreed to as part of the implementation of an Individual Healthcare Plan (IHCP);
- provide any medication in its original packaging, with the pharmacy label stating the following:
  - a) the child's name
  - b) the child's date of birth
  - c) name of medicine
  - d) frequency / time medication administered
  - e) dosage and method of administration
  - f) special storage arrangements
- ensure that medicines or resources associated with delivery of a medical intervention have not passed the expiry date;
- collect and dispose of any medicines held in school at the end of each term or as agreed;
- provide any equipment required to carry out a medical intervention e.g. catheter tubes;
- collect and dispose of any equipment used to carry out a medical intervention e.g. sharps box.

## 2 PUPIL INFORMATION

Parents/carers are required to give the following information about their child's medical condition and to update it at the start of each school year or sooner, if needs change, by completion of 'Parent/Carer Information about a Child's Medical Condition' form (see Template A):

- a) Details of pupil's medical conditions and associated support needed at school
- b) Medicine(s), including any side effects
- c) Medical intervention(s)
- d) Name of GP / Hospital and Community Consultants / Other Healthcare Professionals
- e) Special requirements e.g. dietary needs
- f) Who to contact in an emergency
- g) Cultural and religious views regarding medical care

## 3 MANAGING MEDICINES / MEDICAL INTERVENTIONS ON SCHOOL PREMISES

### 3.2 Administration of Medicines / Medical Interventions

Medicine / medical interventions will only be administered at school when it would be detrimental to pupil's health or attendance not to do so. The school does not authorise administering medicines/medical interventions on an ad hoc or short term basis. In such circumstances an appointment needs to be made to discuss the issue with the designated leads.

It is expected that parents/carers will normally administer medication / medical interventions to their children during their time at home, where at all possible.

No medication / medical intervention will be administered without prior written permission from the parents/carers. 'Parent/Carer Request and Agreement for School to Administer Medicines / Medical Interventions' (Template B)

The Head Teacher will decide whether and by whom any medication or medical intervention will be administered in school, following receipt of the above form and after consultation with staff.

No changes to administration method or dosage of medication or changes in procedures relating to medical interventions will be carried out without written authority from parents/carers and recorded amendment to the 'Parent/Carer Request and Agreement for School to Administer Medicines / Medical interventions' form (Template B)

The Head Teacher will decide whether a child is able to carry and self-administer any medication or self-administer any medical intervention, following consultation with staff as appropriate 'Parent/Carer Request for the Child's Self-Administration of Medication/Medical Intervention' (Template C);

All medicines / medical interventions will normally be administered during school breaks and/or lunchtime.

All medicines will be securely stored in a safe place and travel with the child at identified points in the day and educational visits as mentioned in the Health Care Plan.

If, for medical reasons, medicine has to be taken at other times during the day or a medical intervention delivered at a different time, arrangements will be made for the medicine / medical intervention to be administered at other prescribed times.

Pupils will be told where their medication / medical intervention equipment and resources are kept and who will administer them. Specific medication for children other than Asthmatic children will be stored in the office and the children who need medicine administering will be cared for by the office staff only. A record will be kept in the office to monitor children who need and have had medicine administered.

Any member of staff, on each occasion, giving medicine / medical intervention to a pupil should check:

- a) Name of pupil
- b) Written instructions provided by the parents/carers or healthcare professional or as agreed in an Individual Healthcare Plan (IHCP)
- c) Prescribed dose, if appropriate
- d) Expiry date, if appropriate

Any member of staff, on each occasion, will make a written record of medication / medical interventions administered on the 'Record of Administration of Medicines/Medical Intervention to an Individual Child' (Template C)

No child under 16 will be given medicine containing **aspirin** unless prescribed by a doctor.

### **3.2 Child's Role in Managing their own Medical Needs**

After discussion with parents/carers, children who are competent will be encouraged to take responsibility for managing their own medicines and medical interventions.

Written permission from the parents/carers will be required for pupils to self-administer medicine(s) / medical intervention(s). The school's 'Parent/Carer Request for the Child's Self-administration of Medication/Medical Intervention (Template C) must be completed by parents/carers.

Written permission from the parents/carers will be required for pupils to carry medicine(s) or resources associated with a medical intervention(s). The school's 'Parent/Carer Request for the Child's Self-administration of Medication/Medical Intervention (Template C) must be completed by parents/carers.

Children who can take medicines or manage medical interventions independently may still require a level of adult support e.g. in the event of an emergency. In this situation agreed procedures will be documented in an IHCP.

### **3.3 Refusing Medication / Medical Intervention**

If a child refuses to take their medication / medical intervention, staff will not force them to do so. Refusal to take medication will be recorded and dated on the child's record sheet. Reasons for refusal to take medications / medical intervention must also be recorded as well as the action then taken by the member of staff.

Parents/carers will be informed as soon as possible. Where the child is potentially placing themselves at risk by refusal, parents/carers will be informed immediately.

### **3.4 Storage of Medicines / Medical Intervention Equipment and Resources**

All children will know where their medicines / medical intervention equipment/resources are at all times and will be readily available as required.

#### **3.4a Controlled drugs**

A child who is prescribed a controlled drug may legally have it in their possession if they are competent to do so but passing it to another child for use is an offence.

Where controlled drugs are not an individual child's responsibility, they will be kept in a non-portable locked cabinet in the admin office. Only named staff will have access.

Controlled drugs will be easily accessible in an emergency as agreed with parents/carers or described in the child's IHCP.

Where controlled drugs are not an individual child's responsibility, records will be kept of any doses used and the amount kept on the premises.

#### **3.4b Non-controlled drugs and medical resources**

All medicines and medical equipment / resources will be stored safely as agreed with parents/carers or described in the child's IHCP.

### **3.5 Records**

School will keep a record of all medicines / medical interventions administered to individual children on each occasion, including the following:

- a) Name of pupil
- b) Date and time of administration
- c) Who supervised the administration
- d) Name of medication
- e) Dosage
- f) A note of any side effects / reactions observed
- g) If authority to change protocol has been received and agreed.

Record of Administration to an Individual Child (Template D) and Record of Medicine Administered to All Children (Template E).

## **4. TRAINING**

Staff must not give prescription medicines or undertake healthcare procedures without appropriate training. A First Aid Certificate does NOT constitute appropriate training in supporting children with medical conditions.

All staff will be made aware of the school's policy for supporting pupils with medical conditions and their role in implementing that policy through for example whole school awareness training, involvement in development of IHCPs, staff briefing sessions etc.

Specialist training and advice will be provided by appropriate healthcare professionals, e.g. specialist epilepsy nurse, asthma training by school nurse etc. for staff involved in supporting pupils with medical conditions including the administration of relevant medicines / medical interventions.

Training for all staff will be provided on a range of medical needs, including any resultant learning needs, as and when appropriate.

Training will be sufficient to ensure staff are competent and have confidence in their ability to support pupils with medical conditions, and to fulfil the requirements as set out in individual healthcare plans. Induction training will raise awareness of school's policy and practice on supporting pupils with medical condition(s).

School will make every effort to ensure that specialist training will be completed as quickly as possible to ensure that the child is able to attend school safely.

A record of staff training carried out will be kept, identifying the date review or refresher training will be required where appropriate. 'Record of Staff Training' (Template F)

## **5. INDIVIDUAL HEALTH CARE PLANS (IHCP)**

Where appropriate, an Individual Health Care Plan (IHCP) will be drawn up in consultation with the school, parents/carers, health professionals and any other relevant professionals.

The content of an individual child's IHCP will be dependent on the complexity of their needs and may include the following:

- a) an overview (Pen Portrait / One Page Profile) of the child's needs and provision in place in school to manage those needs;
- b) a description of the medical condition, its presentation (signs, symptoms, triggers etc) and impact on access to the school environment and learning opportunities;
- c) arrangements around administration of medication(s) / medical intervention(s);
- d) arrangements around management of medical emergency situations;
- e) arrangements around management and support for personal care needs, including intimate and invasive care e.g. catheterisation, toileting support, gastro-tube feeding etc;
- f) risk assessment for access to the school environment and curriculum;
- g) arrangements for evacuation in the event of an emergency;
- h) the level of support required in school, who will provide this support, their training needs and cover arrangements for when they are unavailable;
- i) how, if agreed, the child is taking responsibility for their own health needs;
- j) a reference to staff confidentiality.

Appendix 2 is a Flow Chart to guide schools through deciding which elements of the IHCP are relevant to an individual child.

Individual Health Care Plans will be reviewed annually or sooner if needs change.

### **Intimate and Invasive Care**

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Cases where intimate or invasive care is required will be agreed on an individual basis. Decisions made about procedure and practice will be recorded within the pupils Individual Healthcare Plan IHCP and take account of safeguarding issues for both staff and pupils.

Information about the types of training required for administration of medicines and medical interventions commonly found in schools is contained in Appendix 3 (Medicines and Medical Interventions).

## **6. OFF-SITE AND EXTENDED SCHOOL ACTIVITIES**

Pupils with medical conditions will be actively supported in accessing all activities on offer including school trips, sporting activities, clubs and residential / holidays.

Preparation and forward planning for all off-site and extended school activities will take place in good time to ensure that arrangements can be put in place to support a child with a medical condition to participate fully.

School will consider what reasonable adjustments need to be put in place to enable children with medical conditions to participate safely and fully.

School will carry out a thorough risk assessment to ensure the safety of all pupils and staff. In the case of pupils with medical needs the risk assessment process will involve consultation with child, parents/carers and relevant healthcare professionals to ensure the pupil can participate safely. Please refer to Health and Safety Executive (HSE) Guidance on School Trips.

In some circumstances evidence from a clinician, such as a hospital consultant, may state that participation in some aspects offered is not possible. Where this happens school will make alternative arrangements for the child.

Arrangements will be in place to ensure that an IHCP can be implemented fully and safely when out of school. Risk assessment will identify how IHCPs will be implemented effectively off-site and where additional supervision or resources are required.

## **7. MANAGING EMERGENCIES AND EMERGENCY PROCEDURES**

The Head Teacher will ensure that all staff are aware of the school's general risk management processes and planned emergency procedures.

Where a child has an IHCP this will clearly define what constitutes an emergency and describes what to do. This may include:

- a) an Emergency Medical Protocol that details the actions to be taken by staff and supported by specialist training where relevant e.g. seizure management and administration of rescue medication;
- b) a Personal Emergency Evacuation Plan (PEEP) that details the actions to be taken by staff to support the child's evacuation from the building, supported by specialist training where relevant e.g. use of an Evac chair; the Personal Emergency Evacuation Plan should also detail the actions to be taken by staff to support how staff will manage the child's medical needs during the evacuation e.g. ensuring appropriate medication is taken outside and is available whilst at the assembly point.

School has a procedure for contacting emergencies services (Template G) which is displayed in the appropriate places e.g. office, staff room etc.

## 8. CONFIDENTIALITY AND SHARING OF INFORMATION WITHIN SCHOOL

School is aware of the need to manage confidential information sensitively and respectfully, maintaining the dignity of the child and family at all time.

School will disseminate information to key members of staff involved in the child's care on a needs-to-know basis, as agreed with parents/carers.

Where the child has an Individual Healthcare Plan (IHCP) this will be shared with key staff with regular scheduled re-briefings.

School will ensure that arrangements are in place to inform new members of staff of the child's medical needs.

School will ensure that arrangements are in place to transfer information on a child's medical needs to staff during any transition.

## 9. LIABILITY AND INDEMNITY

School insurance policies provide liability cover relating to the administration of medicines.

In the case of medical interventions, individual cover may be arranged for any specific healthcare procedures, including information about appropriate staff training and other defined requirements of the insurance policy.

The school's insurance arrangements are as follows:

Employers' Liability – QBE Insurance (Europe) Limited and Others  
Public/Products Liability - QBE Insurance (Europe) Limited and Others

## 10. COMPLAINTS PROCEDURE

In the first instance parents/carers dissatisfied with the support provided should discuss their concerns directly with the Designated Lead – Ms S Lynton

If, for whatever reason, this does not resolve the issue then a formal complaint can be made in writing to the school's governing body.

*The school complaints policy is available on request from the main office.* It is available on the St Agnes' School website: [www.st-agnes.manchester.sch.uk](http://www.st-agnes.manchester.sch.uk)

## 11. UNACCEPTABLE PRACTICE

The school considers that the **following constitute unacceptable practice:**

- requiring parent/carers or otherwise making them feel obliged to attend school to administer medicines / medical interventions or provide medical support to their child, including around toileting issues (medical related only) – no parent/carer should have to give up working because the school is failing to support their child's medical needs;
- preventing children from participating or creating unnecessary barriers to children participating in any aspect of school life, including trips, e.g. by requiring parents/carers to accompany the child.
- preventing children from easily accessing and administering their medicines as and where necessary;
- assuming that every child with the same condition requires the same treatment;

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- ignoring the views of the child and/or their parents/carers (although this may be challenged);
- ignoring medical evidence or opinion (although this may be challenged);
- sending children with medical conditions home frequently;
- preventing children with medical conditions from staying at school for normal school activities, including lunch, unless this is specified in their IHCP;
- if the child becomes ill, sending them to the school office or medical room unaccompanied or with someone unsuitable;
- penalising children for their attendance record if their absences are related to their medical condition e.g. hospital appointments;
- preventing children from eating, drinking or taking toilet / other breaks whenever they need to in order to manage their medical condition effectively.

## **12. POLICY INFORMATION AND REVIEW**

Information about ratification of policy, signatures and review dates can be found on the front cover of this policy document.

### **Templates:**

- A. Parent/Carer Information about a Child's Medical Condition
- B. Parent/Carer Request and Agreement for School to Administer Medicines/Medical Interventions' form
- C. Parent/Carer Request for the Child's Self-Administration of Medication/Medical Intervention
- D. Record of Administration of Medicines/Medical Intervention to an Individual Child
- E. Record of Administration of Medicines Administered to All Children
- F. Record of Staff Training
- G. Procedure for Contacting Emergencies Services

### **Appendices:**

1. Sample Procedure following notification of a pupil's medical needs
2. Individual Healthcare Plan (IHCP) Flow Chart to Guide Schools on the Development of an IHCP for a Child
3. Medicines and Medical Interventions

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**CONFIDENTIAL**

**PEN PORTRAIT**

<p><b>MEDICAL INFORMATION</b></p>	<p><b>MEDICATION / MEDICAL INTERVENTION</b></p>	<p><b>EMERGENCY MEDICAL INFORMATION</b></p>	<p><b>PHYSIOTHERAPY</b></p>
<p><b>ACCESS TO THE PHYSICAL ENVIRONMENT</b></p>	<p><b>Name:</b>   <b>Class /:</b>  <b>Form</b>   <b>Teacher:</b>   <b>TA:</b></p>		<p><b>PERSONAL CARE NEEDS</b></p>
<p><b>EMERGENCY EVACUATION</b></p>	<p>I agree that the information on this One Page Profile reflects Jakes overall needs and provision. Staff are to refer to the detailed plans that follow in this IHCP</p> <p>Signed ..... Parent/Carer  Date .....</p> <p>Signed ..... Teacher  Date .....</p> <p>Signed ..... TA  Date .....</p> <p>Signed ..... SENCO/Lead  Date .....</p>		<p><b>ACCESS TO THE CURRICULUM</b></p>

<p style="text-align: center;"><b>OFF SITE TRIPS AND VISITS</b></p> <p>For all off-site trips, events and residential visits a personalised risk assessment will be written for this pupil in addition to the generic risk assessment for the group.</p>	<p style="text-align: center;"><b>ABOUT THE PUPIL</b></p>	<p style="text-align: center;"><b>CONTACTS</b></p> <p>Parents/Carers Home Mobile 1 Mobile 2 Physiotherapist Specialist Nurse</p>	<p style="text-align: center;"><b>LEARNING / COMMUNICATION / OTHER NEEDS</b></p>
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**This addendum follows Government Schools COVID-19 operational guidance Updated 19 July 2021**

As the country moves to Step 4 of the roadmap, the government continues to manage the risk of serious illness from the spread of the virus. This marks a new phase in the government’s response to the pandemic, moving away from stringent restrictions on everyone’s day-to-day lives, towards advising people on how to protect themselves and others, alongside targeted interventions to reduce risk. As COVID-19 becomes a virus that we learn to live with, there is now an imperative to reduce the disruption to children and young people’s education - particularly given that the direct clinical risks to children are extremely low, and every adult has been offered a first vaccine and the opportunity for 2 doses by mid-September.

Our priority is to deliver face-to-face, high-quality education to all pupils. The evidence is clear that being out of education causes significant harm to educational attainment, life chances, mental and physical health.

**Mixing and ‘bubbles’**

The Government no longer recommend that it is necessary to keep children in consistent groups (bubbles). We will make sure your outbreak management plans cover the possibility that in our local areas it may become necessary to reintroduce ‘bubbles’ for a temporary period, to reduce mixing between groups. Any decision to recommend the reintroduction of ‘bubbles’ would not be taken lightly and would need to take account of the detrimental impact they can have on the delivery of education.

This information is detailed in the school’s Covid-19 Risk Assessment and Action Plan and has been adapted in order to ensure appropriate provision remains in place for students who become ill whilst attending school, whilst at the same time reducing the possibility of transmission of Covid-19 within the school.

**Covid-19 illness**

1. Children must not enter the building with Covid-19 symptoms :
  - a high temperature (feeling hot/shivery)
  - a new, continuous cough (this means coughing a lot for more than an hour, or 3 or more coughing episodes in 24 hours)

- a loss or change to your sense of smell or taste – this means noticed you cannot smell or taste anything, or things smell or taste different to normal
2. Children and staff will be reminded of Covid-19 symptoms (through assembly) and parents will be informed by letter that they must not send their child if they are unwell with Covid-19 symptoms or if anyone in the family has confirmed Covid-19 and they are therefore self-isolating with their family.
  3. Children who are “clinically extremely vulnerable” \* will be guided to seek medical advice but will not be expected to attend school.
  4. Children who are “clinically vulnerable”\*\* (but not clinically extremely vulnerable) will be expected to seek medical advice and inform the school if they are not attending
  5. If children become ill in school they must follow the isolation process in school and arrangements will be made for them to leave the building as soon as possible (go to GR1). Parents/carers must collect their child immediately. Parents will be asked to ensure they follow the Government guidance “COVID-19: guidance for households with possible coronavirus infection”. The parent/carer will be given a slip with this information listed. Parents must inform the school of the outcome of the Covid-19 test.
  6. Children must report if they feel unwell with Covid-19 symptoms immediately to their teacher.
  7. If a child is awaiting collection, they will be escorted by a member of staff.
  8. If the child needs to go to the bathroom while waiting to be collected, they should use the toilet nearest GR1 and under no circumstances leave the room for any other reason.
  9. Welfare of the ill child to be checked at social distance and full PPE should be worn by staff caring for the child while they await collection
  10. If the child is seriously ill 999 will be called by reception on the instruction of the lead first aider and parents will be informed this has happened and to make arrangements to meet their child at the hospital
  11. If a member of staff has helped someone who was unwell with Covid-19 symptoms they do not need to go home unless they develop symptoms themselves or if the child tests positive for Covid-19 (staff should undertake a test and report the results to covid@st-agnes.manchester.sch.uk.
  12. The child must have a Covid 19 test. If this is negative, then they can return to school as soon as they feel well enough

13. If the child tests positive they must inform school and self isolate with their families (themselves for 10 days). Track and Trace processes will then inform any other people who have been in contact with the student of their next steps.
14. If people in contact with the infected child develop symptoms, they should get a test and self isolate. They must report the outcome of the test to school via [covid@st-agnes.manchester.sch.uk](mailto:covid@st-agnes.manchester.sch.uk).
15. Parents of the tested child/children must be told they must advise school of the outcome of the test results so that appropriate action can then be taken in school regarding advice to test others
16. If a number of people in contact with the student then test positive, this would constitute a 'cluster' and further advice would be taken from Public Health England's local Health Protection Teams about closure/further limiting numbers

If we have several confirmed cases within 14 days, we may have an outbreak.

We will call the dedicated advice service who will escalate the issue to our local health protection team where necessary and advise if any additional action is required, such as implementing elements of our outbreak management plan.

\*In line with current Government Guidance.