ADMINISTERING MEDICINES POLICY

NOOUTSIDERS

EVERYONE IS WELCOME.

'Aspire to be Amazing'

Last reviewed: January 2021
Date for next review: January 2022

Ashton Hayes Primary School
Church Road, Ashton Hayes, Chester, Cheshire CH3 8AB

Cheshire West and Chester

Supporting Social Communication

Administrating Medicines Policy

Last reviewed: January 2021
Date for next review: January 2022

The following policy is an extract from the Heath and Safety Handbook, and forms the School's Policy on the administration of medicine.

Overview

The following also applies (reference 2.4):

It is the parent's responsibility to obtain a form from the School Office (known within the school as the 'medical form') and to complete in using information supplied to them by their GP.

We recognise that we have no obligation to administer medicines to the children and each decision is made on an individual basis by the Headteacher or designated person. Where there is any doubt, further clarification will be sought from the LA

Medicines are administrated by the headteacher, school administrative officer or a designated person. In any case, the action of administering the medicine is witnessed by another member of the school staff. The time/date/dosage of medicine is recorded by the member of staff administering the medicine and counter-signed by the witness.

In the event of children having to take non-prescription medicines, decisions are made on an individual basis by the Headteacher and/or first-aider. Any decisions are discussed with another member of staff. Examples of such medication where this course of action are made include antihistamines for allergies. A letter/notification from a medical practitioner is required for this to occur.

Each individual case is managed and risk assessed on its own merits and should always be made in consultation with this policy and the Headteacher

The Headteacher is consulted on the administration of any medicines. In addition, the school administrative assistant.

- A clear statement on the roles and responsibilities of staff managing administration of medicines, and for administering or supervising the administration of medicines
- Staff training in dealing with medical needs
- Safe storage of medicines
- Record keeping
- The school policy on assisting young people with long-term or complex medical needs
- Policy on young people carrying and taking their medicines themselves
- Access to school's emergency procedures
- Procedures for managing prescription medicines on school visits and outings

1. INTRODUCTION

1.1 The Headteachers and Managers are recommended to follow the guidance in this document which has been drawn up in accordance with the DfE guide 'Managing Medicines in Schools and Early Years Settings'. Also previously in consultation with consultant community paediatricians in Cheshire and the County Medical Heath and Safety Service; the County's Legal Section and the recognised trade unions and professional associations of Headteacher representatives.

1.2 Most young people will at sometime have short-term medical needs i.e. finishing a course of antibiotics. Some young people will also have longer term medical needs and may require medicines on a long-term basis such as controlled epilepsy etc. Others may require medicines in particular circumstances, such as those with severe allergies who may need an adrenaline injection. Young people with severe asthma may have a need for inhalers or additional doses during an attack.

1.3 In most cases young people with medical needs can attend school and take part in normal activities but staff may need to take care in supervising such activities to make sure such young people are not put at risk. An individual Health Care Plan can help staff identify the necessary safety measures to help support young people with medical needs and ensure that they, and others, are not put at risk.

1.4 Under Part 4 of the DDA (Disability Discrimination Act 1995) responsible bodies for schools (including nursery schools) must not discriminate against disabled pupils in relation to their access to education. Schools are also under a duty to plan strategically to increase access, over time, to schools. This should include planning for the admission of disabled pupils with medical needs. Like schools, early years settings should be making reasonable adjustments for disabled children, including those with medical needs.

1.5 Parents have the prime responsibility for their child's health and should provide schools with information about their child's medical condition, obtaining details from the GP or paediatrician if needed. School doctor, nurse or health visitor may also be able to provide information for staff.

1.6 There is no legal duty that requires school staff to administer medicines, but all staff have a common law duty of care to act like any reasonable prudent parent. Some schools are developing roles for support staff that build the administration of medicines into their core job description. Schools should ensure that they have sufficient staff that are appropriately trained to administer medicines as part of their duties. These members of staff should receive appropriate training and support from health professionals and schools should ensure that there are robust systems in place to manage medicines safety.

2. SCHOOL'S MEDICINES POLICY

2.1 Ideally it is preferable that parents, or their nominee, administer medicines to their children, this could be effected by the young person going home during a suitable break or the parent visiting the school. However this may not be appropriate. In such cases it is likely that a request will be made for medicine to be administered to the young person at school.

2.2 Each request for medicine to be administered to a young person in school should be considered on its merits. Where it is thought necessary for medicines to be administered the Headteacher or Manager should ensure that their school policy and these guidelines are followed carefully. All staff must be made aware of the school policy and practices with respect to administering medicines.

2.3 This policy covers the following:-

- A clear statement on parental responsibility in respect of their child's medical needs

- The need for prior written agreement from parents for any medicines to be given to their child
- Procedures for managing prescription medicines which need to be taken during the school day
- The circumstances in which young people may take non-prescription medicines
- Risk assessment and management processes
- A clear statement on the roles and responsibilities of staff managing administration of medicines, and for administering or supervising the administration of medicines
- Staff training in dealing with medical needs
- Safe storage of medicines
- Record keeping
- The school policy on assisting young people with long-term or complex medical needs
- Policy on young people carrying and taking their medicines themselves
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3 GUIDELINES

The following guidance should be observed in cases were medicines are administered within educational establishments.

3.1 The school must receive a written request from the parent giving clear instructions regarding required dosage. A doctor's (or Health Professional's) note should also be received to the effect that it is necessary for the medicine to be administered during school hours. The necessary form should be completed by the parent whenever a request is made for medicine to be administered on each and every occasion. This request should be reviewed termly. (See Appendix 1 for a typical request form)

Prescribed Medicines

3.2 Schools should only accept medicines that have been prescribed by a doctor, dentist or nurse prescriber. Medicines should always be provided in the original container as dispensed by a pharmacist and include the prescribers instructions for administration. **Schools should never accept medicines that have been taken out of the container as originally dispensed nor make changes to dosage on parent's instructions.** Ideally if medicines are prescribed in dose frequencies which enable it to be taken outside school hours, parents could be encouraged to ask their prescriber about this.

Non- Prescribed Medicines

3.3 Staff should **never** give a non-prescribed medicine to a young person unless there is a specific prior written agreement from parents and accompanied by a doctor's (or Health Professional's) note as in 3.1. For example if a young person suffers from frequent or acute pain the parents should be encouraged to refer the matter to their GP**. A young person under 16 should never be given aspirin or medicines containing ibuprofen unless prescribed by a doctor.**

3.4 Where possible the medicine, in the smallest amount, should be brought into school by the parent, or their nominee, and it should be delivered personally to the Headteacher or their nominated member of staff. If a young person brings to school any medicine for which the Headteacher has not received written notification, the staff at the school will not be responsible for that medicine. It will be kept by the Headteacher and parents will be contacted and asked to collect.

Training and Instruction

3.5 Schools must ensure that they have sufficient members of support staff who are employed and adequately trained to manage medicines as part of their duties. Any member of staff who agrees to accept responsibility for administering prescribed medicines to a young person should have appropriate training guidance and support from the health professionals. They should be aware of any potential side affects of the medicines and what to do if they occur. A written record of training and authority to carry out procedures should be kept both by the school and the member of staff.

3.6 Only one member of staff at any one time should administer medicines to a young person (to avoid the risk of double dosing). However there may be circumstances were an additional member of staff may check doses before they are administered. Arrangements should be made to relieve the member(s) of staff from other duties while preparing or administering doses (to avoid the risk of interruption before the procedure is completed). If more that one person administers medicines a system must be arranged to avoid the risk of double dosing.

3.7 Staff with a young person with medical needs in their class or group should be informed about the nature of the condition and when and where the young person may need extra attention.

Storing Medicines

3.8 Large volumes of medicines should not be stored. Medicines should be stored strictly in accordance with the product instructions and in the original container in which dispensed. Staff should ensure that the supplied container is clearly labeled with the name of the young person, name and dosage of the medicine and the frequency of administration.

3.9 A few medicines need to be refrigerated. They can be kept in a refrigerator containing food but should be in an airtight container and clearly labeled. There should be restricted access to refrigerators holding medicines.

3.10 School nurse or the district pharmacist can advise on the design and position of safe storage of medicines. They can also offer advice on suitable temperatures required for certain items, possible damage by exposure to light and the lifespan of certain medicines.

3.11 The young person should know where their own medicines are being stored and who holds the key. All emergency medicines, i.e. asthma inhalers and adrenalin pens should be readily available to the young person and should not be locked away.

Record Keeping

3.12 Schools should keep written records each time medicines are given and staff should complete and sign this record. (See Appendix 2). Good records help demonstrate that staff have followed the agreed procedures. In early years settings such records **must** be kept and parents should be requested to sign the form to acknowledge the entry. If a young person refuses to take medicine, staff should not force them to do so, but should note this in the records and follow agreed procedures. Parents should be informed of the refusal on the same day.

Long-Term Medical Needs

3.13 It is important to have sufficient information about the medical condition of any young person with long-term medical needs. Schools need to know about any particular needs before the young person attends for the first time or when they first develop a medical need. It is helpful to develop a written Health Care Plan for such a young person, involving the parents and relevant health professionals.

Such plans would include the following:-

- Details of the young person' condition
- Special requirements i.e. dietary needs, pre-activity precautions
- Any side affects of the medicines
- What constitutes an emergency
- What action to take in an emergency
- Who to contact in an emergency
- The role staff can play

(See Appendix 3 for an example Health Care Plan.)

Self Management of medicines

3.14 It is good practice to support and encourage young people, who are able, to take responsibility to manage their own medicines and schools should encourage this. There is no set age when this transition should be made. Health professionals need to assess, with parents and young person, the appropriate time to make this transition. This should be recorded in the young persons Health Care Plan. If the young person can take their own medicine themselves, staff may only need to supervise the procedure.

Controlled Drugs (Controlled by the Misuse of Drugs Act)

3.15 Any nominated member of staff may administer a controlled drug to the young person for whom it has been prescribed (in accordance with the prescriber's instructions). A young person who has been prescribed a controlled drug may legally have it in their possession. It is permissible for schools to look after a controlled drug, where it is agreed that it will be administered to the young person for whom it is prescribed.

Schools must keep controlled drugs in a lockable non-portable container and only named staff have access to it. A record must be kept for audit purposes.

Disposal of Medicines

3.16 All Medicines, including controlled drugs, should be returned to the parent, when no longer required, for them to arrange for safe disposal. They should also collect medicines held at the end of each term. If parents do not collect all medicines they should be taken to a local pharmacy for safe disposal.

Emergency Procedures

3.17 All schools should have arrangements in place for dealing with emergency situations. This may be part of the school's First Aid procedures. Individual Health Care Plans should include instructions as to how to manage a young person in the event of an emergency and identify who is the responsible member of staff, for example if there is an incident in the playground a lunchtime assistant needs to be very clear of their role.

Educational Visits

3.18 Schools should consider what reasonable adjustments they may need to make to enable young people with medical needs to participate fully and safely on visits, i.e. review existing policy and procedures and ensure risk assessments cover arrangements for such young people. Arrangements for taking any necessary medicines will need to be taken into consideration. Staff supervising excursions should always be aware of the medical needs and relevant emergency procedures. A copy

of the individual's Health Care Plan available during the visit could be beneficial in the event of an emergency.

If staff are concerned about whether they can provide for a young person's safety, or the safety of others, on a visit, the school should seek parental views and medical advice from the school health service and/or the young person's GP, Specialist Nurse or Hospital Consultant.

4. CIRCUMSTANCES REQUIRING SPECIAL CAUTION

4.1 Whilst the administration of all medicines requires caution, there are certain circumstances which require special attention before accepting responsibility for administering medicine when the parents are unable to come to school themselves. These are:

- Where the timing and nature of the administration are of vital importance and where serious consequences could result if a dose is not taken;
- Where some technical or medical knowledge or expertise is required;
- Where intimate contact is necessary.

4.2 In such exceptional circumstances Headteachers are advised to consider the best interests of the child as well as considering carefully what is being asked of the staff concerned. The Headteacher is advised to seek advice from the consultant community paediatrician, G.P or school doctor (See Appendix 4 for contacts). Clear policies should exist for administration for such medication and there should be clear written instructions, which are agreed by the parents, teachers and advisory medical staff. The Medical Professionals must confirm that non-nursing staff can administer such medicines and what training is necessary and by whom. Clear records should be kept of any medication administered in school and parents should be informed whenever a child is given such medication, which is not part of a regular regime.

5. INVASIVE PROCEDURES

5.1 Some children require types of treatment such as the administration of rectal valium, assistance with catheters or the use of equipment for young people with tracheotomies. Only staff who have been appropriately trained are to administer such treatment. This must be in accordance with instructions issued by the paediatrician or G.P. Training in invasive procedures should be conducted by qualified medical personnel e.g. School Nurse, or Specialist Nurse. For the protection of both staff and young people a second member of staff must be present while more intimate procedures followed.

5.2 Where it is known in advance that a young person may be vulnerable to life-threatening circumstances the school should have in place an agreed Health Care Plan (see 3.14). This should include the holding of appropriate medication and appropriate training of those members of staff required to carry out the particular medical procedures.

5.3 Whether or not Headteachers agree to administer medication or other treatment, the school should devise an emergency action plan for such situations after liaising with the appropriate community paediatrician or Specialist Nurse etc. This has implications for school journeys, educational visits and other out of school activities. There may be occasions when individual young people have to be excluded from certain activities if appropriate safeguards cannot be guaranteed.

6. GUIDANCE FOR TEACHERS ON PARENTAL CONSENT FOR MEDICAL TREATMENT

6.1 In general a competent young person may give consent to any surgical medical or dental treatment. For younger pupils parental consent does not constitute a problem in the vast majority of cases. Sometimes a member of staff does meet the problem of a young person belonging to a religious

body, which repudiates medical treatment. Normally the parent will make the decision and this should be regarded as the most desirable course of action. However, the problem could be urgent or the parent unavailable. Parents who have specific beliefs which have implications for medical treatment should make their views and wishes known to the school so that the consequences of their beliefs can be discussed and, if possible, accommodated. In an emergency a member of staff would have recourse to ordinary medical treatment.

6.2 If a young person is being taken on a school journey where medical treatment may be needed and the parent is not prepared to give written instructions and an indemnity on the subject of medical treatment, the school might decide that the young person should not go on the journey, harsh as this may appear to be.

6.3 If a member of staff undertakes responsibility for administering medicines and a young person were to have an adverse reaction, in the event of a claim by the parent/guardian then the Authority will indemnify the member of staff concerned, subject to legal liability being established, and if he/she has reasonably applied this policy.

7 COMMON CONDITIONS AND PRACTICAL ADVICE

7.1 The medical conditions in young people that most commonly cause concern in schools are asthma, diabetes, epilepsy and severe allergic reactions (anaphylaxis). The following notes offer some basic information but it is important that the needs of the young person are assessed on an individual basis – individual Health Care Plans should be developed.

ASTHMA

7.2 Asthma is common, one in ten young people have asthma in the UK. The most common symptoms of asthma are coughing, wheezing or a whistling noise in the chest, tight feelings in the chest or getting short of breath.

7.3 Staff may not be able to rely on the very young to be able to identify or verbalise when their symptoms are getting worse or what medicines they should take and when. Therefore staff in early years/primary school, who have such children in their classes **must** know how to identify when symptoms are getting worse and what to do when this happens. **This should be supported by written asthma plans, individual Health Care Plans and training and support for staff.**

7.4 There are two main types of medicines to treat asthma, relievers and preventers:

Relievers (blue inhalers) are medicines taken immediately to relieve asthma symptoms and are taken during an attack. These quickly open up narrowed airways and help breathing difficulties.

Preventers (brown, red, orange or green inhalers) taken daily to make airways less sensitive to the triggers. Usually preventers are used out of school hours.

Young people with asthma need to have immediate access to their reliever inhalers when they need them. Staff should ensure they are stored safe but in an accessible place, clearly marked with the young persons name and always available during physical education, sports activities and educational visits. Pupils with asthma are encouraged to carry their reliever inhalers as soon as the parent/carer, Doctor or Asthma Nurse and class teacher agree they are mature enough.

The school has two asthma inhalers in school that are for emergency use. Parents/carers have to acknowledge that they are happy for their children to use a school inhaler in an emergency.

7.5 All schools should have an asthma policy that is an integral part of the whole school policy on Administration of Medicines. The asthma section should include key information and set out specific actions to be taken. A model policy – available from 'Asthma UK' can be seen via the following link:

http://www/Services/Education/INTRANET/hsrm/Asthma%20Policy%20Guidelines.pdf

Epilepsy

7.6 Young people with epilepsy have repeated seizures, that start in the brain. An epileptic seizure, sometimes called a fit, turn or blackout can happen to anyone at any time. Around one in 200 children have epilepsy, but most children with diagnosed epilepsy never have a seizure during the school day.

7.7 Seizures can take many different forms. Parents and health care professionals should provide information to schools, setting out the particular pattern of individual young person's epilepsy. This should be incorporated into the Health Care Plan.

7.8 If a young person experiences a seizure in school the following details should be recorded and relayed to the parents.

- Any factors which might have acted as a trigger to the seizure e.g. visual/auditory, stimulation or emotion.
- Unusual 'feelings' reported by the young person prior to the seizure.
- Parts of the body showing signs of the seizure i.e limbs or facial muscles.
- Timing of the seizure – when it began and how long it lasted.
- Whether the young person lost consciousness.
- Whether the young person was incontinent.

After a seizure the young person may feel tired, be confused, have a headache and need time to rest or sleep.

7.9 Most young people with epilepsy take anti – epilepsy medicines to stop or reduce their seizures. Regular medicine should not need to be given during school hours. Triggers such as anxiety, stress, tiredness and being unwell may increase the change of having a seizure. Flashing and flickering lights can also trigger seizures (photosensitivity), but this is very rare. Extra care may be needed in some areas such as swimming or working in science laboratories. Such concerns regarding safety of the young person should be covered in the Health Care Plan.

7.10 During a seizure it is important to make sure the young person is in a safe position. The seizure should be allowed to take its course. Placing something soft under the person's head will help protect during a convulsive seizure. Nothing should be placed in the mouth. After the seizure has stopped they should be placed in the recovery position and stayed with until fully recovered. Emergency procedures should be detailed in the Health Care Plan. Further information regarding Epilepsy is available via the following link:

http://www/Services/Education/INTRANET/hsrm/epilepsyaction_schools_policy.pdf

Diabetes

7.11 One in 550 school age children will have diabetes. Most have Type 1 diabetes. Diabetes is a condition where the level of glucose in the blood rises. This is either due to lack of insulin (Type 1 diabetes) or because there is insufficient insulin for the young persons needs or the insulin is not working properly (Type 2 diabetes).

7.12 Each young person may experience different symptoms and this should be detailed in their Health Care Plan. Greater than usual need to go to the toilet or to drink, tiredness and weight loss may indicate poor diabetic control. Staff noticing such changes will wish to draw these signs to parents' attention.

7.13 Diabetes is mainly controlled by insulin injections with most younger children a twice daily injection regime of a longer acting insulin is unlikely to involve medicines being given during school hours. Older children may be on multiple injections or use an insulin pump. Most young people can manage their injections but supervision and a suitable private place to administer the injection, at school, may be required.

7.14 Young people with diabetes need to ensure their blood glucose levels remain stable and may check their levels by taking a small sample of blood and using a small monitor. They may need to do this during school lunch break, before PE or more regularly if insulin needs adjusting. Most young people will be able to do this themselves but younger children may need supervision to carry out/interpret test and results. Appropriate training for staff should be provided by health care professionals.

7.15 Young people with diabetes need to be allowed to eat regularly during the day i.e eating snacks during class time or prior to exercise. Staff in charge of physical education or other physical activity should be aware of the need for young people with diabetes to have glucose tablets or a sugary drink to hand.

7.16 The following symptoms, individually or combined, may be signs of low blood sugar – a **hypoglycaemic** reaction: i.e hunger, sweating, drowsiness, pallor, glazed eyes, shaking or trembling, lack of concentration, mood swings or headache. Some young people may experience **hyperglycaemic** (high glucose level) and have a greater need to go to the toilet or drink. The individual's Health Care Plan should detail their expected symptoms and emergency procedures to be followed.

Anaphylaxis

7.17 Anaphylaxis is an acute, severe allergic reaction requiring immediate medical attention. It visually occurs within seconds or minutes of exposure to certain food or substances. Occasionally this may happen after a few hours. Common triggers include peanuts, tree nuts, sesame, eggs, cow's milk, fish, certain fruit i.e kiwi fruit and also penicillin, latex or stinging insects (bees, wasps or hornets).

7.18 The most severe form of allergic reaction is anaphylactic shock, when the blood pressure falls dramatically and the patient loses consciousness. More commonly among young people there may be swelling in the throat which can restrict the air supply or severe asthma. Less severe symptoms may include tingling or itching in the mouth, hives anywhere on the body, generalised flushing of the skin or abdominal cramps, nausea or vomiting.

7.19 The treatment for a severe allergic reaction is an injection of adrenaline. Pre-loaded injection devices containing one measured dose of adrenaline are available (via prescription). Should a severe allergic reaction occur the adrenalin injection should be administered into the muscle of the upper outer thigh. **An Ambulance should always be called.**

7.20 Adrenaline injectors, given in accordance with the prescribed instructions, are a safe delivery mechanism. It is not possible to give too large a dose using, this device. In cases of doubt it is better to give the injection than hold back.

7.21 Day to day policy measures are needed for food management, awareness of the young person's

needs in relation to diet, school menu, individual meal requirements and snacks in school.

7.22 Parents may often ask for the Headteachers to exclude from the premises the food to which their child is allergic. This is not always feasible, although appropriate steps to minimise any risks to allergic young people should be taken.

7.23 Anaphylaxis is manageable. With sound precautionary measures and support from the staff, school life may continue as normal for all concerned.

8 RELATED PUBLICATIONS

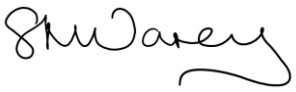
DfE Publication
'Managing Medicines in Schools and Early Years Settings'.

Asthma UK
'School Policy Guidelines'.

Last reviewed: January 2021

Date of next review: January 2023

Signed:  Acting Headteacher

Signed:  Chair of Governors

Appendix 1

Golden Rules for administering medicines

Do	Do not
✓ Remember that any member of school staff may be asked to provide support to pupils with medical conditions, but they are not obliged to do so	✘ Give prescription medicines or undertake healthcare procedures without appropriate training
✓ Check the maximum dosage and when the previous dosage was taken before administering medicine	✘ Accept medicines unless they are in-date, labelled, in the original container and accompanied by instructions
✓ Keep a record of all medicines administered to individual children. The record should state the type of medicine, the dosage, how and when it was administered, and the member of staff who administered it	✘ Give prescription or non-prescription medicine to a child under 16 without written parental consent, unless in exceptional circumstances
✓ Inform parents if their child has received medicine or been unwell at school	✘ Give medicine containing aspirin to a child under 16 unless it has been prescribed by a doctor
✓ Store medicine safely	✘ Lock away emergency medicine or devices such as adrenaline pens or asthma inhalers
✓ Ensure that the child knows where his or her medicine is kept, and can access it immediately	✘ Force a child to take his or her medicine. If the child refuses to take it, follow the procedure in the individual healthcare plan and inform his or her parents

School illness exclusion guidelines – Appendix 2

Please check your child knows how to wash his/her hands thoroughly, to reduce risk of cross infection. School attendance could be improved for all if children and families wash and dry their hands well 5 or more times a day. **See also Guidance on Infection Control in schools and other childcare settings for more details.**

Chickenpox	Until blisters have all crusted over or skin healed, usually 5-7 days from onset of rash.
Conjunctivitis	Parents/carers expected to administer relevant creams. Stay off school if unwell.
Nausea	Nausea without vomiting. Return to school 24 hours after last felt nauseous.
Diarrhoea and/or vomiting	Exclude for 48 hours after last bout (this is 24 hours after last bout plus 24 hours recovery time). Please check your child understands why they need to wash and dry hands frequently. Your child would need to be excluded from swimming for 2 weeks.
German measles/rubella	Return to school 5 days after rash appears but advise school immediately as pregnant staff members need to be informed .
Hand,	Until all blisters have crusted over. No exclusion from school if only have white spots. If there is an outbreak, the school will contact the Health Protection Unit.
Head lice	No exclusion, but please wet-comb thoroughly for first treatment, and then every three days for next 2 weeks to remove all lice.
Cold sores	Only exclude if unwell. Encourage hand-washing to reduce viral spread
Impetigo	Until treated for 2 days and sores have crusted over
Measles	For 5 days after rash appears
Mumps	For 5 days after swelling appears
Ringworm	Until treatment has commenced
Scabies	Your child can return to school once they have been given their first treatment although itchiness may continue for 3-4 weeks. All members of the household and those in close contact should receive treatment.
Scarletina	For 5 days until rash has disappeared or 5 days of antibiotic course has been completed
Slapped cheek	No exclusion (infectious before rash)
Threadworms	No exclusion. Encourage handwashing including nail scrubbing
Whooping cough	Until 5 days of antibiotics have been given. If mild form and no antibiotics, exclude for 21 days.
Antibiotics	First dose must be given at home, and first 24 hour doses must be given by parent or carer.
Viral infections	Exclude until child is well, temperature is normal (37 degrees) or follow up to date government guidance.