



City of London School Medicines and Medical Conditions Policy

1 Introduction

- 1.1** The aim of the policy is to provide clear guidance and information on how the School ensures promotion of an inclusive community that supports and welcomes pupils with medical conditions, providing pupils with medical conditions the same opportunities as other pupils at the School. Through it the School hopes to promote, where possible, regular school attendance by those requiring medication, ensure that the health needs of those requiring medication are met as much as possible and that there remains a safe environment in which everybody can work or learn. The policy aims to provide clear guidance and information on the use and storage of medication in School.
- 1.2** This policy has been devised for use by School Staff, Pupils and Parents. The policy adheres to the principles set out by the Nursing and Midwifery Council guidelines for *Standards for Medicine Management, 2007*¹, and to the guidance given in the *Department of Education's Supporting pupils at school with medical conditions, December 2015*².
- 1.3** The policy covers the following areas:
- Acquiring and sharing information about medical conditions
 - Information about medication required by pupils or staff
 - Individual Health Care Plans
 - Different categories of medication within the School
 - Storage and carriage of medication at the School or during School activities
 - Parental consent and administration of medication by CLS staff
 - The procedure to be followed in the event of a medication error
 - Staff training regarding common medical conditions
 - Pupils with disabilities under the *Equality Act 2010*³
 - Contingency plan for dealing with a Flu Pandemic
- 1.4** This policy should be read in conjunction with:
- The Health and Safety Policy
 - The First Aid Policy
 - The Educational Visits Policy

2 Acquiring and sharing information about medical conditions

- 2.1** On entrance to the School a Medical Form (see Annex 1) must be completed and returned. This provides the opportunity to share information about medical conditions. Should the need arise,

¹ See <https://www.nmc.org.uk/standards/additional-standards/standards-for-medicines-management/>

² See <https://www.gov.uk/government/publications/supporting-pupils-at-school-with-medical-conditions--3>

³ See <https://www.gov.uk/guidance/equality-act-2010-guidance>

this information is followed up by the School Nurse and Individual Healthcare Plans (see below) are drawn up for each pupil with specific needs in relation to their condition. This need will be reviewed on an annual basis or at any other time if a child's needs have changed.

- 2.2 Should a medical condition be diagnosed or should the management of an existing condition change during the course of a pupil's time at the School, it is the responsibility of parents to update the school, via the School Nurse, about the change.
- 2.3 The School understands that certain medical conditions can be serious or potentially life threatening, particularly if ill-managed or misunderstood. Though information is held confidentially, it may be shared, at the discretion of the School Nurse, when it is deemed necessary for other members of staff or other health professionals to have this knowledge.

3 Information about medication required by pupils or staff

- 2.1 Throughout their time at the School, it is likely that pupils may at some time require medication. It is important for the School to be made aware of any medication (regular, or otherwise) a pupil may be taking, regardless of the length of time for which it is to be taken, or of any medication prescribed to be taken in the event of a deterioration of a condition with which a pupil lives (i.e. Emergency Medication).
- 2.2 Initial provision for making the School aware of medication required is made on the Medical Form completed on entrance to the School (see Annex 1), or after this time by completing a Permission for Medication Form (see Annex 2) to update / amend the information provided at entry (which may no longer be current) and sending this to the School Nurse at any time. The School Nurse may be contacted at: schoolnurse@cityoflondonschool.org.uk
- 2.3 It is the sole responsibility of those requiring medication, or of those with parental responsibility for such children, to ensure that the School is made aware of this information in a timely fashion.

4 Individual Healthcare Plans

- 4.1 Individual Healthcare Plans are devised in conjunction with the pupil, their parents and the School Nurse in order to give a pupil the most effective care possible.
- 4.2 Individual Healthcare Plans will consider the following as per the Department of Education guidelines:
 - The medical condition: triggers, signs and symptoms
 - Resulting needs: medication (dose, side effects and storage), other treatments, time, facilities, equipment, testing, access to food and water, dietary requirements and environmental issues
 - Support for the pupil: this will take into consideration the pupil's educational, social and emotional needs
 - Written permission from parents for medication to be administered by staff or self-administered by the pupil during school hours, using the Permission for Medication form (see Annex 2)
 - What to do should an emergency arise, including whom to contact and the steps needed to be taken to give the pupil the best outcome

5 Different categories of medication within School

- 5.1 CONTROLLED DRUGS (CDs)** are medications that have been prescribed by a medical professional for the use of a named individual and which, under the *Misuse of Drugs Regulations, 2001*⁴, must be locked away in a non-portable container which is accessible only to named staff. This container will then be strictly monitored and all uses of the medication will be recorded in a dedicated book. The prescription will determine dosage, frequency and method of administration.
- 5.2 PRESCRIPTION MEDICATION (PM)** is medication which has been prescribed by a medical professional for use by a named individual. Although this should also be stored securely, it is not subject to the same rigorous monitoring as CDs. The prescription will determine dosage, frequency and method of administration.
- 5.3 OVER THE COUNTER (OTC) MEDICATION**, unlike CDs and PM, can be bought without a prescription and, therefore, come with generic directions for use and not specific directions for use for an identified person.
- 5.4 EMERGENCY MEDICATION (EM)** is medication prescribed by a medical professional to treat a named individual for a potentially life threatening condition. This may include CDs or PM. There are specific recognised circumstances when this medication **MUST** be administered. Only trained staff may administer this medication in conjunction with the pupil's Individual Healthcare Plan.

6 Storage and carriage of medication at the School or during School activities

- 6.1** If possible, the administration of any medication should be scheduled outside of school hours. If, however, the medication is required at school, the storage of CDs or PM will only be accommodated in school if accompanied by a Permission for Medication Form (see Annex 2), or a signed Individual Healthcare Plan, and if the medication complies with the following criteria:
- Medication is in the original container in which it was dispensed.
 - The original dispensing label must be intact and all necessary instructions clearly visible.
 - The name of the person for whom the medication was prescribed is clearly displayed on the label.
 - The dosage and frequency of the medication is clearly displayed on the label.
 - The route of administration is clearly displayed on the label.
 - The expiry date is clearly displayed on the label.
- 6.2** CDs **MUST** be delivered to the School Nurse and stored in a locked cupboard while on school premises.
- 6.3** Pupils can carry and administer their own PM or OTC medications if they: do so in a responsible manner; ensure that it is solely for their own personal use; and follow the directions on the packet.

Any lost or found medication should be reported to Reception or, if involved in an activity outside of the School, the member of staff responsible for the trip / visit as soon as possible.

⁴ See http://www.legislation.gov.uk/ukxi/2001/3998/pdfs/ukxi_20013998_en.pdf

The School cannot be held responsible for any problems experienced related to medication about which the School Nurse has not been notified and which pupils self-administer.

- 6.4 The School Nurse stores a supply of OTC medication in a wall-mounted, locked, medicine cabinet in the Medical Centre. The stock of medication in this cabinet is limited in accordance with guidelines on the amount of medication which should be stored in schools at any one time.
- 6.5 During school trips, staff can request OTC medication from the School Nurse when they ask for medical details of pupils. Medication will be provided in a small bag which should be kept separate from first aid kits and be accessible only to staff. On the medical details requested for pupils participating in specific trips, the staff member will note whether consent has been given for a pupil to receive OTC medication.

Should PM be required during a school trip, the member of staff responsible for the trip should obtain a copy of the Medication Form from the School Nurse. Responsibility for the administration of the medication should be negotiated between the pupil and member of staff beforehand so that both are clearly aware of their roles.

Should CDs be required during a school trip, the member of staff responsible for the trip should remain in possession of the medication and ensure that it is kept securely at all times.

- 6.6 EM prescribed by a medical professional to treat a named individual for a potentially life threatening condition **MUST** be provided by parents or guardians for school staff to hold in school and access at any time that it may be needed. Accompanying this, in an EM box provided by the School, should be an Individual Healthcare Plan specific to any person for whom EM has been prescribed. EM boxes are held in Reception for allergies requiring an adrenaline auto-injector or in the Medical Centre for other medical conditions. These are easily identifiable as belonging to a named pupil and are accessible to staff at all times.

When a pupil with an EM box is travelling off-site and departing from the School during a regular school day, it is the responsibility of the pupil to collect his EM box from Reception or the Medical Centre immediately before departure, hand it to a member of staff on arrival at his destination, collect it from a member of staff on leaving the venue, and return it to Reception or the School Nurse immediately on arrival back at the School. The member of staff registering boys as they board transportation is responsible for ensuring the boy has his EM box with him.

When a pupil with an EM box is travelling off-site and **not** departing from the School during a regular school day, it is the responsibility of the member of staff leading the trip to collect the pupil's EM box from Reception or the Medical Centre. The EM box should be taken on the trip and returned to Reception or the School Nurse at the first opportunity on arrival back from the trip.

At all times when in the care of school staff, a pupil should have access to his EM box as the medication / equipment could save his life if ever required. Should EM not be provided, pupils will not be permitted to attend school until such a time that EM is made available. This decision will be made by the Head, on the advice provided by the School Nurse and Senior Deputy Head.

It is the responsibility of the Parent or Guardian to note the expiry date of any EM provided to the School and to ensure it is replaced before the expiry date has passed. Pupils should be encouraged to regularly check the expiry dates of EM any time they have their EM box in their possession and to report to their parent or guardian if the expiry date is approaching. The School Nurse will endeavour to provide termly reminders as a courtesy but this should not be relied upon as the sole means of checking expiry dates.

6.7 Disposal of expired medication provided to the School for the use of an individual pupil is the responsibility of the person who supplied it to the school.

6.8 Maintenance of the cold chain

Where some medication needs to be kept refrigerated this will be kept in a refrigerator dedicated to keeping medication located within the Medical Centre, which is kept locked. This refrigerator will have its temperature checked daily during term time to ensure the stability of the medication retained within, and pupils will be advised to take their medication home during the school holidays.

7 Parental consent and administration of medication by School staff, including Over the Counter (OTC) medication

7.1 No medication will be given to a pupil in OG through to Fifth Form by any member of staff without the prior written consent of parents or guardians. This consent is obtained on the Medical Form when the pupil begins at City of London School.

Any decision to change consent status during the school year, including withdrawing consent, should be shared with the School Nurse on a new 'Consent for Over the Counter Medication Form'.

7.2 CLS has a small supply of emergency salbutamol inhalers. These are only for use by pupils who have been diagnosed as asthmatic or prescribed a reliever inhaler, and only if the School has received written parental consent for their use (see Annex 4). These will be stored in the waiting area of the Medical Centre so as to be available for emergency use.

7.3 Staff should only administer medication once the following has been checked:

- The name of the recipient
- Any medication already taken by the recipient that day and times when taken
- Any allergies or existing medical conditions of the recipient contraindicating the medication
- The nature of the illness or injury
- The medication's strength, dosage and route of administration
- Side effects and what to do if they occur (see the user leaflet inside packets)
- The expiry date of the medication
- That Parental consent has been obtained for OTC medication (OG to Fifth Form only)
- CDs and PM have been supplied in line with the details above and instructions are followed

7.4 Any member of staff may administer CDs, PM or OTC medication in accordance with this policy. Should staff wish to receive further training on administration of medication they should consult the School Nurse (see also the section on staff training below).

7.5 Only those members of staff who have undergone training through the School or who have been identified as being qualified through training undertaken before joining the School, and which is still valid, may administer EM.

For this reason, no pupil with EM should participate in School activities off-site unless a trained member of staff accompanies them.

7.6 All pupils are entitled to privacy for the administration of any medication especially where invasive techniques are required. Privacy will be maintained as far as possible (and in accordance with child protection guidelines). This will maintain the dignity of the pupil concerned.

Privacy will allow the pupil the opportunity to discuss any confidential matters with the School Nurse/staff involved.

- 7.7** Parents or Guardians will receive details in writing on a medication slip given to their son if paracetamol or ibuprofen or other OTC medicine has been administered by the School Nurse. As pupils are entitled to confidentiality when visiting the School Nurse, and so not all medications administered will, necessarily, be reported to parents.

8 Procedure to be followed in the event of a medication error

- 8.1** The School Nurse will keep a written record of every occasion where any medication is administered to a pupil. This documentation will include all relevant pupil details along with the medicine, its dosage and the reason for administration. These records will be stored on a secure database. Only the School Nurse will have access to such records.
- 8.2** In the unlikely event that a pupil is given the wrong medication, the wrong dose or at the wrong time, the School Nurse or member of staff administering the medication will:
- Ensure that any necessary first aid is promptly administered
 - Ensure that, if necessary, the pupil is transferred to hospital for further treatment / investigation
 - Inform a parent / guardian of the situation and provide any relevant information and / or advice as soon as is possible
 - Record all necessary information and keep it securely with the pupil's medical records
 - Inform the Senior Deputy Head, who will take any further action or consider further training where appropriate

9 Staff training regarding common medical conditions

- 9.1** There are certain medical conditions which the School believes necessitate training for all staff to ensure that they feel confident in encouraging and managing pupils with medical conditions. These conditions include Anaphylaxis, Asthma, Diabetes and Epilepsy, though this is not an exhaustive list. The School aims to provide regular basic training on recognition and management of these conditions for relevant staff, both during staff training days and also as the need arises.

Staff should also access reference material provided on the intranet or in the Medical Centre to ensure their knowledge is kept up to date, thereby ensuring that **all** staff are aware of common medical conditions and how they may affect the pupils in their care.

Having accessed such information, staff are required to ensure that they make any necessary adjustments to ensure that pupils with a medical condition are not endangered or hindered from participation by the classroom environment or by activities associated with lessons.

Notices produced by the School Nurse giving information about medical conditions are displayed in classrooms or the Staff Common Room as appropriate.

- 9.2** Staff intending to take pupils with specific conditions on trips or visits away from the main School site should ensure that they, or another member of staff accompanying them on the trip, feel confident and competent to manage the condition(s) before the trip departs. Should this not be the case, alternative arrangements should be investigated with the School Nurse and, if reasonable, action taken to ensure all pupils are able to participate safely.

9.3 Should staff wish to learn more about a specific medical condition, they are encouraged to arrange a meeting with the School Nurse.

10 Pupils with disabilities under the Equality Act 2010

10.1 A person is disabled under the *Equality Act, 2010*⁵ if they have a physical or mental impairment that has a *substantial* (defined as more than minor or trivial, e.g. it takes much longer than it usually would to complete a daily task like getting dressed) and *long-term* (defined as twelve months or more, e.g. a breathing condition that develops as a result of a lung infection) negative effect on that person's ability to do normal daily activities.

10.2 The School welcomes pupils with a disability. Parents and pupils or current or prospective pupils can feel confident that the School is aware of and adheres to the *Equality Act 2010* legislation covering people with a disability.

10.3 The *Equality Act 2010* deals with the way in which schools treat pupils and prospective pupils with a disability. The School recognises the duty to ensure that pupils with a disability do not experience discrimination because of their condition and will make all reasonable adjustments to provide auxiliary aids and services to pupils as necessary.

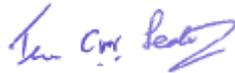
10.4 The School seeks to alleviate disadvantages experienced or anticipated by pupils with a disability. In consultation with pupils, parents and health care workers, the School will aim to meet the particular needs of pupils, once identified, wherever possible.

11 Contingency Plan for dealing with a Flu Pandemic

Please see Annex 5.

12 Review of Policy

This policy will be reviewed on a three yearly basis (or more regularly where required) prior to approval by the Board of Governors.

Policy last reviewed by:	RMB (Senior Deputy Head) / EH (School Nurse)
Date last reviewed:	February 2017
Approved on behalf of Governors by:	
Date approved:	February 2017

⁵ See <http://www.legislation.gov.uk/ukpga/2010/15/contents> and for guidance <https://www.gov.uk/guidance/equality-act-2010-guidance>

Annex 1: City of London School Medical Form

STRICTLY CONFIDENTIAL			
<p>Please ensure that you have addressed ALL the areas on this form before returning it. This information will be held confidentially by the School Nurse but may be shared with other relevant professionals or City of London School staff, only when deemed necessary and at the discretion of the School Nurse.</p>			
Name:		Date of Birth:	
GP Surgery:		GP Telephone:	

<i>Mark the appropriate boxes on the left with an X and provide details in the box on the right</i>	
	<i>Please give details:</i>
<input type="checkbox"/>	Hearing Difficulties
<input type="checkbox"/>	Eyesight Issues
<input type="checkbox"/>	Physical Disability
<input type="checkbox"/>	Epilepsy / Seizures
<input type="checkbox"/>	Diabetes
<input type="checkbox"/>	Asthma
<input type="checkbox"/>	Anaphylaxis (Epipen required)
<input type="checkbox"/>	Allergies (other than above)
<input type="checkbox"/>	Migraines
<input type="checkbox"/>	Behavioural Difficulties
<input type="checkbox"/>	My son has a medical condition not listed above.
	<i>Please give details:</i>
<input type="checkbox"/>	My son is unable to take part in some school activities on medical grounds.
	<i>Please give details:</i>

MEDICATION	
<i>Mark the appropriate boxes with an X or leave blank</i>	
<input type="checkbox"/>	My son requires prescribed medication.
	<i>Please state drug, strength, dosage, frequency and purpose:</i>
<input type="checkbox"/>	This medication is required during school hours. <i>(At all times parents / guardians are responsible for ensuring medication at school is in date.)</i>
	<i>If you wish any of these drugs to be held in School for your child's sole use, please contact the School Nurse to request a permission form for the administration of this medication at school. Medication must be provided in the original box containing the medication with the expiry date, name of pupil and prescription instructions.</i>

<input type="checkbox"/>	I consent to CLS staff administering appropriate ' over the counter medication ' to my son to treat minor ailments while he is in their care provided they adhere to information provided in this form and literature contained in medication packets.
	<i>[Over the counter medication is readily available from a pharmacy without a prescription and may be used to treat mild ailments including a headache or sore throat. Without written consent boys below the 6th Form will not be given any such medication.]</i>
	Please note this consent is valid throughout your son's time at CLS. However, you may withdraw consent at any time by contacting the School Nurse at: schoolnurse@cityoflondonschool.org.uk.
<input type="checkbox"/>	My son should NOT be given the following over the counter medication under any circumstances.
	<i>Please give details:</i>

IMMUNISATIONS	
<i>Mark only one box with an X</i>	
<input type="checkbox"/>	ALL pre-school vaccinations have been administered in accordance with UK Childhood Immunisation Programme.
<input type="checkbox"/>	SOME but NOT ALL pre-school vaccinations have been administered (<i>include details below</i>).
<input type="checkbox"/>	NO vaccinations have been administered.
	<i>Please give details:</i>
	<i>If you are unsure as to the immunisations received by your son, you may find it helpful to check his 'Red Book'.</i>
CLS Immunisation Programmes run by City and Hackney Immunisation Team (details will follow at the appropriate time):	
4th Year: Tetanus, Diphtheria & Polio (Td/IPV), Measles, Mumps & Rubella catch-up (MMR) & Meningococcal ACWY (MenACWY)	

IN LOCO PARENTIS					
As a condition of entry to CLS, staff are permitted to act 'in loco parentis' in emergency situations in the absence of those with parental responsibility. Please provide contact numbers for those with PARENTAL RESPONSIBILITY for use by the emergency services in the event of such an emergency.					
Emergency Contact Number 1:		Contact Name:		Relation:	
Emergency Contact Number 1:		Contact Name:		Relation:	
The information provided on this medical form is accurate as of the time of writing. I understand that it is my responsibility to update the SCHOOL NURSE (at schoolnurse@cityoflondonschool.org.uk) should any of this information change.					
Signed:		Print:		Date:	

Annex 2: Permission for Medication Form



CITY OF LONDON
SCHOOL
SCHOOL NURSE

<i>Please use a separate form for each medication and ensure that ALL white areas are completed.</i>								
Pupil's Name:								
Purpose / Condition:	<i>Please give details:</i>							
Medication:	<input type="checkbox"/>	Allergies	<input type="checkbox"/>	Behavioural Difficulties	<input type="checkbox"/>	Hearing	<input type="checkbox"/>	Seizures
	<input type="checkbox"/>	Anaphylaxis	<input type="checkbox"/>	Diabetes	<input type="checkbox"/>	Migraines	<input type="checkbox"/>	Other
	<input type="checkbox"/>	Asthma	<input type="checkbox"/>	Eyesight	<input type="checkbox"/>	Physical Disability		
	<i>Please give details:</i>							
Date Commenced:								
Common side effects of which to be aware:								
<p><i>Having provided the above medication in the original container in which it was dispensed and having ensured that the original dispensing label is intact with all necessary instructions clearly visible, I consent to the above prescription medication being administered to my son by CLS Staff in accordance with instructions on the label.</i></p>								
Signature of Parent / Guardian:		Print name (of Parent):		Date:				

Annex 3: City of London School Consent For Over the Counter Medication Update Form



CITY OF LONDON
SCHOOL

SCHOOL NURSE

This consent form is required for the School to be able to provide Over the Counter Medication to a pupil.

Pupil's Name:						
Pupil's Year Group in 2016-17 :		<i>i.e. 1, 2, 3, 4, 5</i>				
Place 'X' in box if in agreement with the statement						
<input type="checkbox"/>	<p>I consent to School staff administering appropriate '<i>over the counter medication</i>' to my son to treat minor ailments while he is in their care provided they adhere to information provided in this form and literature contained in medication packets.</p> <p>[Over the Counter Medication includes, but is not restricted to: Paracetamol & Ibuprofen (pain relief), Calcium Carbonate (upset stomachs), Antiseptic Throat Lozenges (sore throat), Loratadine (antihistamine), Imodium (diarrhoea), Cinnarizine (motion sickness), Wasp-eze (stings), Burn-eze (burns) - check online for ingredients]</p>					
<input type="checkbox"/>	<p>My son should NOT be given the following over the counter medication under any circumstances:</p> <p><i>Please give details:</i></p> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <tr><td style="height: 20px;"></td></tr> <tr><td style="height: 20px;"></td></tr> <tr><td style="height: 20px;"></td></tr> </table>					
<input type="checkbox"/>	<p>I understand that failure to complete and return this form will result in over the counter medication not being offered to my son.</p> <p>Please note that this form will be valid throughout your son's time at the School. However you can withdraw consent at any time by emailing the School Nurse at: schoolnurse@cityoflondon.school.org.uk</p>					
Signature of Parent / Guardian:		Print name (of Parent):	Date:			

Annex 4: Use of Emergency Salbutamol Inhaler Consent Form



SCHOOL NURSE

This consent form is required for the School to be able to provide emergency Salbutamol inhaler in the event of a pupil showing symptoms of asthma or having an asthma attack.

Pupil's Name:	
Pupil's Form & Year Group:	
Place 'X' in box if in agreement with the statement	
<input type="checkbox"/>	I can confirm that my child has been diagnosed with asthma / has been prescribed an inhaler. [Please delete as appropriate].
<input type="checkbox"/>	My child has a working, in-date inhaler, clearly labelled with his name, which he will bring with him to school every day.
<input type="checkbox"/>	In the event of my child displaying symptoms of asthma, and if his inhaler is not available or is unusable, I consent for my child to receive salbutamol from an emergency inhaler held by the School for such emergencies.
<input type="checkbox"/>	My son should NOT be given the following over the counter medication under any circumstances:
	<i>Please give details:</i>

Please provide parental contact details below:					
<i>Address:</i>					
<i>Email:</i>					
<i>Telephone:</i>					
Signature of Parent / Guardian:		Print name (of Parent):		Date:	

Annex 5: Contingency Plan for dealing with a Flu Pandemic

This plan was devised in Autumn Term 2006 and updated Summer Term 2009 and Spring Term 2016. It should be read in conjunction with Government advice⁶ published in 2013.

1. Introduction

- 1.1. Pandemic flu is a type of influenza that occurs every few decades and which spreads rapidly to affect most countries and regions around the world. Swine 'flu has been identified by the W.H.O. as a potential trigger for such a pandemic. The symptoms of pandemic flu are similar to those of 'ordinary' flu, but are usually more severe.
- 1.2. Experts advise that a further flu pandemic is inevitable, but cannot say when it will happen. When it happens, the Government expects it to spread rapidly to all areas of the UK and to have a significant impact. Depending on the severity of the pandemic 25-50% of the population may become ill at some stage during one or more waves, which each three to four months, and 50,000 to 700,000 more people than usual may die.
- 1.3. The Department for Communities and Local Government (DfCLG) have issued guidance in 2013 which indicates that all major employers need to draw up plans to cope with the onset of a flu pandemic.
- 1.4. In the light of this information, the City of London Corporation, and CLS in particular, have revised their contingency plan to cope, should there be a pandemic. The main features of this plan are listed below.

2 Closure of School

- 2.1 If a flu pandemic occurs, it will be necessary to decide whether the School can remain open for all / some of its pupils. If it is to close, the duration of closure must be considered.
- 2.2 The general advice from the **DfCLG** is that schools should seek to continue operating as normally as possible during a pandemic, but they should plan for much higher than usual levels of staff absence and the consequences of this. Children are highly efficient 'spreaders' of respiratory infections, both among themselves and to adults in their families. So, closing schools for a period might significantly reduce the number of children infected.
- 2.3 The decision to close (partially or fully) will be taken by the Head, on the advice of:
 - The Senior Management Team
 - The Chairman of Governors
 - The City of London Corporation
 - The Department for Education
 - The Department of Health & Health Protection Agency
- 2.4 This decision will be based on two overriding criteria:
 - **The number of staff available** and the minimum number of staff present to maintain a satisfactory and safe learning environment

⁶ See <https://www.gov.uk/guidance/pandemic-flu>

If the proportion of teaching staff present falls below 75% (i.e. 25% or more of the teaching staff are absent), it will prove impossible to provide classes for all pupils present. If support staff are badly hit, some of the usual services may not be available.

- **Vulnerability of pupils to infection**

If the Government, or the City of London Corporation, advise that it will be for the social good to close (i.e. on child welfare grounds) to reduce the spread of infection among children, then the School may need to close.

2.5 A secondary, but important, consideration is whether the School can provide sufficient support services, such as maintenance of the building, utilities, catering, etc., such that health and safety can be guaranteed. The Facilities Managers will advise on these matters.

3 Remaining Open?

3.1 The general advice from the Government is that, in the event of a pandemic, everyone should endeavour to carry on as best they can. Even if the School has to close, those staff not directly affected, should endeavour to come to work.

3.2 In a pandemic, **if the School remains open**, it will be necessary to:

- take hygiene measures to reduce the risk of infection spreading, e.g. antiseptic and antibacterial wipes, a large supply of tissues, and the efficient disposal of these. (The level of supplies will be monitored and increased as necessary).
- ensure that staff showing signs of infection go home
- ensure that children showing signs of infection are taken home or are collected by parents
- provide accommodation in school (e.g. the rooms closest to the Medical Centre may be used as sick bays) for sick pupils and or staff, until they can go home
- provide information to parents and staff as frequently as it is sensible / possible to do so
- provide opportunities for 'remote learning'

3.3 Priority will be given to public exam classes (i.e. the Fifth and Senior Sixth Form). It may be possible to run these classes, even if younger boys are required to stay at home.

3.4 Other school activities may need to be postponed or reduced, e.g. Sport, co-curricular activities, trips and visits, etc., because of staffing levels and the availability of transport (e.g. to Grove Park).

3.5 The School may need to provide bereavement counselling.

4 Key Personnel

4.1 Those who will play a crucial role in assessing and reassessing the feasibility of keeping the school operating are:

- Head
- Senior Management Team
- Facilities Manager
- School Nurse (and other First Aiders)
- Heads of Year
- Chair of Governors

- 4.2 Some of those personnel mentioned above could be affected by flu themselves and there will be a need for flexibility, providing cover for absentees amongst this group.
- 4.3 The Senior Deputy Head is normally responsible for operating the Cover system for Teaching Staff, but in his absence other members of the SMT might need to take over this role.

5 Communication with Parents

- 5.1 It is vital that there are adequate channels of communication to keep parents (and pupils) informed of developments during the pandemic. Government guidelines point out that, in preparation for a flu pandemic, the School must ensure it has current contact details available: telephone numbers, addresses, email, etc. To this effect it may be necessary to contact all parents to check and amend details currently kept on iSAMS.
- 5.2 A reminder about the School's modes of communication should be sent to all parents. Communication may be through:
- The Parent Portal
 - Schoolcomms (text messaging and email)
 - The School website
 - Telephone
 - Letter
 - The public address system (for those in the building)
- 5.3 Parents need to know about:
- School closure (and if so for which age groups)
 - Individual boys being sent home unwell
 - Reduced services e.g. catering
 - Re-opening the School
 - Any school work that can be sent for pupils to do at home
 - Public examinations and advice to candidates who should be taking exams during the pandemic
- 5.4 Examination Boards are to be contacted to see what advice they can offer in the event of the pandemic occurring during the exam season(s).

6 Advice received from the City of London Corporation (1 May 2009)

6.1 Hygiene Measures to avoid Respiratory Infections (Swine Flu)

- 6.1.1 We should all prepare for a serious new strain of flu virus (a pandemic) because this could have a high mortality rate as we have no natural immunity.
- 6.1.2 Until a vaccine is available, the best way to avoid any respiratory virus is through hygienic precautions that avoid droplets from sneezes getting into your mouth and nose.
- 6.1.3 The most common way of catching a virus is by touching your own nose, eyes or face with your fingers which may have virus from an infectious person or contaminated surface.

- 6.1.4 A person with a flu virus is likely to remain infectious for around seven days, especially when they are sneezing frequently and have a runny nose.
- 6.1.5 Virus can survive on a surface or clothing for around 24 hours, so keep door handles and frequently handled surfaces or equipment such as phones clean with warm water and detergent or if not available an alcohol wipe. Avoid using other people's phones, VDU's, desks, pens or equipment, cups etc.
- 6.1.6 Virus can survive on your skin and hands for around five minutes so avoid touching your nose, eyes and face if your hands are not clean and wash your hands if contaminated.
- 6.1.7 Contain your own secretions and sneezes in a paper hanky and throw it away and then wash your hands to avoid transmitting the virus to others as far as possible.
- 6.1.8 Washing your hands and surfaces in soap and water and drying them is very effective in destroying the virus.
- 6.1.9 If you don't have access to a wash basin then rubbing your hands in an alcohol rub or wipes from a suitable dispenser is equally as effective (ask your manager about this if this is required).
- 6.1.10 Face masks are of little value in preventing infection unless it is part of an infection control regime in a health care setting, or worn by infected/symptomatic people to reduce spread to others.
- 6.1.11 Apart from these hygienic precautions, you could support your immunity by taking a balanced diet with adequate fruit and vegetables. Avoid smoke and cigarettes and reduce alcohol intake. Try and ensure you have a full night's sleep and take regular exercise to help.
- 6.1.12 If you do develop typical symptoms of respiratory infections including fever, headache, cough, sore throat, runny nose and aching in the muscles, you must stay at home for a week when you are at your most infectious and take adequate fluids and paracetamol or ibuprofen to relieve the symptoms. If a flu pandemic is announced, the media will have further advice available. NHS Direct (0845-4647)
- 6.1.13 Flu vaccination for the expected usual seasonal strain of flu is recommended for those who are at risk, e.g. those with chronic health problems such as asthma or diabetes (your own GP will provide that if you have a chronic health problem).
- 6.1.14 The media will inform you of any vaccine specific to the pandemic virus is available or how to obtain antiviral medication in your local area, e.g. tamiflu if this becomes necessary.

6.2 Generic risk assessment for Local Authority employees during flu pandemic

6.2.1 Aim

To reduce the risk of infection to staff during their work where this may be greater than the risk of infection in the community as a whole.

6.2.2 Risk Assessment

The published guidance on the use of Personal Protective Equipment (PPE) outside the clinical setting indicates that the local workplace risk assessments should determine what

level of risk and therefore level of protection that is required. It is not practicable for risk assessments to be completed centrally for all local authority services.

Therefore it has been recommended that a sample of risk assessments are completed covering a variety of environments within which local authority staff work. The risk reduction measures identified will inform procurement of PPE.

6.2.3 High risk situations

Where an employee is in close contact (within one metre) of an infected person who appears symptomatic i.e. coughing and sneezing.

High risk situations likely to occur in Local Authority settings, for example:

- **Carers**

Where personal care is given to vulnerable people e.g. elderly in the community, residential care of elderly or disabled, or children. If any of the above does become infected but are not sick enough or able to go to a hospital care setting then their carers will still need to provide the usual food, personal care and medicine to their clients.

When staff find themselves dealing with either clients or colleagues who suddenly and unexpectedly become unwell and symptomatic in the workplace. In this situation staff may be in close contact and may need to assist that individual to get home or into the care of relatives or friends.

The solution: to reduce risk by use of personal protection e.g. face masks / gels.

6.2.4 Medium risk situations

Where staff in the course of their normal duties have direct face to face contact with members of the public, they could encounter people who are in the early stages of developing infection.

The solution: wherever possible these face to face situations should be eliminated e.g. close down non-essential ticket sales or information points, libraries etc. This would be need to be done in line with the closure plan. Where these services are felt to be important they could continue behind a glass barrier or by telephone/intercom.

6.2.5 Low risk situations

The majority of office workers do not have direct contact with the public but only with their colleagues. It must be emphasised that any member of staff should not come into work if they are starting to feel symptomatic and indeed they should go straight home if they feel unwell such as developing fever, sneezing or coughing in order to avoid putting their colleagues at risk of infection.

Group	Workplace profile	PPE
Group 1	High risk	
	Close contact with symptomatic people at a distance of less than 1 metre (other than colleagues)	Face mask; Hand washing or gels if soap and water not available
Group 2	Medium risk	
	Possible contact with symptomatic people at a distance of more than 1 metre (other than colleagues).	Consider PPE as in Group 1 if service essential and continuing

Group 3	Low risk	
	No public contact at work.	Follow hygiene precautions advice

6.3 Personal Protective Equipment (PPE)

- 6.3.1 National guidance on the use of PPE already exists. It is essential that these principles are followed.
- 6.3.2 The wearing of facemasks by healthy individuals who are not involved in caring for people who are ill (i.e. the general public) is not recommended by the Health Protection Agency. The available scientific evidence does not suggest that this is an effective preventative measure.
- 6.3.3 However, it is generally accepted that there are some circumstances where wearing a facemask may be beneficial:
- reducing the risk of getting an infection; healthy people wearing a facemask when they are caring for a patient with flu; or
 - reducing the risk of passing on infection - people with flu wearing a facemask when they are in contact with other people, e.g. going home from work.
- 6.3.4 The masks that are recommended are water repellent disposable surgical face masks which should be worn to cover the nose and mouth with double ties to the back of the head. When contact has ended the mask must be disposed of safely in a plastic bag and hands washed carefully.
- 6.3.5 In addition, Public Health England⁷ advise that there are a range of practical issues that may need to be considered:
- Wearing a face mask might discourage people from carrying out good hand hygiene i.e. frequent hand washing with soap and water. We know that good hand hygiene can reduce the spread of respiratory viruses like flu.
 - People might wear a facemask to conceal respiratory symptoms rather than stay at home.
- 6.3.6 It will be difficult to provide general advice on how to wear masks and, if they are not worn properly they may not provide any protection.
- 6.3.7 Facemasks must be disposed of properly (in a plastic bag) if they are not to pose a risk to other people.
- 6.3.8 Failing to wash hands after taking off a facemask might increase the risk of self-contamination.
- 6.3.9 Reusing a face mask will render it ineffective and may also increase the risk of self-contamination.
- 6.3.10 People who have to buy masks are less likely to change them regularly.
- 6.3.11 Contact with infectious persons in public areas would be random and unpredictable and masks might be worn for prolonged periods.
- 6.3.12 The quality of the mask may be unpredictable.

⁷ See <https://www.gov.uk/government/publications/infection-control-in-schools-poster>

6.4 Hygienic precautions

These are precautions that should be taken by all staff regardless of their situation and will include general advice to avoid touching their face, particularly the eyes, the nose and the mouth because this is the most significant method of transmission of the virus. Hands should be kept clean with regular washing in soap and water, particularly after they have handled any item that may be contaminated, e.g. door handle, telephone or surface which has been handled by others. If there is no ready access to soap and water, then alcohol hand rubs should be made available, either in dispenser form or in the form of an individual tube.

6.5 Other preventive measures

6.5.1 Vaccines: The ideal protection for the entire population would be specific vaccine against the new virus strain. However, this may take six months to develop.

6.5.2 Antiviral agents (e.g. tamiflu and Relenza, available through NHS facilities): These antiviral drugs have some useful effect against influenza virus and are licensed for treatment of people with flu-like symptoms. They can lessen the severity of the flu infection and they could also be used as a short course for any contacts of a case of flu.

6.6 Ordering PPE

Each department should look at their workforce and try and place them in one of the three risk categories (high, medium and low). High risk categories of staff will be primarily those who need to give care to the vulnerable. All staff could potentially fall into a high risk situation if they do find themselves in contact with a client or colleague (see 'high risk'). For this reason it would be reasonable for each department to hold a supply of face masks and a rule of thumb would be to allow one face mask for each member of staff. Where there are carers, there would need to be enough face masks for each period of contact, for instance, once, twice or three times daily for a period of two or three weeks might be reasonable. Similarly, the carers would need to have access to either soap and water or alcohol gel dispensers or if travelling in the community, an individual tube of gel. Similarly, all risk categories of staff would need access to either soap and water or alcohol gel and a simple rule of thumb would be to provide one container for each member of staff which would last several weeks which would cover one wave of influenza infection. Departments are advised to utilise normal procurement procedures.

6.7 Return to work

Staff who have recovered from flu after about two weeks should be encouraged to come back to work and indeed they will be able to work in 'front line' situations as they will then have immunity to that flu strain. Hence in a second or third wave of influenza, staffing levels should be higher. (See Human Resources for further advice.)