Painsley Catholic College

Supporting Students with Medical Needs Policy

INTERNAL POLICY

Approved: September 2026

Next Review: September 2027

1. Aims

At Painsley Catholic College we understand that medical conditions requiring support at school can affect quality of life and may be life-threatening.

Our school will support pupils with medical conditions so that they have full access to education, including school trips and physical education.

This policy aims to:

- Make sure that pupils, staff and parents/carers understand how our school will support pupils with medical conditions
- Set out the roles and responsibilities for everyone in the school community in regard to pupils with medical conditions
- Set out the procedure for creating, reviewing and managing individual healthcare plans (IHPs)
- Set out how we will manage medicines in school
- Reassure parents/carers that the school will help their child feel safe, supported and included

The named person with responsibility for implementing this policy is Mrs R Waugh.

2. Legislation and statutory responsibilities

This policy meets the requirements under Section 100 of the Children and Families Act 2014, which places a duty on governing boards to make arrangements for supporting pupils at their school with medical conditions.

It is also based on the statutory guidance on supporting pupils with medical conditions at school from the Department for Education (DfE).

This policy also complies with our funding agreement and articles of association.

3. Roles and responsibilities

3.1 The governing board

The governing board has ultimate responsibility for making arrangements to support pupils with medical conditions.

The governing board will:

- Review this policy in a timely manner, in line with the relevant legislation and requirements
- Make sure that the policy sets out the procedures to be followed whenever the school is notified that a pupil has a medical condition
- Monitor practice, and staff training, in regards to pupils with medical conditions, in line with this policy

The governing board delegates the day-to-day implementation of this policy to Mrs R Waugh.

3.2 The Headteacher

The headteacher will:

- Make sure all staff are aware of this policy and understand their role in its implementation
- Make sure that there is a sufficient number of trained staff available to implement this policy and deliver against all individual healthcare plans (IHPs), including in contingency and emergency situations
- Make sure that all staff who need to know are aware of a child's condition
- Take overall responsibility for the development and monitoring of individual healthcare plans (IHPs)
- Make sure that school staff are appropriately insured and aware that they are insured to support pupils in this way
- Manage cover arrangements in the case of staff absence or turnover, to make sure a suitable staff member is always available, and supply staff are briefed appropriately about pupils' medical needs
- Approve risk assessments for school visits and school activities outside the normal school timetable that involve provision for pupils with medical conditions
- Contact the school nursing service in the case of any pupil who has a medical condition that may require support at school, but who has not yet been brought to the attention of the school nurse
- Make sure that systems are in place for obtaining information about a child's medical needs and that this information is kept up to date

3.3 Staff

Supporting pupils with medical conditions during school hours is not the sole responsibility of 1 person. Any member of staff may be asked to provide support to pupils with medical conditions, although they will not be required to do so. This includes the administration of medicines.

Those staff who take on the responsibility to support pupils with medical conditions will receive sufficient and suitable training, and will achieve the necessary level of competency before doing so.

Teachers will take into account the needs of pupils with medical conditions that they teach. All staff will know what to do and respond accordingly when they become aware that a pupil with a medical condition needs help.

3.4 Parents/carers

Parents/carers will:

- Provide the school with sufficient and up-to-date information about their child's medical needs
- Provide evidence of appropriate prescription and written permission for medicines to be administered by staff
- Be involved in the development and review of their child's IHP, and may be involved in its drafting
- Carry out any action they have agreed to as part of the implementation of the IHP, e.g. provide medicines and equipment, and ensure they or another nominated adult are contactable at all times

3.5 Pupils

Pupils with medical conditions will often be best placed to provide information about how their condition affects them. Pupils should be fully involved in discussions about their medical support needs and contribute as much as possible to the development of their IHPs. They are also expected to comply with their IHPs.

3.6 School nurses and other healthcare professionals

Our school nursing service will notify the school when a pupil has been identified as having a medical condition that will require support in school. This will be before the pupil starts school, wherever possible. They may also support staff to implement a child's IHP.

Healthcare professionals, such as GPs and paediatricians, will liaise with our school nurses and notify them of any pupils identified as having a medical condition. They may also provide advice on developing IHPs.

4. Equal opportunities

The school will adhere to the legal responsibilities under the Equality Act 2010 and will not unlawfully discriminate against any pupils. Our school is clear about the need to actively support pupils with medical conditions to participate in school trips and visits, or in sporting activities, and not prevent them from doing so.

The school will consider what reasonable adjustments need to be made to enable these pupils to participate fully and safely on school trips, visits and sporting activities.

Risk assessments will be carried out so that planning arrangements take account of any steps needed to ensure that pupils with medical conditions are included. In doing so, pupils, their parents/carers and any relevant healthcare professionals will be consulted.

5. Being notified that a child has a medical condition

When the school is notified that a pupil has a medical condition, the process outlined in Appendix 1 will be followed to decide whether the pupil requires an IHP.

The school will make every effort to ensure that arrangements are put into place within 2 weeks, or by the beginning of the relevant term for pupils who are new to our school.

We will:

- For new starters, send a form to all parent/carers of pupils after their place at the school has been confirmed, but before their first school year starts, to confirm any medicine(s) their child needs. Where a pupil has a new diagnosis and/or a pupil has moved to the school mid-term, we will send a form and put arrangements in place within 2 weeks
- Send a reminder to parents/carers at the start of each year in a newsletter, as well as a form to complete, if their child requires certain medicine(s)

We ask that parents/carers proactively inform us by either phone call to the school 01538 493777 or an email to office@painsley.staffs.sch.uk if their child's medical needs change during the school year.

6. Individual healthcare plans (IHPs)

The headteacher has overall responsibility for the development of IHPs for pupils with medical conditions.

The day-to-day responsibility has been delegated to Mrs L Sedgwick.

Plans will be reviewed at least annually, or earlier if there is evidence that the pupil's needs have changed.

Plans will be developed with the pupil's best interests in mind and will set out:

- What needs to be done
- When
- By whom

Not all pupils with a medical condition will require an IHP. It will be agreed with a healthcare professional and the parents/carers when an IHP would be inappropriate or disproportionate. This will be based on evidence. If there is no consensus, the headteacher will make the final decision.

Plans will be drawn up in partnership with the school, parents/carers and a relevant healthcare professional, such as the school nurse, specialist or paediatrician, who can best advise on the pupil's specific needs. The pupil will be involved wherever appropriate.

IHPs will be linked to, or become part of, any education, health and care (EHC) plan. If a pupil has special educational needs (SEN) but does not have an EHC plan, the SEN will be mentioned in the IHP.

The level of detail in the plan will depend on the complexity of the child's condition and how much support is needed. The governing board and the headteacher/role of the individual with responsibility for developing IHPs, will consider the following when deciding what information to record on IHPs:

- The medical condition, its triggers, signs, symptoms and treatments
- The pupil's resulting needs, including medication (dose, side effects and storage) and other treatments, time, facilities, equipment, testing, access to food and drink where this is used to manage their condition, dietary requirements and environmental issues, e.g. crowded corridors, travel time between lessons
- Specific support for the pupil's educational, social and emotional needs. For example, how absences will be managed, requirements for extra time to complete exams, use of rest periods, additional support in catching up with lessons, counselling sessions
- The level of support needed, including in emergencies. If a pupil is self-managing their medication, this will be clearly stated with appropriate arrangements for monitoring
- Who will provide this support, their training needs, expectations of their role and confirmation of proficiency to provide support for the pupil's medical condition from a healthcare professional, and cover arrangements for when they are unavailable
- Who in the school needs to be aware of the pupil's condition and the support required
- Arrangements for written permission from parents/carers and the headteacher for medication to be administered by a member of staff, or self-administered by the pupil, during school hours

- Separate arrangements or procedures required for school trips or other school activities outside of the normal school timetable that will ensure the pupil can participate, e.g. risk assessments
- Where confidentiality issues are raised by the parent/carer or pupil, the designated individuals to be entrusted with information about the pupil's condition
- What to do in an emergency, including who to contact and contingency arrangements

7. Managing medicines

Prescription medicines will only be administered at school:

- When it would be detrimental to the pupil's health or school attendance not to do so, **and**
- Where we have parents/carers' written consent

The person administering the medicine will keep a written record. Parents/carers will always be informed on the same day the medicine has been administered, or as soon as reasonably possible.

The only exception to this is where the medicine has been prescribed to the pupil without the knowledge of the parents/carers.

Pupils under 16 will not be given medicine containing aspirin unless prescribed by a doctor.

Anyone giving a pupil any medication (for example, for pain relief) will first check recommended and maximum dosages for the pupil's age, and when the previous dosage was taken.

The school will only accept prescribed medicines that are:

- In-date
- Labelled
- Provided in the original container, as dispensed by the pharmacist, and include instructions for administration, dosage and storage

The school will accept insulin that is inside an insulin pen or pump rather than its original container, but it must be in date.

All medicines will be stored safely. Pupils will be informed about where their medicines are at all times and be able to access them immediately. Medicines and devices such as asthma inhalers, blood glucose testing meters and adrenaline pens will always be readily available to pupils and not locked away.

Medicines will be returned to parents/carers to arrange for safe disposal when no longer required.

7.1 Controlled drugs

Controlled drugs are prescription medicines that are controlled under the Misuse of Drugs Regulations 2001 and subsequent amendments, such as morphine or methadone.

A pupil who has been prescribed a controlled drug may have it in their possession if they are competent to do so, but they must not pass it to another pupil to use. All other controlled drugs are kept in a secure cupboard in the school office and only named staff have access.

Controlled drugs will be easily accessible in an emergency and a record of any doses used and the amount held will be kept.

7.2 Pupils managing their own needs

Pupils who are competent will be encouraged to take responsibility for managing their own medicines and procedures. This will be discussed with parents/carers and it will be reflected in their IHPs.

Pupils will be allowed to carry their own medicines and relevant devices wherever possible.

IHPs will include procedure for staff to follow if a pupil refuses to carry out a necessary procedure or take medicine.

7.3 Unacceptable practice

Although school staff will use their discretion and judge each case on its merits with reference to the pupil's IHP, they will keep in mind that it is not generally acceptable practice to:

- Prevent pupils from easily accessing their inhalers and medication, and administering their medication when and where necessary
- Assume that every pupil with the same condition requires the same treatment
- Ignore the views of the pupil or their parents/carers
- Ignore medical evidence or opinion
- Send children with medical conditions home frequently for reasons associated with their medical condition or prevent them from staying for normal school activities, including lunch, unless this is specified in their IHPs
- Send an ill pupil to the school office or medical room unaccompanied or with someone unsuitable (e.g. a fellow pupil who is not old or responsible enough)
- Penalise pupils for their attendance record if their absences are related to their medical condition, e.g. hospital appointments
- Prevent pupils from drinking, eating or taking toilet or other breaks whenever they need to in order to manage their medical condition effectively
- Require parents/carers, or otherwise make them feel obliged, to attend school to administer medication or provide medical support to their pupil, including with toileting issues. No parent/carer should have to give up working because the school is failing to support their child's medical needs
- Prevent pupils from participating, or create unnecessary barriers to pupils participating in any aspect of school life, including school trips, e.g. by requiring parents/carers to accompany their child
- Administer, or ask pupils to administer, medicine in school toilets

8. Asthma

We welcome pupils with asthma. The School recognises asthma as an important condition and encourages and helps children with asthma to participate fully in school life. Throughout this policy, we reflect on the important Catholic Social Teaching of human dignity, which teaches that every person's life and dignity must be respected and supported.

The context of the policy and its relationship to other policies

The purpose of this policy is to:

- Meet the school's commitment to the health and wellbeing of students.
- Recognise the need for immediate access to inhalers
- Provide a school environment as favourable as possible to asthmatic children
- Ensure all staff are aware of asthma and know what to do in the event of an attack and if necessary will give emergency treatment.

This policy details the school's approach to dealing with asthma. Other school policies should be considered in conjunction with its guidance. These include:

- **Supporting Children with Medical needs policy**
- Health and Safety
- Trips and Visits

Medication

Immediate access to a reliever inhaler is vital. Children are encouraged to carry their inhaler as soon as their parents, carer, doctor, nurse or class teacher agree they are mature enough to manage their own medication.

All inhalers must be **in date** and labelled with the child's name by the parent. School staff are not required to administer medication to children except in an emergency. However, many of our staff our happy to do this. School staff who agree to do this are insured by our insurance company when acting in accordance with this policy. All school staff will let children take their own medication when needed.

PE

Taking part in sports is an essential part of school life. Teachers are aware of which children have asthma from the asthma register. Children with asthma are encouraged to participate fully in PE. Teachers will remind children whose asthma is triggered by exercise to take their reliever inhaler before the lesson. Each child's inhalers will be labelled and kept in a box at the site of the lesson. If a child needs to use their inhaler during the lesson, they will be encouraged to do so. Where possible, a records will be kept every time a child uses their inhaler. Two members of staff countersign the medical administration form.

School Trips and Outside Activities

When a child is away from the school classroom on a school trip, club, outside sport or PE, their inhaler should accompany them and be made available to them at all times.

Record Keeping

On school entry, children with asthma or those possibly asthmatic should be identified through the medical conditions proforma completed by the parent / carer with parental responsibility. A positive response will result in the consent form being sent to parents for completion and a copy of the asthma action plan. These children will be added to the School asthma register. This is held by Mrs Sedgwick who is responsible for maintaining this register.

When a child needs to use their inhaler **outside of their routine use**, a record will be entered into the use of inhaler log held by Mrs Sedgwick. This will generate a letter home to inform parents and carers with parental responsibility that the child has required use of the inhaler. A copy of this letter will be kept on the child's record. If the same child has to use the inhaler more than once a term they should seek medical advice from their GP. This may indicate a child inadequately treated and therefore a risk.

The asthma register also notes all students with asthma care plans, which will be reviewed annually at the end of the academic year by Mrs Sedgwick.

Emergency Procedure Notice

This is to be displayed in the Medical Room. Mrs Sedgwick is responsible for ensuring this notice is present. All first aiders are to be provided with the asthma policy.

Asthma Attacks

All staff who come into contact with children with asthma know what to do in the event of an asthma attack. The school follows the following procedure:

Encourage the child to sit up and slightly forward
Help the child to take 2 separate puffs of his/her inhaler or the emergency salbutamol inhaler via the spacer. Shake the inhaler between puffs
If there's no immediate improvement, continue to give 2 puffs every 2 minutes up to a maximum of 10 puffs, or until symptoms improve
Stay calm and reassure the child
Call an ambulance if the child doesn't feel better or if you're worried at any time before reaching 10 puffs
If the ambulance doesn't arrive in 10 minutes give another 10 puffs, following the same pattern as step 3

We will call an ambulance immediately if a child:

- Appears exhausted
- Has a blue/white tinge around their lips
- Is going blue
- Has collapsed

After the attack

Minor attacks should not interrupt a child's involvement in school. When they feel better they can return to school activities.

The child's parents must be informed about the attack.

If the pupil does not feel better or you are worried at any time before reaching 10 puffs from the inhaler, call 999 for an ambulance.

If the ambulance has not arrived after 10 minutes, give an additional 10 puffs as detailed above.

In the event of an ambulance being called, the pupil's parents or carers should always be contacted.

In the event of a pupil being taken to hospital by ambulance, they should always be accompanied by a member of staff until a parent or carer is present.

Emergency salbutamol inhalers

A salbutamol inhaler is kept on school premises to use in emergencies.

This is outlined in the Department of Health and Social Care's (DHSC's) non-statutory guidance on using emergency salbutamol inhalers in schools.

The emergency asthma inhaler kit should include:

- A salbutamol metered dose inhaler
- At least 2 plastic spacers compatible with the inhaler
- Instructions on using the inhaler and spacer
- Instructions on cleaning and storing the inhale
- Manufacturer's information
- A checklist of inhalers identified by their batch number and expiry date, with monthly checks recorded
- A note of the arrangements for replacing the inhaler and spacers
- A list of children permitted to use the emergency inhaler, as detailed in their individual healthcare plans
- A record of when the inhaler has been used

Who can use an emergency inhaler?

An emergency inhaler can be supplied to a pupil at school who's known to suffer from asthma, where it's needed in an emergency, according to the Human Medicines (Amendment) (No.2) Regulations 2014.

The DHSC's guidance recommends that emergency inhalers should only be used by children who have been:

- Diagnosed with asthma and prescribed a reliever inhaler, **or**
- Prescribed a reliever inhaler, with or without a diagnosis of asthma

And who have written parental consent for the use of the emergency inhaler.

Staff responsibilities for maintaining the emergency inhaler kit

The two named volunteers amongst school staff for maintaining the emergency inhaler kit are Mrs Sedgwick and Mrs Talbot. They have responsibility for ensuring that:

• on a monthly basis the inhaler and spacers are present and in working order, and the inhaler has sufficient number of doses available;

• that replacement inhalers are obtained when expiry dates approach;

• replacement spacers are available following use;

The inhaler and spacers are kept in a safe and suitably central location in the school, such as the school office, or staffroom, which is known to all staff, and to which all staff have access at all times, but in which the inhaler is out of the reach and sight of children. The inhaler and spacer should not be locked away. The inhaler should be stored at the

appropriate temperature (in line with manufacturer's guidelines), usually below 30C, protected from direct sunlight and extremes of temperature. The inhaler and spacers should be kept separate from any child's inhaler which is stored in a nearby location and the emergency inhaler should be clearly labelled to avoid confusion with a child's inhaler. An inhaler should be primed when first used (e.g. spray two puffs). As it can become blocked again when not used over a period of time, it should be regularly primed by spraying two puffs. To avoid possible risk of cross-infection, the plastic spacer should not be reused. It can be given to the child to take home for future personal use.

Parental consent

A child under 16 should not be given any medicines without written parental consent. We keep a record of parental consent on an asthma register, so staff can quickly check whether a child is able to use the inhaler during an emergency.

Consent should be updated annually to take account of any changes to a child's condition.

The use of an emergency inhaler should also be specified in a pupil's individual healthcare plan.

Cover the use of emergency inhalers in your school policies

An emergency inhaler will only be used if the child's usual inhaler is not functioning and if parental consent is given.

When a Child is falling behind in lessons

If a child is missing a lot of time from school because of asthma or is tired in class because of disturbed sleep and falling behind in class, the class teacher will initially talk to the parents. If appropriate the teacher will then talk to the school nursing team and special educational needs coordinator about the situation. The school recognises that it is possible for children with asthma to have special education needs because of asthma.

Staff Training

All first aiders have training in dealing with asthma through the Blended Paediatric First Aid Qualification.

9. Diabetes

It's really important that a child with diabetes feels confident and safe in school and doesn't miss out on any part of their education because of diabetes. So, we've developed loads of different tools and resources to help you do this.

The basics

Diabetes is a serious condition where your blood glucose level is too high. There are two main types, **type 1** and **type 2**.

Most children in school will have type 1 diabetes, which is a serious, lifelong condition where your blood glucose level is too high because your body can't make a hormone called insulin.

Having type 1 has nothing to do with diet or lifestyle, it just happens. We're still not sure what causes it.

To find out more about type 1 diabetes, click on the link: **newly diagnosed page** . This can help you understand what it is, the ways that it's treated and what the day-to-day life is like for someone with diabetes.

How can diabetes affect a student's learning?

Diabetes can affect a child's learning because it can cause difficulties with attention, memory, processing speed and perceptual skills if it's not managed.

It's really important that a child is supported at school so they can manage their diabetes and get the most out of being at school.

Some children with diabetes will have more absences than other students. This won't be the case for every child with diabetes, but if they do take time off for hospital appointments or feeling unwell because of diabetes, it's important they don't get penalised for this if possible.

It's the parent's responsibility to tell us their child has diabetes prior to the child starting at school. The school will maintain a register of children with medical needs (see the Medical Policy) and will write, in conjunction with the family and school health an Individual Health Care Plan.

A QUICK GUIDE FOR LOOKING AFTER A CHILD WITH DIABETES

1. A diabetic child will normally have a pack which he/she needs when going on a school trip and the care plan must be taken on trips.
2. He/she MUST be allowed to eat as and when required.
3. He/she can be allowed to the front of a dinner queue when required.
4. He/she may need a quick snack after P.E.
5. **There may be a possibility of HYPO (hypolgycaemia) – low blood sugar.**
6. **He/she would like to be treated as normally as possible.**

Hypoglycaemia is low blood glucose and when identified quickly need not be a worry to anyone. The common causes are:-

1. A missed or delayed meal.
2. Extra exercise.
3. Too much insulin.

Symptoms are:-

1. Hunger
2. Sweating
3. Drowsiness
4. Pallor
5. Glazed eyes
6. Shaking
7. Mood changes

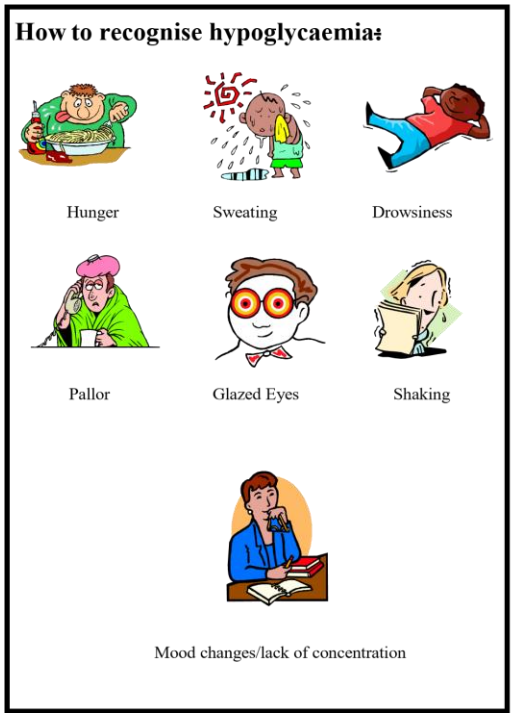
8. Lack of concentration

IF IN DOUBT, TREAT IT AS HYPO – THE CHILD WILL BE ABLE TO HELP NORMALLY.

WHAT DO I DO?:-

1. DO NOT SEND THE CHILD DOWN TO THE MEDICAL ROOM – he/she may not always get there. ALWAYS ACCOMPANY THE CHILD.
2. Fast acting sugar should be given immediately, e.g. lucozade, coke (not diet), chocolate bars, dextrose tablets, honey, jam or Hypo-Stop (a glucose gel provided by parents/carers). This can be followed up according to the child's care plan with a biscuit etc. approximately 20 minutes later – the care plan highlights this.
3. Information will be displayed on the walls of the medical room as a flow chart to follow in the event of hypo.

IF THE CHILD NEEDS TO GO TO HOSPITAL WE MUST RING 999. IF UNCONSCIOUS DO NOT PUT ANYTHING INTO THE MOUTH. N.B. THIS IS A VERY RARE EVENT!!!!



10. Emergency procedures

Staff will follow the school's normal emergency procedures (for example, calling 999). All pupils' IHPs will clearly set out what constitutes an emergency and will explain what to do.

If a pupil needs to be taken to hospital, staff will stay with the pupil until the parent/carer arrives, or accompany the pupil to hospital by ambulance.

11. Training

Staff who are responsible for supporting pupils with medical needs will receive suitable and sufficient training to do so.

The training will be identified during the development or review of IHPs. Staff who provide support to pupils with medical conditions will be included in meetings where this is discussed.

The relevant healthcare professionals will lead on identifying the type and level of training required and will agree this with the headteacher. Training will be kept up to date.

Training will:

- Be sufficient to ensure that staff are competent and have confidence in their ability to support the pupils
- Fulfil the requirements in the IHPs
- Help staff to have an understanding of the specific medical conditions they are being asked to support with, their implications and preventative measures

Healthcare professionals will provide confirmation of the proficiency of staff in a medical procedure, or in providing medication.

All staff will receive training so that they are aware of this policy and understand their role in implementing it – for example, with preventative and emergency measures so that they can recognise and act quickly when a problem occurs. This will be provided for new staff during their induction.

12. Record keeping

The governing board will ensure that written records are kept of all medicine administered to pupils for as long as these pupils are at the school. Parents/carers will be informed if their child has been unwell at school.

IHPs are kept in a readily-accessible place that all staff are aware of.

We will:

- Enter each pupil's medicine need in the school's system
- Update our records when parents/carers of pupils inform us of changes to their child's needs
- Keep a record of changes, labelling the most recent record for each child
- Make sure that all staff have access to records so that they are informed about pupils' medical needs
- Securely hold this information digitally in accordance with the UK GDPR
- Inform parents/carers about how they can access their child's information (provided no relevant exemptions apply to their disclosure under the Data Protection Act 2018)

13. Liability and indemnity

The governing board will ensure that the appropriate level of insurance is in place and appropriately reflects the school's level of risk.

The details of the school's insurance policy are:

We ensure that we are a member of the DfE's risk protection arrangement (RPA).

14. Complaints

Parents/carers with a complaint about the school's actions in regard to their child's medical condition should discuss these directly with the headteacher in the first instance. If the headteacher cannot resolve the matter, they will direct parents/carers to the school's complaints procedure.

15. Monitoring arrangements

This policy will be monitored by Mrs C Talbot.

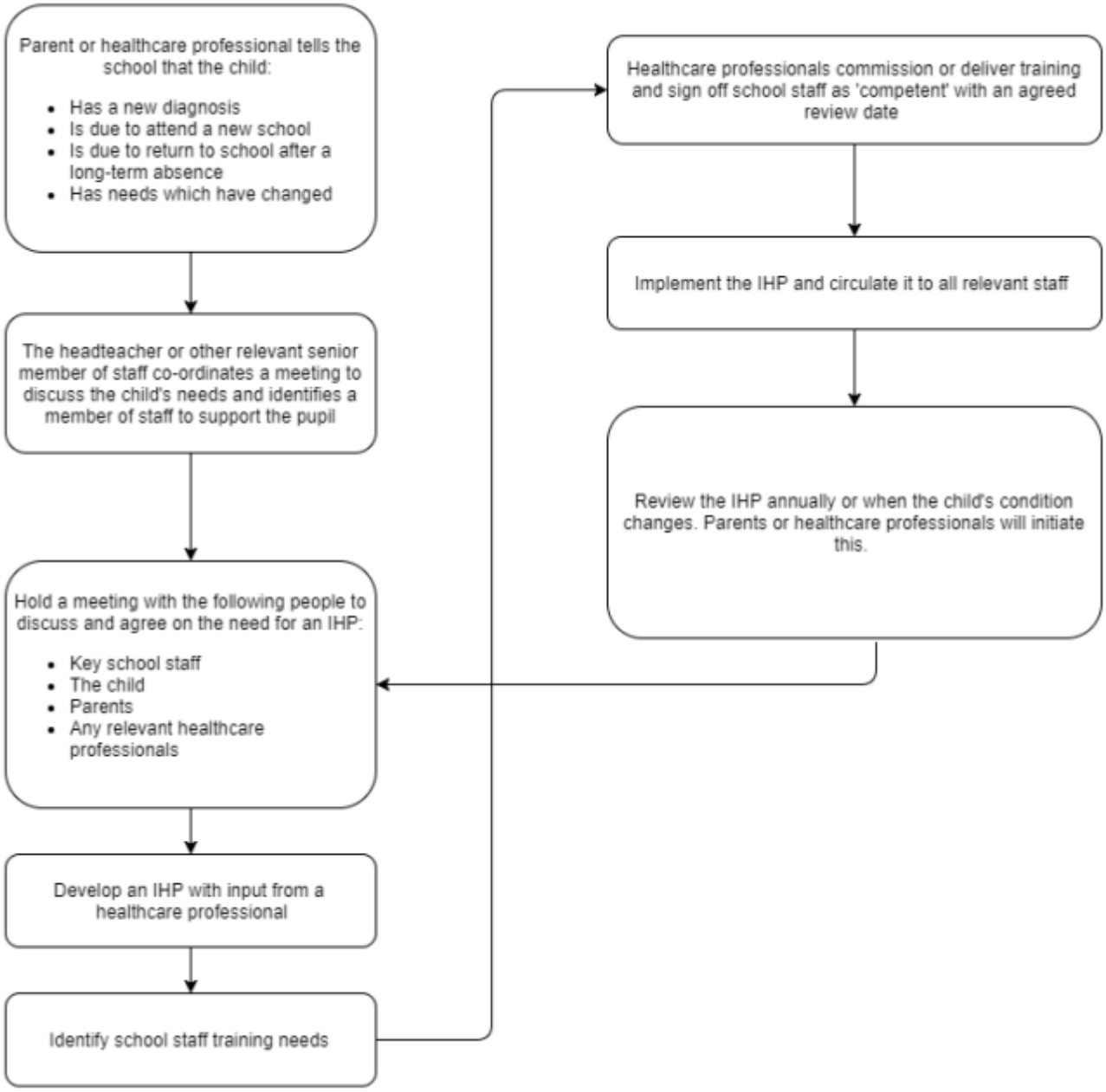
It will be reviewed and approved by the governing board every two years or as and when required.

16. Links to other policies

This policy links to the following policies:

- Accessibility plan
- Complaints
- Equality information and objectives
- First aid
- Health and safety
- Safeguarding
- Special educational needs information report and policy
- Allergy Awareness

Appendix 1: Being notified a child has a medical condition



Appendix 2: Procedures for children who are sick or infectious

- Pupils who have an infectious disease shouldn't attend school
- Parents should notify the school if their child has an infectious disease
- If a pupil becomes unwell during the day – for example, they have a temperature, sickness, diarrhoea or stomach pains – the parents or carers will be contacted to collect their child
- Pupils with a temperature, sickness, diarrhoea or an infectious disease should not attend school/nursery while they are sick. Depending on the sickness, staff may ask parents to take their child to the doctor before they return to school
- Staff will notify parents if a risk to other pupils exists

Children with specific infectious diseases set out in the UK Health Security Agency's exclusion table will not be allowed to return to school/nursery until the appropriate exclusion period has passed.

We will take the following steps to prevent the spread of infection:

- Reducing or eliminating sources of infection through good hygiene practices
- Good handwashing practice
- Encouraging and facilitating healthy eating
- Ensuring that regulated food hygiene standard requirements in the maintenance of food preparation areas and preparation of food are followed
- Championing and educating staff, parents, carers and pupils on the importance of immunisation as a tool against infection (while recognising the individual's right to choose)