

HEALTH AND SAFETY ADVICE FOR PARENTS AND HELPERS

This booklet has been written with the main purpose of forming a reference guide to assist parents during the years that your child will spend at Marden Academy.

Please put it in a safe place so you are able to refer to it as the need arises. It has been compiled with specific reference to the Hereford Education Authority Handbook of Safety Information for Schools. Our main concern is the safety of the children in our care.

Arriving and Collecting Children from School

We hope that, as the school is near to the centre of the village, most children will be able to walk to school. Please use the parking bays nearest to the school when dropping off and picking up the children. Please ensure that anyone else who is delivering/collecting your child from school is aware of these notes.

Please **do not** park in the roadway behind cars that are correctly parked in the parking bays. Please use the overflow car park by the playing fields.

Children should **not** be on site before 8.50pm.

If older children ride bicycles to school they should wear a cycle helmet. Children younger than Year 6 should be supervised. We ask cyclists to dismount at the kerb and wheel the bicycle through the small gate to the bike stands and lock securely. As part of our curriculum we have regular road safety visits and lessons covering pedestrian, cycle and car safety.

When the children are on school premises at the start and end of the day, we expect them to behave in a responsible and respectful manner. Please keep children off the grass areas at all times. The resources outside Class 1, such as the boat and other play equipment, plus the large play apparatus should not be used by any children. Those children who wish to be more active at the start of the school day need to make their way onto the large playground. **We appreciate your help in ensuring the safety of all children.**

Visitors Passes

As there is a need to monitor visitors to the premises, there is a security keypad by the front door. Access is obtained by pressing the bell, speaking to someone on a phone link. Once staff have clarified the entrants' identity, the door catch will be released allowing entrance to the building. **ALL** visitors must report to the School Office, sign the Visitors' Book, and wear an appropriate identification badge throughout their visit. Upon leaving, visitors must return their badge and sign out. It is vital that we know who is on the premises in the event of a fire. The whole school practices a Fire drill every term. Only adults holding a current DBS (formerly called a CRB check) are allowed to help in school. They are expected to read our Health and Safety Policy each September so that they are aware of any changes in procedure in the event of an emergency.

There is now an internal security door and external classroom doors are 'one-way' only.

Anyone using the grounds of the school out of school hours without the permission of the Headteacher is guilty of trespass. Notices are posted around the area to warn offenders.

Uniform (please see school prospectus/website)

Sensible shoes should be worn. If a child wears a watch in school it is the sole responsibility of the child to oversee the safe keeping of the watch. It must be removed for P.E. and put in a safe place, not given to the teacher.

The wearing of jewellery is not permitted except for stud-type earrings. Long hair should be tied.

Swimming Goggles (guidance taken from LA handbook)

Some pupils may wish to wear goggles to reduce the discomfort, which can occur whilst swimming. The wearing of goggles is not usually necessary for normal swimming, and their use should be discouraged due to their potential hazards. Please see Mrs Rudge if you require any guidance (taken from the LA Handbook) on the use of goggles.

Head Lice

HEAD LICE – DETECTION AND DIAGNOSIS

Correct diagnosis is essential. The only reliable method of diagnosing current, active infection is by detection combing.

A diagnosis of head louse infection cannot be made with certainty unless a living louse is found.

More information is available through the school administrator.

Medicines in School

Parents, who wish medicines to be administered, are required to make a dated entry in the Medicines Diary which is held in the School Office. Medicines should be clearly labelled with their contents and the required dosage and are stored in the medicine box in the office or in the fridge in the Sunshine Room. The diary is signed to show when an adult has administered the dose.

Medicines to be taken during off-site visits must be accompanied by clear labelling and instructions, and handed to the class teacher who is leading the trip.

Where medicines are needed on a long-term basis, this should be discussed with the Headteacher and an individual plan will be arranged if needed.

Note: Pain killers containing Aspirin or Ibuprofen must not be administered to pupils at school, even at the request of parents.

Children with asthma should have their inhalers on their person at all times eg, in a small waist belt or neck purse. Inhalers should be clearly labelled with the child's name and a spare inhaler should be kept in the medicine box in the school office. It is the parents' responsibility to check all inhalers provided for use in school and to train their child to have a responsible attitude towards its usage eg. Ensuring it is available in the hall for P.E/ on games field/ at the edge of the swimming pool/not sharing it with other children etc.

Injuries in school

A qualified First Aider will normally deal with any injuries in school. Parents are always contacted immediately if we consider an injury may need further attention. In the event of more immediate professional help being required an ambulance will be summoned and a member of staff will accompany the child to hospital and stay with the child until the parent can arrive. It is **vital** that parents keep us informed of any changes to their emergency telephone numbers and complete and return our September annual medical update.

Absences

We ask for your co-operation in not sending children to school who are obviously sick or unwell. In the case of sickness and/or diarrhoea it is essential that parents allow 48 hours symptom free before returning children to school in order to prevent the spread of germs.

If your child is absent from school – for any reason, please inform us by telephone between 8.30am and 9.30am or by note. It is essential that we be informed of the reason for an absence. All children are expected to take part in P.E. unless a medical condition prevents participation. In this case, a note is required from a parent to excuse the child.

Children with infectious diseases should normally be excluded from school to prevent the spread of the infection and their family doctor should always guide parents. Further guidelines are available from the school office.

Any child arriving later than 9am should report to the office accompanied by an adult.

Welfare

Under section 3 (5) of The Childrens Act 1989, the school has a responsibility as a child welfare centre. In this capacity we must always ensure that the welfare of every child in our care is of the utmost importance.

Infectious Diseases – Incubation, Communicability and Exclusion Periods

Skin Infections

Disease	Incubation Period	Period of Communicability	Minimum Period of Exclusion from School	Exclusion of Family Contacts from School
Head Lice (Pediculosis)	Eggs hatch in a week and reach maturity in 8-10 days	Whilst eggs or lice are alive and present	Until treatment has been undertaken	Whole family should be examined and treated if lice or eggs are found
Impetigo	Usually 4-10 days, but can occur several months after colonization	Whilst lesion remains moist or 48 hours after starting antibiotic treatment	48 hours after starting antibiotics. Treatment is effective rapidly	None – unless they show signs of infection
Ringworm of Feet (Athlete's Foot)	Unknown	Whilst lesions are present	Exclusion (including barefoot exercise) not necessary once treatment has started	None – unless they show signs of infection
Ringworm of Scalp	10 – 14 days	Whilst active lesions are present	Until 7 days of treatment have been completed	None – unless they show signs of infection
Ringworm on Body	4 – 10 days	Whilst lesions are present	Until treatment has commenced (if affected area is covered by clothing)	None – unless they show signs of infection
Scabies	2 – 6 weeks initially, but 1 – 4 days after re-exposure	Until mites and eggs are destroyed	24 hours after treatment	Until treatment has started (treatment will be needed for close contacts)
Verrucae (Plantar Warts)	Usually 2 – 3 months (but can be 1 – 20 months)	Unknown, probably while lesion visible	Not necessary. Access to swimming will depend on pool policy. No evidence that wearing of verrucae socks prevents transmission	None

General Infections

Disease	Incubation Period	Period of Communicability	Minimum Period of Exclusion from School	Exclusion of Family Contacts from School
Chickenpox	15 – 18 days	From 1 –2 days before and up to 5 days after rash appears	5 days from onset of rash (until spots are dry)	None
Conjunctivitis	Depends on cause	Whilst symptoms persist	Until treatment has begun and inflammation has started to resolve	None
Fifth Disease (Slapped Cheek Syndrome)	6 – 14 days	Uncertain – thought to be a few days before rash appears	Until clinically well	None
German Measles (Rubella)	14 – 21 days	From 7 days before to 4/5 days after onset of rash	5 days from appearance of rash	None
Glandular Fever	28 – 42 days	Prolonged, but very low risk once symptoms have subsided (except by very close contact)	Until clinical recovery	None
Hand, Foot and Mouth Disease	3 – 5 days	Usually whilst symptoms persist	Until clinically well	None
Measles	10 – 15 days	Usually whilst symptoms persist	4 days from onset of rash	None
Meningitis	2 – 10 days (often 3 – 4 days)	Whilst organism is present in nose and mouth	Until clinical recovery	No exclusion for contacts
Mumps	12 – 15 days	A few days before symptoms to subsidence of swelling (often 10 days)	Until swelling has subsided or until clinically recovered	None
Scarlet Fever (and other streptococcal infections)	1 – 3 days	Whilst organism is present in nasopharynx or skin lesion	Until clinical recovery or 48 hours after starting antibiotics	None
Tuberculosis	25 – 90 days	Whilst organism is present in sputum. Usually non-infectious 14 days after starting treatment	Apply to CCDC for advice	Screening of contacts will be done as routine. Exclude only on advice of CCDC.
Whooping Cough	10 – 14 days	7 days after exposure to 21 days after onset of coughing	21 days from onset of paroxysmal cough	None

MARDEN PRIMARY ACADEMY

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Ms Zoë Evans