

## **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.

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.

No parents on the playground at the start or end of the school day.

When the children are on school premises at the end of the school day, we expect them to behave in a responsible and respectful manner.

### **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/lanyard throughout their visit. Upon leaving, visitors must return their badge/lanyard 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.

Anyone using the grounds of the school out of school hours without the permission from the Executive Headteacher or Head of School is guilty of trespassing. Notices are posted around the area to warn offenders.

### **Uniform (please see school 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 Johnson 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 in their original box clearly labelled with their contents and the required dosage and are stored in the medicine box or in the mini fridge in the office. 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 Head of School 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 to hand in a location that all staff know about. 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 with the registered First Aider /not sharing it with other children etc.

For controlled drugs we have systems and processes in place for storing, recording and transporting controlled drugs that belong to a person who is under the organisation's supervision.

## Injuries in school

A qualified First Aider will 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 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 9.15am 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

| Rashes and skin Infections                      | Recommended period to be kept away from school, nursery or childminders                 | Comments  |
|---|---|---|
| Athlete's foot                                  | None  | Athlete's foot is not a serious condition. Treatment is recommended   |
| Chickenpox*                                     | Until all vesicles have crusted over  | See: Vulnerable children and female staff – pregnancy   |
| Cold sores, (Herpes simplex)                    | None  | Avoid kissing and contact with the sores. Cold sores are generally mild and self-limiting   |
| German measles (rubella)*                       | Four days from onset of rash (as per "Green Book")                                      | Preventable by immunisation (MMR x 2 doses). See: Female staff – pregnancy  |
| Hand, foot and mouth                            | None  | Contact the Duty Room if a large number of children are affected. Exclusion may be considered in some circumstances   |
| Impetigo  | Until lesions are crusted and healed, or 48 hours after commencing antibiotic treatment | Antibiotic treatment speeds healing and reduces the infectious period   |
| Measles*  | Four days from onset of rash  | Preventable by vaccination (MMR x 2). See: Vulnerable children and female staff – pregnancy   |
| Molluscum contagiosum                           | None  | A self-limiting condition   |
| Ringworm  | Exclusion not usually required  | Treatment is required   |
| Roseola (infantum)                              | None  | None  |
| Scabies   | Child can return after first treatment  | Household and close contacts require treatment  |
| Scarlet fever*                                  | Child can return 24 hours after commencing appropriate antibiotic treatment             | Antibiotic treatment recommended for the affected child. If more than one child has scarlet fever contact PHA Duty Room for further advice  |
| Slapped cheek (fifth disease or parvovirus B19) | None once rash has developed  | See: Vulnerable children and female staff – pregnancy   |
| Shingles  | Exclude only if rash is weeping and cannot be covered                                   | Can cause chickenpox in those who are not immune i.e. have not had chickenpox. It is spread by very close contact and touch. If further information is required, contact the Duty Room. SEE: Vulnerable Children and Female Staff – Pregnancy |
| Warts and verrucae                              | None  | Verrucae should be covered in swimming pools, gymnasiums and changing rooms   |

| Diarrhoea and vomiting illness              | Recommended period to be kept away from school, nursery or childminders                | Comments   |
|---|--|--|
| Diarrhoea and/or vomiting                   | 48 hours from last episode of diarrhoea or vomiting                                    |  |
| <i>E. coli</i> O157 VTEC*                   | Should be excluded for 48 hours from the last episode of diarrhoea                     | Further exclusion is required for young children under five and those who have difficulty in adhering to hygiene practices   |
| Typhoid* [and paratyphoid*] (enteric fever) | Further exclusion may be required for some children until they are no longer excreting | Children in these categories should be excluded until there is evidence of microbiological clearance. This guidance may also apply to some contacts of cases who may require microbiological clearance |
| <i>Shigella</i> * (dysentery)               |  | Please consult the Duty Room for further advice  |
| Cryptosporidiosis*                          | Exclude for 48 hours from the last episode of diarrhoea                                | Exclusion from swimming is advisable for two weeks after the diarrhoea has settled   |

| Respiratory Infections      | Recommended period to be kept away from school, nursery or childminders                                    | Comments  |
|-----------------------------|--|---|
| Flu (influenza)             | Until recovered  | See: Vulnerable children  |
| Tuberculosis*               | Always consult the Duty Room   | Requires prolonged close contact for spread   |
| Whooping cough* (pertussis) | 48 hours from commencing antibiotic treatment, or 21 days from onset of illness if no antibiotic treatment | Preventable by vaccination. After treatment, non-infectious coughing may continue for many weeks. The Duty Room will organise any contact tracing necessary |

| Other Infections                        | Recommended period to be kept away from school, nursery or childminders                             | Comments  |
|---|---|---|
| Conjunctivitis                          | None  | If an outbreak/cluster occurs, consult the Duty Room  |
| Diphtheria *                            | Exclusion is essential.<br>Always consult with the Duty Room  | Family contacts must be excluded until cleared to return by the Duty Room.<br>Preventable by vaccination. The Duty Room will organise any contact tracing necessary   |
| Glandular fever                         | None  |   |
| Head lice                               | None  | Treatment is recommended only in cases where live lice have been seen   |
| Hepatitis A*                            | Exclude until seven days after onset of jaundice (or seven days after symptom onset if no jaundice) | The duty room will advise on any vaccination or other control measure that are needed for close contacts of a single case of hepatitis A and for suspected outbreaks.   |
| Hepatitis B*, C, HIV/AIDS               | None  | Hepatitis B and C and HIV are bloodborne viruses that are not infectious through casual contact. For cleaning of body fluid spills. SEE: Good Hygiene Practice  |
| Meningococcal meningitis*/ septicaemia* | Until recovered   | Some forms of meningococcal disease are preventable by vaccination (see immunisation schedule). There is no reason to exclude siblings or other close contacts of a case. In case of an outbreak, it may be necessary to provide antibiotics with or without meningococcal vaccination to close contacts. The Duty Room will advise on any action needed. |
| Meningitis* due to other bacteria       | Until recovered   | Hib and pneumococcal meningitis are preventable by vaccination. There is no reason to exclude siblings or other close contacts of a case. The Duty Room will give advice on any action needed   |
| Meningitis viral*                       | None  | Milder illness. There is no reason to exclude siblings and other close contacts of a case. Contact tracing is not required  |
| MRSA                                    | None  | Good hygiene, in particular handwashing and environmental cleaning, are important to minimise any danger of spread. If further information is required, contact the Duty Room   |
| Mumps*                                  | Exclude child for five days after onset of swelling   | Preventable by vaccination (MMR x 2 doses)  |
| Threadworms                             | None  | Treatment is recommended for the child and household contacts   |
| Tonsillitis                             | None  | There are many causes, but most cases are due to viruses and do not need an antibiotic  |

\* denotes a notifiable disease. It is a statutory requirement that doctors report a notifiable disease to the Director of Public Health via the Duty Room.

**Outbreaks:** if a school, nursery or childminder suspects an outbreak of infectious disease, they should inform the Duty Room.

# **MARDEN PRIMARY ACADEMY**

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Reviewed September 2022  
Mrs K Johnson