HERRIES PREPARATORY SCHOOL

FIRST AID POLICY

Policy Reviewed September 2024 Rob Grosse and Suzanne Sharp

Including Appendices

A) The procedure for reporting head injuries
B) Administration and storage of medicines
C) The procedure for sick children and the use of the medical room
D) Policy relating to infectious diseases
E) Offsite Medical Form B

General Statement

Herries is committed to providing emergency first aid cover to deal with accidents, which occur to employees, children and all categories of visitors. We ensure that we have practical arrangements in place at the point of need.

To achieve this, the school will:

- Have a minimum of one suitably stocked first aid box in key areas
- At least one appointed person on site to take charge of first aid arrangements
- Provide information to employees, children and parents on the arrangements for first aid
- Have a procedure for managing accidents
- Review the arrangements for first aid annually

First Aid Boxes

All first aid boxes in the school will conform to the Health and Safety Executive's (HSE) minimum provision and are located in:-

- Nursery Room
- Kitchen
- Reception Classroom
- Music Room
- Science Room
- Medical Room
- Office

The person responsible for checking the contents of the first aid boxes and ordering supplies is Suzanne Sharp, Medical Officer. Any items used from a first aid box should be reported to her.

Information

Notices are displayed around the school stating the location of the nearest first aid box and the names of persons trained in emergency first aid.

Children will be told what to do, as appropriate to the situation, if there is an accident or incident.

Accidents

In the event of a pupil having an accident involving an injury or suspected injury during the school day the following procedure will be followed:-

1. Send an adult/suitable child to/for named first aider, or if the child can walk, take him/her to a first aider (when the adult present is not first aid trained).

2. If the injury is more serious, do not move the child and send for first aider or additional first aider to attend.

3. At playtime and lunchtime, a first aid bag (located in the hall) to be taken to the playground.

4. Minor grazes, i.e. just dirty, and other minor injuries can be dealt with, as appropriate, on the playground. First aid bags to be taken outside for playtimes and lunch times

6. Sport: A specific named teacher will be named in risk assessment to carry KS1 or KS2 medical bags when off site. Qualified first aiders are also on site at venues attended by the pupils. For those pupils who may require use of their inhaler during off site sport, the member of staff responsible will ensure that the inhaler is taken with the pupil (parents should provide an inhaler specifically to be kept in the First Aid bag).

   For those pupils who have an allergy that requires them to carry an epi pen, the member of staff responsible will ensure that the epi pen is taken with the pupil (parents should provide an epi pen specifically to be kept in the First Aid bag). Should a child only have one epipen in school, it will be in the child's KS1/KS2 green first aid bag.

7. Trips: All visits must be arranged through the School Office. Teachers arranging visits will undertake a risk assessment and advice on adequate first aid personnel. The Trip leader will ensure that any pupil's medication, as required, is taken with the staff, including inhalers and epi pens, which should be named. Pupils with special medical needs will be mentioned separately on the risk assessment.

Accident Reporting

All accidents will be recorded and reported in one of the two accident books. These are located in the KS1 and KS2 bags which go outside every playtime.

Accidents occurring in the playground should be recorded immediately as it is likely that the member of staff on duty may be teaching straight after break time.

The report must include the following:

- The date, time and place of the incident
- The name(and class) of the injured person

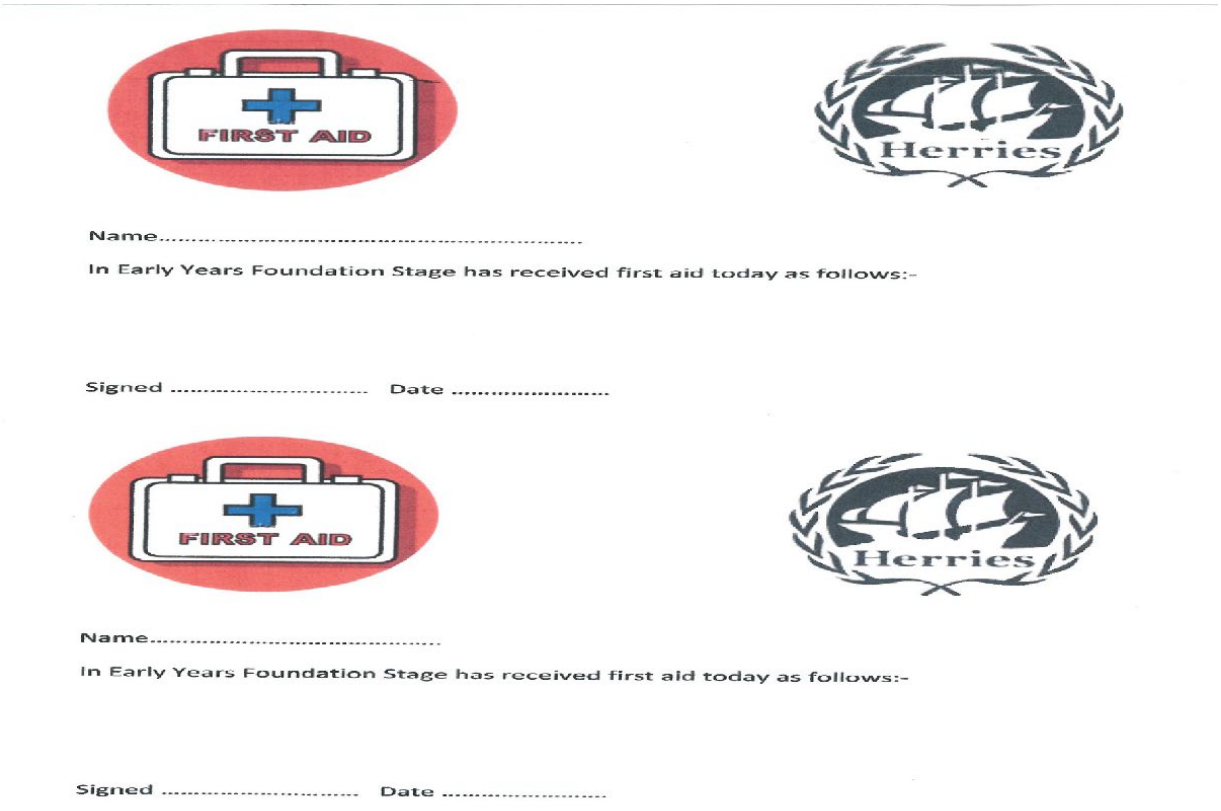
- Details of the injury and what first aid treatment was given
- Where there is a head injury, as well as filling in the accident book a Head injury form is to be completed by the person dealing with the accident, photocopied, one for the child's personal file and one to go home with child. All head injuries to be reported to parents by phone or email by the school office and class teacher informed of the accident. (See Appendix A: Procedure for Reporting Head Injuries)
- For a more serious occurrence, reporting a disease or fatality, report immediately to the Headteacher.

One copy is given to the Office and one is returned home via bookbag.

Parents are informed of minor accidents at the school gate at the end of the school day or by phone if the accident is considered more serious.

EYFS

Children in EYFS have a separate accident form that is found in the red first aid bag. See below.



All injuries no matter how minor should be reported to parents on the same day. One copy goes home to the parents and the other copy is to be kept in the EYFS accident folder that is held in the Reception classroom.
If any child in the school has a head injury then a separate head injury form must be filled in and the parents informed by telephone or email. A copy will be sent home and a copy put in the head injury folder held in the school office. As far as is practicable, the class teacher should always be informed of any accidents as soon as possible.

First Aid Training

The school will maintain an up-to-date list of those employees who have undergone first aid training.

First Aid training courses are arranged by the school for staff, as appropriate. A list of qualified First Aiders is kept in the school office.

Documentation

This policy is available to all staff and parents. Staff are required to reread the policy after each review, and staff will be made aware of any changes in staff meetings.

Accidents/Illnesses requiring Hospital Treatment

If a child has an accident or an illness that results in a situation that requires urgent hospital treatment, the school will be responsible for calling an ambulance. When an ambulance has been arranged, parents will then be informed and arrangements can be made as to where they should meet their child.

In the case of non-urgent hospital treatment, parents will be informed immediately and arrangements made for the parents to collect their child. However, if this is not possible, the school will arrange transport to hospital with parental agreement. The school holds up-to-date contact names and telephone numbers of all parents/ guardians and it is therefore essential that the parents inform school immediately if any changes occur.

Reporting Injuries (RIDDOR):

Some accidents that occur must be reported to the Health and Safety Executive under the Reporting of Injuries Diseases and Dangerous Occurrences regulations (RIDDOR).Accidents resulting in death or major injury must be reported immediately (by telephone)and followed up with a written report (HSE Form 2508) to arrive within ten days. The written reporting procedure must also be carried out if pupils, employees, visitors or contractors are injured on the premises (or whilst conducting school work or activities off-site) if they are unable to resume normal work within three days.

Maintaining up to date Medical Records about pupils

The school holds a medical form for each child which is completed when the child starts at the school. Parents are asked if there are changes, annually. Parents are asked to notify the school of any changes and details are amended. Medical Forms are kept in a folder in the office and are easily accessible. A register of children with allergies and other health issues is kept and displayed around the school.

Pupils with particular medical conditions

The School maintains a list of pupils with particular medical conditions, which is held in the school office, staff being informed as appropriate, and is regularly updated. Some pupils have medical conditions that if not properly managed, could limit their access to education. These children may be Epileptic, Asthmatic, Diabetic or experiencing severe allergies which may result in anaphylactic shock.

For children who have long term conditions requiring medication, a profile is displayed in the staff room on the medical board setting out details concerning the condition and treatment.

For children with individual health care plans a copy of the plan is also kept by the class teacher and emailed to relevant staff as well as being displayed in the staff room on the medical board. Frequent communication with parents and updating of records ensures the medication is the current one and the correct dosage.

Most children with particular medical conditions are able to attend school regularly and, with support from the school, can take part in most school activities. However, school staff may need to take extra care in supervising some activities to make sure that these pupils, and others, are not put at risk. An individual health care plan can help schools to identify the necessary safety measures to support pupils with medical needs and ensure that they are not put at risk. Parents/guardians have prime responsibility for their child's health and should provide schools with information about their child's medical condition. Parents should give details in conjunction with their child's GP and Paediatrician.

POLICY FOR ADMINISTRATION AND STORAGE OF MEDICINES

The aim of this policy is to identify the provision of support for pupils and staff with medical needs in school.

Selected staff at Herries are willing to administer medicines to children but this is done on a voluntary basis and parents must be aware that we do not have a school nurse.

Training is provided for staff where the administration of medicine requires medical or technical knowledge.

Medicine is administered in three sets of circumstances:

1 Where there is a short term medical need, for example to finish a course of antibiotics

2 Where there is a long term need, such as asthma

3 On an occasional basis when non-prescription medication is brought into school with parental agreement and the agreement of the Headteacher.

Prescription medicines must not be administered unless they have been prescribed for a child by a doctor, dentist, nurse or pharmacist (medicines containing aspirin should only be given if prescribed by a doctor).

Prescribed medicines may be administered in school by staff members only. Not all staff are comfortable doing this and so any prescribed medicine must be administered by a member of staff who is in agreement to doing so. However, most prescribed medicines can be taken outside of normal school hours so the need for this is rare.

Any medicine to be administered must be in its original packaging.

There is no legal duty which requires school staff to administer medication; this is purely a voluntary role, unless the situation is life threatening to the child. The member of staff will only do so where parents have provided their written consent for the administration of medication.

If a child refuses to take their medication, staff will accept their decision (other than in a life threatening situation), and inform the parents accordingly. In all cases, we must have written parental permission outlining the type of medicine, dosage and the time the medicine needs to be given. These forms are available in the School Office.

All inhalers held in school must be named and checked by the parents for expiry dates. (See Appendix B: Policy for Administration and Storage of Medicines).

Children who are ill should stay at home until they are fully recovered. Non-prescription medicines should not be used as a means to make the child well enough

to go to school when otherwise they would be at home. However in some particular circumstances the school will administer non prescribed medicines. When a parent wishes this to happen the Headteacher/Medical Officer must give permission after considering the situation. Therefore, non-prescribed medicines, such as liquid paracetamol for children and sore throat lozenges, may only be taken by children in school when the parent has sought specific permission for this to happen and permission has been given by the Headteacher/Medical Officer. Any non- prescription medicines brought into school must be kept in the locked medicine cabinet in the Nursery or the Medical Room.

All staff should take precautions to avoid infection and must follow basic hygiene procedures. Staff should have access to single-use disposable gloves and hand washing facilities, and should take care when dealing with blood or other body fluids and disposing of dressings or equipment. Aprons and disposable gloves are provided for all staff; there is a box for the cleaning up of blood / vomit etc., which is kept in the Caretaker's cupboard. Waste should be double bagged and disposed of in the main waste bins. Further guidance is available in the DfEE publication HIV and AIDS: A Guide for the Education Service.

It should be emphasised that a child who is ill with any sort of contagious or otherwise communicable disease should not attend school until well again, to avoid infection of other children and staff.

The school reserves the right to require that a child who is brought to school, but is considered by staff not to be well enough to stay, be taken home.

Children must not be sent to school with non-prescription medicines to treat problems such as headaches, as these could be symptomatic of bigger problems and it is not reasonable to expect staff to monitor this. Where there is a specific need for a non-prescribed medicine, the same procedures apply as to prescribed medicines.

Parents wishing staff to administer medicine must complete a form giving details of the medicine and its administration. It must be provided in the container in which it was originally dispensed and clearly labelled with the child's name.

For all pupils but especially for children in the EYFS, all instances of administration of medicine are recorded on a School Medication Form. One copy of this is placed in the child's file and a second copy is sent home with the child.

All medicines, prescription and non-prescription, are stored in the medical cabinets, one in the EYFS in the Nursery and the other in the Medical Room, apart from those which require refrigeration. These are stored in the specifically labelled plastic air-tight containers in the fridge in the staff room.

The adult responsible for the child must take responsibility for collection of the medicine at the end of each school day.

Children who need an asthma inhaler must keep one in the classroom for use at any time of the school day when they feel it is needed. The school also asks parents to provide a second inhaler which is kept in the Green KS bag. Should a child only have one inhaler in school it will be kept in the Green KS bag.

Second inhalers for children in Years 3, 4, 5 and 6 will be kept in the KS2 Off site First Aid Bag in a marked container and this bag will be taken outside at break times. Second inhalers for KS1 children are kept in the Green KS1 First Aid Bag which goes

outside at break times. It is stored in the first aid cupboard in the hall. This bag will be taken to all off site Sports Activities and then returned to its place.

Parents of a child who needs to carry an Epi pen or is at any known risk of anaphylaxis should discuss this with the Medical Officer, and suitable arrangements will be made. Parents of a child who requires an epi pen are asked to provide the school with two epi pens: one for the kitchen and one to be kept in the KS2 Green First Aid Bag for KS2 or the Green First Aid Bag for KS1 and EYFS, to be taken out at break times. Some GPs will only prescribe one epi pen which will be kept in the KS1/KS2 first aid bag.

Parents are expected to provide new epi pens and inhalers when the old ones become out of date. The school checks the dates regularly and advises parents when the out of date date is approaching to request a new one. If parents do not provide an in-date epi pen or inhaler the school retains the old one which is deemed better than nothing. Requests for in date epi pens and inhalers are recorded by the Medical Officer.

Should a child need to take an asthma inhaler or epi pen with them on a school trip or when taking part in sport off site, the inhaler or epi pen will be found in the relevant Off site First Aid Bag. Where the group is not the whole of a Key Stage the teacher in charge of the group will carry the Epi pen or inhaler and return it to the bag when back in school.

Staff requiring medication

If staff are taking any medication that affects their ability to carry out their job in any way they must advise the Headteacher and the Medical Officer who may advise them to remain at home as appropriate. Staff who take ongoing medication advise the Medical Officer who keeps a record. This list is also kept in the school office; by Stephanie Foster Staff must ensure that any personal medication is kept out of the reach of children.

MEDICATION FORM

CHILD'S NAME……...

YEAR GROUP……

I request that a member of staff administer the following medication to my child:

Medication…….

Directions…….

SIGNED…….

PRINT NAME……..

DATE……..

For staff use:

Date	Dosage	Time given	Comments	Signed	Witness

N.B. Medicine can only be accepted in the container in which it was originally dispensed.

Parental consent for administration of non-prescribed medicines during residential trips

Please complete in block capital letters:-

Name of child: _____

Date of Birth: _____

Year Group: _____

Doctor's name and contact telephone number:-

_____

I give permission for my child to be administered with the following non-prescribed medicines (at the dosage recommended for their age) at the discretion of a member of Herries' staff. I agree that the school may supply the stated medicine.

MEDICATION	Please tick □ in box below if permission given
1. Calpol 6+	
2. Piriton	
3. Antiseptic Cream (for cuts and grazes)	
4. Bite and sting cream	

Parent / Guardian signature: _____

Date: _____

Appendix A

PROCEDURE FOR REPORTING HEAD INJURIES

"All head injuries are potentially serious"

All injuries to the head, eyes, ears and including anything above the neck, is considered a head injury and therefore must be treated and reported immediately.

1. Minor injuries to be treated in situ by a trained first aider; if the member of staff present is not a trained first aider one should be called to assist.
2. Head injury form to be completed by a person dealing with a child/adult.
3. Copy of form to be photocopied for child/adult – to be kept in personal file at school for future reference.
4. Head injury form to be sent home with a child/adult.
5. However minor the injury, parents are informed by phone or email, giving details of injury.
6. Class teacher to be informed, if not already involved, and asked to monitor the child. Any changes (drowsiness, headaches, vomiting, visual problems, dizziness) immediate assistance to be called from the school office and first aider to attend.
7. If an accident happens off site, if forms are held at the venue e.g. Bisham, Marlow, to be filled in immediately. If not, forms to be completed immediately on return to school. School to be informed when the accident occurs.
8. If a child/adult requires hospital treatment, a RIDDOR form (held in school office) must be completed.

9. School forms are held in the staff room and in the school office.
10. Any issues relating to RIDDOR should be dealt with through the school office (and documentation will be held for a minimum of three years).

HEAD INJURY FORM

Child's name: ..... Class: .....

INJURY LOCATION: Herries Preparatory School CONTACT NUMBER: 01628 483350	INJURY DATE: INJURY TIME: (am/pm) LOCATION:	STAFF INVOLVED:(initials)

WHAT CAUSED THE HEAD INJURY?

PLEASE STATE WHICH SIDE OF THE HEAD/FACE IS INJURED:

Left ☐ Right ☐

ANY VISIBLE INJURIES:

Yes ☐ No ☐

If yes, please state below:

WHAT ACTION WAS TAKEN?:

HOW WAS PARENT CONTACTED:

Email ☐ Phone call ☐

Time:

Response from parent:

Name of staff member reporting injury to parent ☐

Please ensure this form is provided to medical personnel in the event of hospital treatment.

If *any* of the following symptoms occur, you must seek medical attention immediately at your nearest accident and emergency unit.

Vomiting	Severe Headache	Drowsiness
Loss of Consciousness	Visual Disturbances	

It is important that this form *remains* with the injured person for at least 48 hours after the injury. The injured person should be closely monitored for this 48 hour-period (especially children).

Appendix B

PROCEDURE FOR SICK CHILDREN AND USE OF MEDICAL ROOM

Procedure for Supervision of Sick Children

Should a child become ill during the day, arrangements will be made for them to be collected from school. A file of emergency contacts is kept in the office and this lists contact numbers and names for each child, as well as the name of the child's doctor.

The child's parents will be called first, and if contact is not made with them, then the person named as the emergency contact will be called.

Should it be that no contact can be made with anyone on the child's record, the Headteacher may, at his discretion, call for medical help.

As appropriate to the individual occurrence, the child will be located either in the School Office or in the Medical Room until departure from school.

In the event of a child having an epileptic fit, staff will telephone for an ambulance.

Children who have vomited or suffered from diarrhoea are required to be kept away from school for at least 48 hours after the last episode of illness.

Procedure for Supervision of the Medical Room

The Medical Room Supervisor is Suzanne Sharp.

The Appointed Person with responsibility for upkeep and reordering of first aid supplies is Suzanne Sharp.

- There is a first aid cabinet on the wall in the Medical Room: this contains school first aid supplies and any medication brought into school by pupils, as agreed by their parents.

- Medication may also be stored in the fridge in the staff room.
- As appropriate, minor injuries will be treated in the Medical Room.
- A chair, located in the school office, to be brought as required into the Medical Room for staff use when supervising sick children.

Reviewed September 2024 Rob Grosse and Suzanne Sharp

Appendix C

Policy Relating to Infectious Diseases

Rationale

It is the intention of the governors and staff of Herries Preparatory School to be vigilant in relation to the presence of any infectious disease. It is our policy to communicate with parents and medical authorities and take appropriate measures to minimise any spread of infection.

Infection control measures:

Childhood infections in school are mainly transferred through hands touching children, staff and physical surfaces such as tabletops, taps, toilet seats and handles. Examples of these infections include:

- Diarrhoea and vomiting (see guidance from the Children's Information Service)
- Germs causing upper respiratory tract and influenza
- Other childhood infections including impetigo and hand, foot and mouth disease

Therefore hand washing remains the most important step in preventing such infections.

Procedure

Any member of staff that suspects that a child has any form of infection will consult the chart of infectious diseases (see end of this policy pages 14-16) and their symptoms in an attempt to identify the condition. The Headteacher will be informed. Where a common infectious ailment such as chickenpox is identified or where concern persists without identification of the infection, the parents will be contacted by telephone. The matter will be discussed and the parent advised to seek immediate medical advice and notify the school of the outcome. If it is not possible to make contact by telephone

a discrete letter/email will be used to communicate concern and ask that medical advice is sought and relayed to school. Whenever confirmation is made of any infectious disease it will be the school's policy to consult with the parent over any need for their child to have a period of time out of school. Direction on the length of time for the child to remain out of school will be taken from the chart of infectious diseases (see end of policy pages 14-16), or in cases of doubt, after consulting the medical services. A letter will be sent to the parents of all children whenever medical advice suggests that all parents should be informed that a child in school has been diagnosed with an infectious disease. However, with certain childhood ailments, for example chicken pox, parents would usually be notified about this through the weekly school newsletter.

Head Lice

The contagious nature of head lice means that it can rapidly spread among a class, making it difficult to eradicate. For this reason, should it be noticed that your child has head lice/eggs during the school day, you will be asked to collect and treat your child immediately. Your child may return to school after treatment has taken place. Sometimes, more than one treatment may be required. A copy of the First Aid Policy is posted on the website and a hard copy will be sent to you on request.

The following guidance is taken from the Public Health Guidance on infection control in schools, October 2014

1. Rashes and skin infections

Children with rashes should be considered infectious and assessed by their doctor.

RASHES AND SKIN	**Recommended exclusion period**	**Comments**
Athlete's foot	None	Athlete's foot is not a serious condition. Treatment is recommended
Chicken pox	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)*	4 days from onset of rash	Preventable by immunisation (MMR x 2 doses). *See Female Staff – Pregnancy*
Hand, foot and Mouth Disease	None	Contact your local HPT 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 starting antibiotic treatment.	Antibiotic treatment speeds healing and reduces the infectious period
Measles	4 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 starting appropriate antibiotic treatment	Antibiotic treatment is recommended for the affected child
Slapped cheek/fifth disease. 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 your local PHE centre. *See Vulnerable Children and Female Staff - Pregnancy*
Warts and verrucae	None	Affected children may go swimming but verrucae should be covered.

2. Diarrhoea and vomiting illness

Infection or complaint	**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	
E.coli 0157 VTEC Typhoid* [and paratyphoid*] (enteric fever) Shigella (dysentery)	Should be excluded for 48 hours from the last episode of diarrhoea. Further exclusion may be required for some children until then are no longer excreting	Further exclusion is required for children aged five years or younger and those who have difficulty in adhering to hygiene practices. Children in these categories should be excluded until there is evidence of microbiological clearance. This guidance may also apply to some contacts who may also require microbiological clearance. Please consult your local PHE centre for further advice
Salmonella	As above	As above
Cryptosporidiosis	Exclude for 48 hours from the last episode of diarrhoea	Exclusion from swimming is advisable for two weeks after the diarrhoea has settled.

3. Respiratory infections

Infection or complaint	**Recommended period to be kept away from**	**Comments**

	school, nursery or childminders	
Flu (influenza)	Until recovered	*See: Vulnerable Children*
Tuberculosis*	Always consult your local PHE centre	Required prolonged close contact for spread.
Whooping cough* (pertussis)	Five days from starting antibiotic treatment, or 21 days from onset of illness if no antibiotic treatment	Preventable by vaccination. After treatment, non-infections coughing may continue for many weeks. Your local PHE centre will organise any contact tracing necessary.

4. Other infections

Infection or complaint	Recommended period to be kept away from school, nursery or child minders	Comments
Conjunctivitis	None	If an outbreak/cluster occurs, consult your local PHE centre.
Diphtheria*	Exclusion is essential. Always consult with your local HPT	Family contacts must be excluded until cleared to return by your local PHE centre. Preventable by vaccination. Your local PHE centre will organise any contact tracing necessary
Glandular Fever	None	
Head Lice	The contagious nature of head lice means that it can rapidly spread among a class, making it difficult to eradicate. For this reason, should it be noticed that your child has head lice/eggs during the school day, you will be asked to collect and treat your child immediately. Your child may return to school after treatment has taken place. Sometimes, more than one treatment may be required.	Treatment is recommended in all cases where lice or eggs have actually been seen.
Hepatitis A*	Exclude until seven days after onset of jaundice (or seven days after symptom onset if no jaundice)	In an outbreak of hepatitis A, your local PHE centre will advise on control measures
Hepatitis B*, C*, HIV/AIDS	None	Hepatitis B and C and HIV are blood borne viruses that are not infectious through casual contact. For cleaning of body fluid spills see: *Good Hygiene Practice*
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. Your local PHE centre will give advice on any action needed
Meningococcal Meningitis*/septicaemia*	Until recovered	Meningitis C is preventable by vaccination. 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 school contacts. Your local PHE centre will advise on any action that is 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 hand washing and environmental cleaning, are important to minimise any danger of spread. If further information is required, contact your local PHE centre
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 proper officer of the local authority (usually a consultant in communicable disease control). In addition, organisations may be required via locally agreed arrangements to inform their local PHE centre. Regulating bodies (for example, Office for Standards in Education (OFSTED)/Commission for Social Care Inspection (CSCI)) may wish to be informed – please refer to local policy. Outbreaks: if an outbreak of infectious disease is suspected, please contact your local PHE centre.

1. Good Hygiene Practice

Hand washing

Hand washing is one of the most important ways of controlling the spread of infections, especially those that cause diarrhoea and vomiting, and respiratory disease. The recommended method is the use of liquid soap, warm water and paper towels. Always wash hands after using the toilet, before eating or handling food and after handling animals. Cover all cuts and abrasions with waterproof dressings.

Coughing and sneezing

Coughing and sneezing easily spreads infections. Children and adults should be encouraged to cover their mouth and nose with a tissue. Wash hands after using or disposing of tissues. Spitting should be discouraged.

Personal protective equipment (PPE)

Disposable non-powdered vinyl or latex-free CE-marked gloves and disposable plastic aprons must be worn where there is a risk of splashing or contamination with blood/body fluids (for example, nappy or pad changing). Goggles should also be available for use if there is a risk of splashing to the face. Correct PPE should be used when handling cleaning chemicals.

Cleaning of the environment

Cleaning of the environment, including toys and equipment, should be frequent, thorough and follow national guidance. For example, use colour-coded equipment, COSHH and correct decontamination of cleaning equipment. Monitor cleaning contracts and ensure cleaners are appropriately trained with access to PPE.

Cleaning of blood and body fluid spillages

All spillages of blood, faeces, saliva, vomit, nasal and eye discharges should be cleaned up immediately (always wear a PPE). When spillages occur, clean using a product that combines both a detergent and a disinfectant. Use as per manufacturer's instructions and ensure it is effective against bacteria and viruses and suitable for use on the affected surface. Never use mops for cleaning up blood and body fluid spillages – use disposable paper towels and discard clinical waste as described below. A spillage kit should be available for blood spills.

Laundry

Laundry should be dealt with in a separate dedicated facility. Soiled linen should be washed separately at the hottest wash the fabric will tolerate. Wear PPE when handling soiled linen. Children's soiled clothing should be bagged to go home, never rinsed by hand.

Clinical waste

Always segregate domestic and clinical waste, in accordance with local policy. Used nappies/pads, gloves, aprons and soiled dressings should be stored in correct clinical waste bags in foot-operated bins. All clinical waste must be removed by a registered waste contractor. All clinical waste bags should be less than two-thirds full and stored in a dedicated, secure area while awaiting collection.

Sharps disposal

Sharps should be discarded straight into a sharps bin conforming to BS 7320 and UN 3291 standards. Sharps bins must be kept off the floor (preferably wall-mounted) and out of reach of children.

Sharps injuries and bites

If skin is broken, encourage the wound to bleed/wash thoroughly using soap and water. Contact GP or occupational health or go to A&E immediately. Ensure local policy is in place for staff to follow. Contact your local HPT for advice, if unsure.

Animals

Animals may carry infections, so hands must be washed after handling any animals. Health and Safety Executive (HSE) guidelines for protecting the health and safety of children should be followed.

Animals in school (permanent or visiting)

Ensure animals' living quarters are kept clean and away from food areas. Waste should be disposed of regularly and litter boxes not accessible to children. Children should not play with animals unsupervised. Veterinary advice should be sought on

animal welfare and animal health issues and the suitability of the animal as a pet. Reptiles are not suitable as pets in schools and nurseries, as all species carry salmonella.

Visits to farms

Please contact your local environmental health department, which will provide you with help and advice when you are planning a visit to a farm or similar establishment.
For more information see htt://www.face-online.org.uk/resources/preventing-or-controlling-ill-health-from-animal-contact-at-visitor-attractions-industry-code-of-practice

Vulnerable children

Some medical conditions make children vulnerable to infections that would rarely be serious in most children, these include being treated for leukaemia or other cancers, on high doses of steroids and with conditions that seriously reduce immunity. Schools and nurseries and childminders will normally have been made aware of such children. These children are particularly vulnerable to chickenpox, measles or parvovirus B19 and, if exposed to either of these, the parent/carer should be informed promptly and further medical advice sought. It may be advisable for these children to have additional immunisations, for example pneumococcal and influenza.

Female staff – pregnancy

If a pregnant woman develops a rash or is in direct contact with someone with a potentially infectious rash, this should be investigated according to PHE guidelines by a doctor. The greatest risk to pregnant women from such infections comes from their own child/children, rather than the workplace.
Some specific risks are:

- Chickenpox can affect the pregnancy if a woman has not already had the infection. Report exposure to midwife and GP at any stage of exposure. The GP and antenatal care will arrange a blood test to check for immunity. Shingles is caused by the same virus as chickenpox, so anyone who has not had chickenpox is potentially vulnerable to the infection if they have close contact with a case of shingles.
- German measles (rubella). If a pregnant woman comes into contact with German measles she should inform her GP and antenatal carer immediately to ensure investigation. The infection may affect the developing baby if the woman is not immune and is exposed in early pregnancy.
- Slapped cheek disease (parvovirus B19) can occasionally affect an unborn child. If exposed early in pregnancy (before 20 weeks), inform whoever is giving antenatal care as this must be investigated promptly.
- Measles during pregnancy can result in early delivery or even loss of the baby. If a pregnant woman is exposed she should immediately inform whoever is giving antenatal care to ensure investigation.

1. Immunisations

Immunisation status should always be checked at school entry and at the time of any vaccination. Parents should be encouraged to have their child immunised and any immunisation missed or further catch-up doses organised through the child's GP. For the most up-to-date immunisation advice see the NHS Choices website at www.nhs.uk or the school health service can advise on the latest national immunisation schedule.

Two months old	Diphtheria, tetanus, pertussis, polio and Hib (DTaP/IPV/Hib) Pneumococcal (PCV13) Rotavirus vaccine	One injection One injection Given orally
Three months old	Diphtheria, tetanus, pertussis, polio and Hib (DTaP/IPV/Hib) Meningitis C (Men C) Rotavirus vaccine	One injection One injection Given orally
Four months old	Diphtheria, tetanus, pertussis, polio and Hib (DTaP/IPV/Hib) Pneumococcal (PCV13)	One injection One injection
Between 12-13 months old	Hib/meningitis C Measles, mumps and rubella (MMR) Pneumococcal (PCV13)	One injection One injection One injection
Two, three and four years old	Influenza (from September)	Nasal spray or one injection
Three years and four months old or soon after	Diphtheria, tetanus, pertussis, polio (DTaP/IPV or dTaP/IPV) Measles, mumps and rubella (MMR)	One injection One injection
Girls aged 12 to 13 years	Cervical cancer caused by human papillomavirus types 16 and 18. HPV vaccine	Two injections given 6024 months apart
Around 14 years old	Tetanus, diphtheria, and polio (Td/IPV) Meningococcal C (Men C)	One injection One injection

This is the complete routine immunisation schedule. Children who present with certain risk factors may require additional immunisations. Some areas have local policies – check with your local PHE centre.

Staff immunisations – all staff should undergo a full occupational health check before starting employment; this includes ensuring they are up to date with immunisations, including MMR.