

Bede Academy



Supporting students at the Academy with medical conditions Policy and Procedure

Last review:	March 2022
Principal Approval:	March 2022
Next Review:	February 2023
Governor approval:	March 2022

Supporting Students at the Academy with Medical Conditions Policy

Background and Purpose

This policy should be read in conjunction with the Special Educational Needs Policy, Safeguarding and Child Protection Policy, Educational Visits Policy and Health and Safety Policy. Bede Academy will address the requirements regarding the provision of suitable and sufficient support for students with medical conditions to allow, where reasonable, equal access to the Academy and the educational activities provided. The resulting procedures should cover medical related personnel, equipment and practices and be designed in accord with the legal standards and good practice:

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

In Early Years settings the existing statutory guidance, Statutory Framework for the Early Years Foundation Stage, should be followed:

<https://www.gov.uk/government/publications/early-years-foundation-stage-framework--2>

Organisational Scope

This Policy applies to all Academy activity either on or off site and to all students. Bede Academy on behalf of the Governing Body has a general duty of care with regard to its students which requires it to make adequate generic and, where appropriate, specific arrangements for supporting students with medical conditions.

Definitions Individual Healthcare Plans (IHP)

A written plan addressing the medical needs of a student produced by a healthcare professional, such as a member of the Medical Support team or specialist nurse in conjunction with a member of the Academy staff and with the involvement of the student's parent. The IHP should include information about:

- The nature of the medical condition.
- Information regarding warnings that may be recognised and triggers to be avoided.
- How the condition presents itself.
- What, if any, medication is needed, in emergency situations or otherwise.
- What, if any, first aid/staff support is needed, including time scales.

This information is confidential and should only be available to members of staff who work with the student. IHPs should be reviewed and updated at least once a year. Any changes needed between reviews, for example a change in medicine, should be recorded as soon as possible.

Medical condition

A student is identified as having a medical condition if they have a diagnosed disease, illness or injury which includes any physiological, mental or psychological condition or disorder. A biological or psychological state which is within the range of normal human variation is not a medical condition.

Training and Competence

"Training" includes induction training, refresher training, tool box talks, training in specific skills, managers' training, emergency training, training to accommodate changes etc. Training should be sufficient to ensure that staff are competent and have confidence in their ability to support students with medical conditions, and to fulfil the requirements as set out in IHPs. They will need an understanding of the specific medical conditions they are being asked to deal with, their implications and preventative measures. Competence has been achieved if an individual has sufficient training, experience, knowledge and understanding to carry out their work safely and without risk to health.

Disabled

Students are described as disabled under the Equality Act 2010 if they have a physical or mental impairment that has a 'substantial' and 'long-term' negative effect on their ability to undertake normal daily activities.

- 'Substantial' is more than minor or trivial – e.g. it takes much longer than it usually would to complete a daily task such as getting dressed. 'Long-term' means 12 months or more – e.g. a breathing condition that develops as a result of a lung infection.

Policy Statement

The Governing body will take all necessary and appropriate steps to ensure that arrangements are in place to support students at Bede Academy with medical conditions.

Students at the Academy with medical conditions will be properly supported so that they have full access to education, including Academy visits and physical education. This means that no child with a medical condition will be denied admission or prevented from taking up a place in the Academy because arrangements for their medical condition have not been made. However, in line with their safeguarding duties, the Governing body will take steps to ensure that students' health is not put at unnecessary risk from, for example infectious diseases and, therefore, recognise that to accept a student into the Academy at times where it would be detrimental to the health of that child or others, is unacceptable.

The Governing body recognise that some children with medical conditions may be disabled. Where this is the case, compliance with the duties under the Equality Act 2010 will be the minimum acceptable standard. Some may also have special educational needs (SEN) and may have an Education, Health and Care (EHC) Plan which brings together health and social care needs, as well as their special educational provision. Where this is the case, the specific arrangements relating to a student with a medical condition will be combined to ensure the best possible support is provided.

The Governing body will take all necessary and appropriate steps to ensure that the Primary and Secondary Principals and their leadership team consult with appropriate health and social care professionals, students and parents to ensure that the needs of children with medical conditions are effectively supported.

The Principals are responsible for determining the actual provision required at the Academy, on behalf of the Governing Body, by the use of the formal assessment techniques identified in the procedures accompanying this Policy.

The Assistant Vice Principal SENDCO (Bede South) and Vice Principal (Pastoral) (Bede North) will establish arrangements for satisfying the personnel, equipment and facilities needs as identified for general and, where appropriate, specific purposes within their respective sites. Heads of Department and managers should determine any additional personnel, equipment and facilities required using the same approach, for example specific provision for a student's medical needs should form part of the arrangements for any off-site work and educational visits.

Records

A record of the assessments to determine the generic and, where appropriate, specific needs will be retained to confirm the process undertaken and facilitate any future reviews.

A record of all relevant medical treatments will be retained using a standard form to assist in the determination/development of any future medical need and to provide documentary confirmation on the treatment given.

A record of all staff training provided will be retained so as to maintain the competence of those supporting students with medical needs by ensuring suitable and sufficient courses, including refresher training, are arranged.

References

Supporting students at school with medical conditions statutory guidance for governing bodies of maintained schools and proprietors of academies in England.

Children and Families Act 2014

Health and Safety at Work Act Etc. 1974,

The Management of Health and Safety at Work Regulations 1999

Health and Safety Policy and Procedures

Safeguarding Policy and Procedures

Risk Assessment Policy and Procedure.

Monitoring

The operation of this Policy will be subject to review annually as part of the overall review of Bede Academy's safety management system.

A review of the application of this Policy and accompanying procedure will be undertaken and incorporated in the annual report, as part of the "Health and Safety Report" presented to the Board and Governing Body.

Supporting students at the Academy with medical conditions Procedure

Definition of Medical Needs

a) Who has medical needs?

Students on roll may, during their time at Bede Academy, may be affected by a wide-range of medical needs. These needs can be both long term and short-term sickness and infections. Long term needs include conditions such as:

- Cystic fibrosis, epilepsy, diabetes
- Recurring medical conditions: CFS/ME, leukaemia
- Life threatening conditions: leukaemia, cystic fibrosis
- Operations, road accidents and sports injuries resulting in a period of recuperation
- Mental health issues: mood disorders (including depression), anxiety disorders, obsessional compulsive disorders, eating disorders, self-harming behaviour, ADHD, psychotic disorders, tic disorders (including Tourette's syndrome)
- Effects of treatment for diagnosed medical conditions: steroids, chemotherapy, radiotherapy, medications affecting performance and behaviour, e.g. psychotropic medication
- Infectious diseases: tuberculosis
- Degenerative conditions where deterioration in eyesight or physical mobility are expected, for example, Duchenne Muscular Dystrophy.

b) Medication needs

As well as the above long-term conditions, students may also need short term or emergency medication. The definitions of these medication needs are:

Over-the-counter Medication: This is non-prescription medication which may be purchased for the relief of more minor conditions, such as headaches, skin complaints, managing aches and pains, coughs and colds etc. It may be required for a short period of time, or to manage a long term or recurring condition. Whilst such medicines may be useful to manage minor ailments and enable students to attend the Academy when they are unwell, they should not be carried around the building given that they could cause harm to health if taken in excessive doses. Therefore, all medication is to be stored at reception with the Medical Officer, and accompanied by a letter from home. Students may access this as required, in accordance with recommended doses.

Short Term Medication: This is prescription medication, which only needs to be taken for a few days to allow the student to return to the Academy, e.g. a course of antibiotics. The administration of this medication should be two weeks or less. A Healthcare Plan should be completed.

Emergency Short Term Medication: This is medication which parents may request/must approve for administration as part of an Academy visit. Examples may be for medication for headaches, insect bites, etc.

Long Term Medication: This is medication required to manage a long-term medical need, e.g. asthma, epilepsy, etc., where medication will be required for extended periods. A Healthcare Plan should be completed.

Where possible, medication should be prescribed in dose frequencies which enable it to be taken outside of Academy hours and parents should be encouraged to ask the prescribing doctor or dentist

about this. When this is impossible a 'Request for Academy to Administer Medication' Form 3 will need to be submitted and discussed with the designated member of staff on the corresponding site.

c) Information about students' medical conditions

It is the responsibility of the parents to inform the Academy about their child's medical conditions. Each year, during the first half of the Autumn term, all parents will be issued with a Data Check Sheet showing the information which is currently held on the database. They will be asked to check this, update it and return it to the Academy.

Information from parents may be received by the Academy in a number of ways, such as via the Admission form, via letters from parents, via conversations subsequently recorded in writing with tutors. This information should be passed immediately to Reception to add to the database.

The Class Teacher/Tutor must alert the Pastoral team when a student is discovered to have medical needs. In conjunction with the Medical Support Coordinator, they will liaise specifically with the parent to obtain as much information as possible and ensure the Medical Support Coordinator has the information for the database.

A medical register will be produced at the start of every term by the Medical Support Coordinator.

The Designated Persons (Principals and Vice Principal, Pastoral) must be informed if a student becomes pregnant. Individual teachers will then be told in confidence.

The Welfare team will speak in confidence to each of the students' regular teachers at the start of each Academy year about serious medical conditions and requirements, alerting them to the child's knowledge of their own condition. When the student goes out of the Academy, for example on Work Experience, the placement must be informed.

d) Medical Support Coordinators

Children with medical needs will be overseen by a Medical Support Coordinator. The Academy has a Medical Support coordinator in Bede South (**Mrs Soulsby**) and in Bede North (**Mrs Watson**). There is a register of registered First Aiders which is maintained by the Medical Support Coordinator, these first aiders are available throughout the day for persons who require medical attention, and will also be in attendance on Educational Visits.

Staff should refer students who have had an accident, or have developed medical problems, to first aid. In an emergency, staff should send for a qualified First Aider and give assistance as necessary and if appropriate.

The Medical Support Coordinator will check and refill all First Aid boxes in the first week of every half-term. Staff must inform them if supplies need replacing. First Aid supplies will be provided for staff in charge of Academy trips and visits by the Medical Support Coordinator, who need to be advised of requirements in advance of the trip.

Procedures

a) Request to Administer Short/Long Term Medication and General Care

Short Term Illness

- If a student needs to take medicine on a daily basis, parents are asked to inform the Academy and records will be updated. If medicine is required to be taken in the daytime or if any other

medical intervention required during the Academy day, this is the responsibility of the parent. Drugs and medicines, with the exception of inhalers and epi-pens, are not usually allowed on the premises for the health and safety of other students, and parents are requested to organise the administration of such medicines outside of school hours. Should this cause problems, parents are invited to discuss the matter with the Assistant Vice Principal or the Vice Principal. Should a mutual agreement be reached about the administration of medicine, the relevant forms in the Appendices should be completed and guidelines about administering medicines in the Academy followed.

- No students should have in their possession any form of medication, other than inhalers or such medicine as is described in their 'Request to administer medication' form, and 'Healthcare Plan'; this includes prescribed and non-prescribed medication, including throat lozenges (South only) paracetamol and cold remedies. Unless access to medication is needed to be rapid (eg EpiPen), all medications that need to be administered during the Academy day are to be stored at Reception in an identified locked location. When students are given access to their pain relief during the day, parents will be informed via a note in their Study File (North) (unless medical plan states something different).
- All other medicines (i.e. those that can't be purchased over-the-counter) must be prescribed by a doctor, and must have the medical instructions, including dosage, attached to the medication. Following recent guidance from the Department of Health 'Guidance on the use of adrenaline auto-injectors in schools (September 2017 https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/645476/Adrenaline_auto_injectors_in_schools.pdf), the Academy may administer their "spare" adrenaline auto-injector (AAI), obtained, without prescription, for use in emergencies, if available, but only to a student at risk of anaphylaxis, where both medical authorisation and written parental consent for use of the spare AAI has been provided.
- Bede Academy will never accept medicines that have been taken out of the container as originally dispensed nor make changes to dosages on parental instructions. Medication must be in its original packaging with the prescription label, (please see exception above)
- If a student simply turns up with medication it will not be administered and the parent will be informed. In certain cases, the student may need to be sent home or collected by the parent.
- Where medication is being administered, the student is responsible for being in the medical room at the correct time and giving themselves their medication, if possible, with the First Aid staff only acting as observers. With younger students, a member of staff may be authorised to administer the stated dose.
- If students refuse to take medication, then their parents will be informed immediately and if necessary the emergency services called.
- Staff should not dispose of medicines. Parents should collect medicines held at the Academy at the end of each term. They should also be responsible for changing empty medicine containers.

Longer Term Medical needs

The Academy needs to be kept fully informed of any students suffering longer term medical issues. Parents need to ensure they inform the Academy of any such needs before the student begins or when a student develops a condition so any special arrangements can be made. A written Healthcare Plan will then be drawn up with parents, students and relevant health professionals. This will include:

- Details of a student's condition.
- Special requirements, e.g. dietary needs, pre-activity precautions.
- Any required medical intervention.
- Medication and any side effects.
- What to do, and who to contact in an emergency.
- The role the Academy can play.
- Teaching staff will have access to a list detailing names, condition and medication of students with medical needs in each class.

This list should be discussed with all relevant staff including classroom assistants and lunch break supervisors.

- Students who have asthma are encouraged to keep their inhaler with them in their bags or classroom. Form 5 'Request for student to carry his/her own medication' will need to be completed (North only). Some inhalers are stored in the classroom or office for the younger students or for those students who rarely need their inhalers.
- Students who have extreme allergic reactions to some food, eg nuts, fish or dairy products – ANAPHYLAXIS – will carry their EPI-PEN with them at all times in Bede North, in Bede South they are kept in the classroom. A spare can be kept in First Aid. If an attack does take place then an ambulance will be called immediately and parents contacted, and a trained member of staff may administer one or two doses as needed.

b) Non-Prescription Drugs

Staff should **never** give non-prescribed drugs to a student (including paracetamol) unless there is specific permission from the parent. This will be an exceptional situation rather than the norm. Non-prescription drugs other than paracetamol require permission from the Principals and the appropriate form will need to be completed.

A student under 16 should never be given aspirin or medicines containing ibuprofen unless prescribed by a doctor. Written evidence will need to be provided to the Academy.

c) Absence due to illness

- If a student has a short term medical need which necessitates absence from the Academy, the parents should inform the Academy. (See Appendix 1 for a list of illnesses/conditions and information about length of absences.)
- If a student has a longer term medical need which necessitates a longer period of absence from the Academy, the Academy will communicate with outside agencies to ensure there is a continuity of education at the appropriate level for the student.
- If a student has a medical need which does not prevent their attendance at the Academy but may affect day-to-day routines or require emergency procedures, it is the responsibility of parents to inform the Academy in as much detail as possible so that appropriate day-to-day or emergency provision can be made. This should be done

through the medical information forms sent home annually for updating and/or through consultation with a senior member of staff. The class teacher/tutor and registered Medical Support Coordinator will also be informed of details.

- If a student has a lengthy absence from the Academy because of a medical need, a case conference involving home, the Academy and medical professionals may be required to discuss the student's re-integration into the Academy. Strategies for re-integration may include a reduced timetable, provision to stay indoors at break-times and student/staff buddies.
- If a student is absent or likely to be absent for SATs tests, GCSEs, A Levels or other examinations, the primary responsibility for examination entry remains with the Academy. The Academy will negotiate with any agencies involved ensuring that the student's interests are addressed in this regard.

d) Academy Trips and Sporting Activities

- The Academy encourages students with medical needs to participate in Academy visits, wherever safety permits. Therefore, no student will be excluded from Academy or extra-curricular opportunities because of their medical needs unless a risk assessment deems it necessary. If this is the case, every effort will be made to adapt an opportunity for the student's needs. It is the duty of parents to ensure that the correct medical information is supplied in the case of residential visits on the forms supplied.
- Reception will issue detailed information on medical conditions and emergency contacts to leaders of residential visits. Staff supervising excursions should always be aware of any medical needs and relevant emergency procedures. They should receive a list of medical needs of students before the visit so they are able to make suitable arrangements including an additional supervisor or parent who may accompany that student. Parents will be required to complete a declaration agreeing to emergency treatment and confirming that information held by Academy is up to date. Leaders can obtain copies of the declaration from the Pastoral Office.
- Medicines not self-managed by students will be in the safe care of a nominated member of staff, and must be clearly labelled with the student's name.
- If staff are concerned about whether they can provide for a student's safety, or the safety of other students on a visit they should seek medical advice from the Academy or the student's GP.
- Most students can participate in extra-curricular sport or the PE curriculum. Any restrictions to participate in PE should be included in their IHP.
- It is essential to prepare a risk assessment of medical needs of individual students, including those who may suffer from an asthma attack. Inhalers, in addition to the ones students usually self-manage should be taken to the field in a box or container and be supervised by a member of staff.

e) Administering Medicines

When permission is granted for administering medicines they will only be administered when:

- written parental consent is given for a student under 16. Form 3 must be completed by the parent giving permission for medicine to be administered by staff.

- members of staff giving medicines should check:
 - the student's name
 - prescribed dose
 - expiry date
 - written instructions on the packaging;
- members of staff giving medicines will not be teaching members of staff but support staff who are:
 - willing to perform such tasks
 - trained where necessary for the task

If in doubt staff will not administer medicines without checking with the Academy office staff who will then contact parents or the medical practitioner.

In the event of a student who requires medication attending an offsite educational visit, then medication will be administered by the attending First Aider. Clear instructions on what is required will be given by the Medical Support Coordinator before the visit takes place.

A record must be kept in a written form each time medicines are given.

f) Self-management

Students who are able will be encouraged to manage their own medicines. This will generally apply to relief treatments for asthma. Other medicines should be kept in secure storage so access will only be through the Medical Support Coordinator or First Aider on duty.

g) Storing Medicines

Medicines should be stored away from students, be in their original containers and refrigerated where necessary. This will be the responsibility of the Medical room. Students should know where their medicines are kept and who is responsible. **This should be an exceptional duty and be only used when medical advice dictates that no other course of action is possible.**

Emergency medicines such as asthma inhalers and adrenaline pens should not be kept locked away but always in the vicinity of the relevant students. The medical officer will ensure that spares are kept in a centralised location, for emergency use.

Dissemination of the policy

All staff have access to a copy of this policy which can be found on the Q:drive/Bede Academy Policies and a copy can be found in the Principal's office.

The Academy prospectus contains a statement about medical care, and it is sent to all parents of students new to the Academy. A copy of the policy is available to any current or prospective parent, on request to the Principal's PA.

Monitoring and Evaluation of the policy

The policy will be reviewed annually.

FORM 1 - Contacting Emergency Services

Request for an Ambulance

Dial 999, ask for ambulance and be ready with the following information

1. Your telephone number (01670 545 111)

 2. Give your location as follows:
(Bede Academy **North**, Sixth Avenue, Blyth, NE24 2SY)
(Bede Academy, **South**, Shearwater Way Blyth, NE24 3PX)

 3. State that the postcode is
(**North**) NE24 2SY
(**South**) NE24 3PX

 4. Give exact location in the Academy (brief description)

 5. Give your name

 6. Give name of student and a brief description of student's symptoms

 7. Inform Ambulance Control of the best entrance and state that the crew will be met and taken to the student.

North: Best entrance will either be the front entrance or at the back of the Academy if access is needed to the sports area.

South: Best entrance will be Shearwater Way Academy car park (through the controlled barrier entrance).
- **Speak clearly and slowly and be ready to repeat information if asked**
 - **Put a completed copy of this form by the telephone**



FORM 2 - Healthcare Plan

STUDENT INFORMATION

Student's name:

Tutor group:

Date of birth:

Student's address:

Medical diagnosis or condition:

Date:

Review date:

CONTACT INFORMATION

Family Contact 1

Name:

Tel No. (*work*)

Tel No. (*home*)

Tel No. (*mobile*)

Family Contact 2

Name:

Tel No. (*work*)

Tel No. (*home*)

Tel No. (*mobile*)

Clinic/Hospital Contact

Name:

Tel No.

Family Doctor

Name:

Tel No.

Describe medical needs and give details of student's symptoms:

Daily care requirements: *(eg before sport/at lunchtime)*

Describe what constitutes an emergency for the student, and the action to take if this occurs:

Follow-up care:

Who is responsible in an emergency: *(state if different for off-site activities)*

Form copied to:

FORM 3 – Parental Agreement for Bede Academy to Administer Medicine

The Academy will not give your child medicine unless you complete and sign this form, and the Academy has a policy that staff can administer medicine.

STUDENT INFORMATION

Student's name:

Date of birth: Tutor group:

Medical diagnosis/condition:

MEDICINE

Name/type of medicine (*as described on container*):

Date dispensed:

Expiry date:

Agreed review date to be initiated by:

Dosage and method:

Timing:

Number of tablets/quantity to be given to Academy:

Special precautions:

Any side effects that the Academy needs to know?

.....

Self-administration: Yes / No (*delete as appropriate*)

Procedures to take in an emergency:

.....

Name and telephone number of family doctor:

Note:

- Medicines must be in the original container as dispensed by the pharmacy
- If more than one medicine is to be given, a separate form should be completed for each one.

I understand that I must deliver the medicine personally to the Medical Support Coordinator. I understand that I must notify the Academy of any changes in writing.

CONTACT DETAILS

Name: _____

Daytime telephone no: _____

Relationship to student: _____

Address: _____

If my child has an adrenaline auto-injector (AAI) I give consent for a spare AAI to be used on my child should the prescribed AAI be unavailable:

Name: _____

Signature: _____

Relationship to student: _____

Date: _____

Medical authorisation has been given by:

Name: _____

Signature: _____

Name of surgery: _____

Address of surgery: _____

The above information is, to the best of my knowledge, accurate at the time of writing and I give consent to Academy staff administering medicine in accordance with the Academy Policy. I will inform the Academy immediately, in writing, if there is any change in dosage or frequency of the medication or if the medicine is to be stopped.

Signature: _____ Print Name: _____

Relationship to student: _____ Date: _____

It is agreed that: *(name of student)*
will receive: *(quantity and name of medicine)*
every day at: *(time medicine to be administered)*

Student's name: will be given/supervised whilst he/she takes
their medication by: *(name of member of staff)*

This arrangement will continue until:
(end date of course of medicine or until instructed by parents)

Signed: Date:
Principal

FORM 4 – Record of Medicine Administered to an Individual Student by Bede Academy

Student's name: _____

Date medicine provided by parent: _____

Tutor group: _____

Quantity received: _____

Name and strength of medicine: _____

Expiry date: _____

Quantity returned: _____

Dose and frequency of medicine: _____

Staff signature: _____

Parent's signature: _____

Date: _____

Time given: _____

Dose given: _____

Name of member of staff: _____

Staff initials: _____

Date: _____

Time given: _____

Dose given: _____

Name of member of staff: _____

Staff initials: _____

FORM 4 – Record of Medicine Administered to an Individual Student by Bede Academy

Date: _____

Time given: _____

Dose given: _____

Name of member of staff: _____

Staff initials: _____

Date: _____

Time given: _____

Dose given: _____

Name of member of staff: _____

Staff initials: _____

Date: _____

Time given: _____

Dose given: _____

Name of member of staff: _____

Staff initials: _____

Date: _____

Time given: _____

Dose given: _____

Name of member of staff: _____

Staff initials: _____

FORM 5 – Request for student to carry their medicine

THIS FORM MUST BE COMPLETED BY PARENTS

If staff have any concerns, please discuss request with Academy healthcare professionals

Student's name:

Tutor group:

Address:

Name of medicine:

Procedures to be taken in an emergency:

Contact Information

Name:

Daytime telephone no:

Relationship to student:

I would like my child to keep his/her medicine on him/her for use as necessary.

Signed: Date:

If more than one medicine is to be given a separate form should be completed for each one.

FORM 6 – Staff Training Record (Administration of Medicines)

Staff name: _____

Type of training received: _____

Date training completed: _____

Training provided by: _____

Profession and title: _____

I confirm that: *(state name)* _____

has received the training detailed above and is competent to carry out any necessary treatment.

I recommend that the training is updated *(please state how often)*: _____

Trainer's signature: _____

Date: _____

I confirm that I have received the training detailed above.

Staff signature: _____

Date: _____

Suggested review date: _____

Guidance on Health protection in schools and other childcare facilities 2017 Introduction

The following information provides guidance for schools and other childcare settings, such as nurseries, on infection control issues. It is an updated version of guidance that was produced in 2017.

Prevent the spread of infections by ensuring:

- routine immunisation
- high standards of personal hygiene and practice, particularly handwashing
- maintaining a clean environment

For further information and advice visit <https://www.gov.uk/government/publications/health-protection-in-schools-and-other-childcare-facilities/chapters-1-and-2-introduction-and-infections-in-childcare-settings> or contact your local health PHE centre.

PHE North East
Professor Peter Kelly, Centre Director
Floor 2 Citygate
Gallowgate
Newcastle-upon-Tyne
NE1 4WH

Telephone: 0300 303 8596 option 1

1. Rashes and skin infections

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

Infection or complaint	Recommended period to be kept away from the Academy or Nursery	Comments
Athlete's foot	None	Athlete's foot is not a serious condition. Treatment is recommended
Chickenpox	Until all vesicles have crusted over	<i>See: Vulnerable Children and Female Staff – Pregnancy</i>
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 x2 doses). <i>See: Female Staff – Pregnancy</i>
Hand, foot and mouth	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*	Four days from onset of rash	Preventable by vaccination (MMR x2). <i>See: Vulnerable Children and Female Staff – Pregnancy</i>
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

3. Diarrhoea and vomiting illness

Infection or complaint	Recommended period to be kept away from Academy or nursery	Comments
Diarrhoea and/or vomiting	48 hours from last episode of diarrhoea or vomiting	
E. coli O157 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 they 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
Cryptosporidiosis	Exclude for 48 hours from the last episode of diarrhoea	Exclusion from swimming is advisable for two weeks after the diarrhoea has settled

4. Respiratory infections

Infection or complaint	Recommended period to be kept away from Academy or Nursery school, nursery or childminders Academy or Nursery	Comments
Covid 19	Stay home for at least 10 days from the day after: the start of their symptoms the test date if they did not have any symptoms but have had a positive test Stay home ten days if someone else in the house is infected or they are identified as a close contact	Please continue to check updates from the government as this guidance may continue to change
Flu (influenza)	Until recovered	See: Vulnerable Children
Tuberculosis	Always consult your local PHE centre	Requires 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-infectious coughing may continue for many weeks. Your local PHE centre will organise any contact tracing necessary

5. Other infections

Infection or complaint	Recommended period to be kept away from school, nursery or childminders Academy or Nursery	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	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)	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 bloodborne viruses that are not infectious through casual contact. For cleaning of body fluid spills see: <i>Good Hygiene Practice</i>
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.

Infection or complaint	Recommended period to be kept away from school, nursery or childminders Academy or Nursery	Comments
		Your local PHE centre will advise on any action is 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. Your local PHE centre 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 your local PHE centre
Mumps*	Exclude child for five days after onset of swelling	Preventable by vaccination (MMR x2 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.

6. Good hygiene practice

Handwashing

Handwashing 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 spread 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 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 the 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 the Academy (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 <http://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 those being treated for leukaemia or other cancers, on high doses of steroids and with conditions that seriously reduce immunity. Schools and nurseries should be 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 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 carer 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.

This advice also applies to pregnant students.

7. 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

Immunisation schedule

Two months old	Diphtheria, tetanus, pertussis (whooping cough), polio, Haemophilus influenzae type b (Hib) and hepatitis B DTaP/IPV/Hib/HepB Rotavirus vaccine Meningococcal group B (MenB)	One injection Given orally One injection
Three months old	Diphtheria, tetanus, pertussis (whooping cough), polio, Haemophilus influenzae type b (Hib) and hepatitis B DTaP/IPV/Hib/HepB Pneumococcal (13 serotypes) Rotavirus vaccine	One injection One injection Given orally
Four months old	Diphtheria, tetanus, pertussis (whooping cough), polio, Haemophilus influenzae type b (Hib) and hepatitis B DTaP/IPV/Hib/HepB MenB	One injection One injection
Between 12-13 months old	Hib/meningitis C Measles, mumps and rubella (MMR) Pneumococcal (PCV13) Men B	One injection 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

Boys and Girls aged 12 to 13 years	Cancers caused by human papillomavirus (HPV) types 16 and 18 (and genital warts caused by types 6 and 11) HPV	Two injections given 6-24 months apart
Around 14 years old	Tetanus, diphtheria, and polio (Td/IPV)	One injection
	Meningococcal groups A, C, W and Y disease	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.