GATEHOUSE SCHOOL FIRST AID POLICY

Policy Statement

The aim of the policy is to provide clear guidance and information on how Gatehouse School fulfils first aid requirements, manages illness and accidents and the reporting process within the school.

This policy has been devised by the School Nurse for use by parents, pupils, staff, and visitors. The policy adheres to the principles set out by the department for Education in '*Guidance on First Aid in Schools, 2014*' and '*Supporting pupils at school with medical conditions 2015*'.

This policy should be read in conjunction with the Health and Safety policy, Medicines and medical conditions policy, and the Educational visits policy.

The policy covers the following areas:

- First Aid
- Illness and Accidents
- Guidance for dealing with Head Injuries
- Guidance for anaphylaxis, and asthma
- Guidance on when to call for an ambulance
- Reporting of incidents
- Hygiene procedures for spillage of body fluids

General principles

In the event of an accident or injury to a pupil, it is important to remember the responsibilities of the School 'in loco parentis'. Not only must the pupil receive immediate attention, either at the site of the accident or in the nurse medical room, but it is important to ensure that all necessary follow up action is taken.

A person with an appointed first aid certificate is available at all times whilst people are on the school premises, and also off premises whilst on school trips or on the school bus during pick up/drop off.

The school nurse will ensure they are contactable at all times whilst on the school premises. The school nurse is based in the medical room, basement - ext 111. In the absence of the school nurse, first aid trained and paediatric trained staff will be onsite at all times. All injuries will be dealt with by an appropriate person who has received the necessary training.

It is the parent's responsibility to inform the school if their child has a notifiable infection, whether they have been spiking temperatures, and whether any medication has been given (even if the doses are not required during school hours.) Gatehouse school follows the guidance on infection control as recommended in the government guidelines for infection control in schools (please see appendix

9). If your child has diarrhoea and/or vomiting they should be kept away from school/nursery for 48 hours from the last episode of diarrhoea or vomiting.

First Aid

- **Access to first aid**

Supplies of first aid material are held at various locations throughout the school (as given in Appendix 1), as determined through risk assessment. This includes the provision of First Aid Stations (first aid kit, burns kit, eye wash kit). Signs are posted around the school indicating the location of the nearest first aid kit or station, and where first aiders can be found in the case of an emergency. The contents of the first aid boxes are HSE compliant, and will be checked regularly by the school nurse. Any deficiencies will be replenished.

Anyone needing first aid should, in the first instance, contact the school nurse, located in the medical room, basement (ext 111). When the school nurse is unavailable, the person seeking first aid should go to the reception, from where a first aider will be summoned.

- **Trips and Visits**

First aid arrangements for school trips and visits are contained in the Educational visits policy. Adequate and appropriate first aid provision will form part of the arrangements for all out of school activities. For EYFS trips and visits at least one paediatric qualified first-aider must accompany pupils. First aid kits are to be taken on school trips and the qualified first aider is appointed to be responsible for the kit and for taking charge of the situation (i.e. calling for assistance if a serious injury or illness occurs.)

- **First Aid Training**

Emergency first aid training is provided for staff on a regular basis, and updated every three years. The number of certified first aiders will not, at any time, be less than the number required by law (1:50). The school nurse, in consultation with SLT, is responsible for maintaining a list (as given in Appendix 4) of current certified first aiders. This is updated at the beginning of each academic year, and at other times as necessary. If a member of staff has not received training or has an expired certificate, they should inform the school nurse who will organise appropriate internal training sessions.

Illness and Accidents

In the event of a pupil becoming ill or having an accident, the below procedures are to be followed:

- When a pupil feels ill or has an accident at school, they should be escorted to the School Nurse who will assess the level of illness and treat accordingly.
- If the school nurse is not available, a pupil requiring treatment should report to reception who will arrange for a first aider to be summoned.
- Staff with First Aid qualifications may be asked to administer aid, but it is the school nurse, or in her absence, a member of SLT, who is responsible for deciding whether the pupil should be allowed to go home or be sent to hospital.

- If the school nurse or a member of SLT team decides that a pupil should go home, then a parent or guardian must be contacted to collect the pupil. Relevant form tutors must be made aware.
- If the pupil is deemed unfit for lessons and there is no one available to collect them or the parents are uncontactable, the pupil may rest in the medical room until the parents have been contacted. Relevant form tutors must be made aware.
- If the pupil requires care at a hospital, the parents or guardian are to be informed immediately. If deemed a non emergency, a parent or guardian should be asked to collect the pupil without delay and accompany them to the hospital of their choice. If it is deemed necessary to call an ambulance, the pupil is to be accompanied to the hospital in the ambulance by a member of the school staff, who will wait with the pupil until a parent arrives and assumes responsibility for their child. In these circumstances, parents must make every effort to attend to their child as quickly as possible.
- If the pupil requires medication, the school nurse may administer it according to the guidelines within the school's 'Medicines and Medical needs policy'.
- Senior Management team must be informed of any accidents or illness of any nature.

Recording Accidents

The school nurse records all visits by pupils and staff requiring attention or treatment. This is done on the confidential database CPOMS. This covers illnesses and accidents. The following details are recorded:

- Name
- Date
- Time of visit
- Nature of illness/accident (and location if appropriate)
- Details of and first aid administered
- Whether parents are contacted and whether pupils are sent home or to hospital.

At the end of each day the school nurse will inform parents of these visits by either email or a phone call depending on what is appropriate for the circumstances of the visit.

If an accident, injury or illness occurs during breakfast club, after school club, after school activity or during school trips and visits, it is the responsibility of the staff member in charge of the situation to record the accident and relevant treatment given, on CPOMS.

Any serious injury or communicable disease will be reported to RIDDOR (Reporting of injuries, Diseases and Dangerous Occurrences Regulations, 1995) by the school nurse, under which schools are required to report to the Health & Safety Executive (telephone 0845 300 99 23).

RIDDOR reports are to be submitted online if needed. For advice about incidents which need to be reported under RIDDOR refer to the HSE Publication "EDI1" a copy of which is available from the Bursar.

It is important that any lessons learned from accidents are taken fully into account to prevent a recurrence. All incidents are fully investigated. The more serious the incident, the more intensive the investigation should be to determine:

- What happened
- The lessons that can be learned
- The changes, if any, that need to be made to risk control measures to avoid a recurrence.

Guidance for dealing with head injuries

Pupils that sustain a trauma to the head should be assessed by the school nurse. In all cases a green wristband will be applied to the child. If the child has been assessed as fit to go back to class, with no head injury symptoms, the wristbands purpose is to alert all staff members in the school that the pupil has banged their head, and to send them to the school nurse for further assessment if any symptoms arise.

Parents will be notified by either phone or email depending on the severity of the injury. Please see appendix 6 for head injury letter.

- **Head injury symptoms**

Not all head injuries cause damage to the brain but minor ones can have symptoms including:

- Nausea
- Headaches
- Dizziness
- Tiredness

- **Red Flags for potentially more serious head injuries**

If any of the following are observed or develop then the pupil needs to be immediately seen by the school nurse, or in the absence if the school nurse a qualified first aider, and where appropriate, an ambulance for urgent medical assessment:

- Deteriorating conscious state
- Increased confusion or irritability
- Severe or increasing headache
- Repeated vomiting
- Unusual behaviour changes
- Seizures (fits) or convulsions
- Double vision or deafness
- Weakness in arms or legs (may appear to be walking strangely)
- Clear fluid coming out of ears and/or nose
- Slurred speech, difficulty speaking and understanding

Guidance for Asthma

Please see Appendix 8: Recognition and management of an Asthma Attack

If a pupil has a medication prescribed for them to treat Asthma and / or breathing difficulties, these are in individual boxes clearly labelled with a photo of the child. Inside the box will be the salbutamol inhaler, and any other relevant medication, and an individual care plan / consent form. The emergency medication boxes are located in the post room.

When a pupil with salbutamol inhaler is travelling off site it must be taken with them. It is the responsibility of the member of staff responsible for the trip to ensure this happens. It must then be returned to the correct box immediately upon return to school.

Please refer to the Medicines and medical conditions policy for further information and guidance.

Guidance for anaphylaxis / allergies

Please see Appendix 7: Recognition and management of an allergic reaction/anaphylaxis

All auto injector pens are kept in individual boxes clearly labelled with a photo of the child. Inside the box will be the auto injector pens, antihistamine if appropriate, and an individual anaphylaxis care plan. These emergency medication boxes are located in the post room.
When a pupil with an autoinjector pen is travelling off site their pen must be taken with them. It is the responsibility of the member of staff responsible for the trip to ensure this happens. It must then be returned to the correct box immediately upon return to school.

GHS has a no nut policy. No nuts of any kind are to be brought in to school, or eaten on premises.

School meals -
Holroyd Howe is an independent catering company which provides school meals. All catering staff undergo regular allergy training. All food is purchased from approved suppliers.

Whilst we can provide meals which do not include nominated allergens, we cannot guarantee that dishes do not contain traces of allergens, as they may be stored and prepared in the same areas as nominated allergens.

Holroyd Howe use a risk based colour coding system. As detailed below:

- **RED** Pupil may have a severe reaction/anaphylactic shock
- **AMBER** Pupil has an allergy or intolerance
- **BLUE** Pupil excludes foods due to preference, including religious preference

All pupils falling in any of the above categories will be given the appropriate coloured lanyard, which they must wear during meal times. These are given out and collected daily by the child's form tutor.

A list of children falling in each category is clearly displayed with pupil photos in the kitchen. A list of all allergies are also given to every staff member via email, as well as being available in the staff room.

It is the parent's responsibility to provide the school with accurate information, and update the school in writing via the school nurse if there are any changes, in a timely fashion.

After School Club -

All pupils with food allergies and/or food preferences must wear an 'I have a food allergy / requirement' sticker when attending either the after school club and/or an after school activity. It is the responsibility of the form tutor to make sure these pupils wear their stickers.

Parties -
If you are providing a cake or other treat for a birthday party, please can you ensure it is nut free. All cakes / treats musty be provided with a clear ingredients list.

Please refer to the Medicines and medical conditions policy for further information and guidance. For recognition and management of an allergic reaction/anaphylaxis please see appendix 6.

Guidance on when to call for an Emergency Ambulance

An emergency 999 ambulance should be called when a qualified First Aider has assessed a casualty and deemed it necessary to do so based upon the knowledge acquired through their training. Usually this will be for casualties with the following problems:

- Any instance in which it would be dangerous to approach and treat a casualty
- Unconscious
- Not breathing
- Not breathing normally and this is not relieved by the casualty's own medication
- Severe bleeding
- Neck or spinal injury
- Injury sustained after a fall from a height (higher than 2 meters)
- Injury sustained from a sudden impact delivered with force (e.g. car knocking a person over)
- Suspected fracture to a limb
- Anaphylaxis (*make sure to use this word when requesting an ambulance in the case*)
- Seizure activity that is not normal for the casualty, especially after emergency medication has been administered.
- Symptoms of a heart attack or stroke
- Rapid deterioration in condition despite the casualty not initially being assessed as requiring an ambulance

IF IN DOUBT, IT IS BETTER TO CALL FOR AN EMERGENCY AMBULANCE THAN NOT

If, for whatever reason, a qualified First Aider is not available, the above guidelines should be used to determine whether to call for an emergency ambulance

The caller should:

- remain calm
- be ready to provide details of their name, telephone number, address and exact location within the school
- relay the condition of the casualty, as assessed by the First Aider, and how the casualty came to be in this condition
- provide details of the number of casualties along with names, age and gender
- ask the ambulance to come to Gatehouse School, Sewardstone Road, Victoria Park, London, E2 9JG
- A member of the office staff should know the location of the casualty, meet the ambulance on arrival at the front gates, and inform drivers to relocate the school buses for access.
- communicate any dangers or hazards into which the ambulance may be arriving
- stay on the line with the emergency operator until they have cleared the line
- return to the casualty immediately after the call to inform the First Aider that an ambulance is on the way and bring a First Aid Kit, blanket.

Hygiene procedures for spillage of body fluids

The hygiene procedures for dealing with the spillage of body fluids are given in Appendix 2.

Review of Policy

This policy will be reviewed on a yearly basis (or more regularly where required) prior to approval by the Board of Governors.

Policy last reviewed by:	
Date last reviewed:	November 2019
Approved on behalf of Governors by:	Autumn 2020
Date next review	September 2020

Appendix 1

FIRST AID KIT LOCATIONS

Area	Location
Art Room First Aid Station (First Aid kit, Burns kit, eye wash kit)	Art Room – Room 101 - Basement
Science Lab First Aid Station (First Aid kit, Burns kit, eye wash kit)	Science Lab - Room 228 - Ground floor
Nursery	New House. First Aid Cabinet
Reception years, Library	Ground floor. West core Stairs
Main Hall	Above call point – Room 211
Wallbank Hall, Years 3	Wallbank Hall - Above call point – Room 430
Staff Room	1st Floor. Above fire extinguisher – Room 340
Years 1, 2	2nd Floor - Lift lobby – Location 453
Years 4, 5	3rd Floor - Lift lobby – Location 553
Year 6	4th Floor - Lift lobby – Location 653
P.E Office	P.E Office – Room 110 - Basement
Kitchen	Ground floor
School bus: 1,2,3,4,5,6	Glove compartment
8 Trip kit bags	Cupboard – School Nurse Room 120 - Basement

Appendix 2: Hygiene Procedures for spillage of Body Fluids

- **General statement**

The aim is to decrease the exposure risk to blood-borne and body fluid pathogens. Adherence is the responsibility of all staff who may come into contact with spillages of blood or other body fluids. All staff need to be aware of their personal responsibilities in preventing the spread of infection.

Disinfection aims to reduce the number of micro-organisms to a safe level. Whilst a variety of chemical disinfectants is available, high concentration chlorine-releasing compounds provide an effective method of treating body fluid spills with activity against a range of bacteria and viruses.

- **Legal position**

The school has a duty to protect its staff from hazards encountered during their work: this includes microbiological hazards (COSHH 2002). For the purposes of this policy, biohazards are defined as:

- Blood
- Respiratory and oral secretions
- Vomit
- Faeces
- Urine

- **Personal Protective Equipment (PPE)**

PPE is available from the School Nurse Medical room, and the premises office.

All staff dealing with a biohazard spill are to ensure that they:

- Wear a plastic disposable apron
- Wear disposable gloves
- Protect eyes and mouth with goggles and mask if splash or spray is anticipated
- Wear protective footwear when dealing with extensive floor spillages
- Use the Body Fluid Disposal Kits provided by the school (not “just a cloth or mop”)
- Always dispose of PPE and contaminated waste into a yellow clinical waste bag - This is located in the medical room.

- **Procedure**

All staff dealing with a biohazard spill are to:

- Wear appropriate PPE
- Take precautions so as not to come into contact with blood or body fluids, wet or dry, either on themselves, their clothing or protective equipment. In particular blood or body fluids reaching the eyes or the areas inside the mouth and nose should be avoided

- Use the body fluid disposal kits provided by the school nurse, and/or the remises team.
- Place all soiled paper towels and gloves into a yellow clinical waste bag to dispose of in an approved manner
- Wash hands, including arms to the elbow, with warm water and soap immediately after every clean-up of blood or body fluid. This should be performed even if gloves have been worn.

Appendix 4

Qualification: Paediatric First Aid (HSE recognised, renewable every 3 years)

Name	Location	Expiry Date
Christine Turner	Nursery	10/02/2020
Michaela Kelly	Nursery	08/11/2021
Patsy Baker	Nursery / BC	10/02/2020
Gulcan Sevenel	Nursery	25/11/2022
Brooke Goodwin	Nursery	15/01/2022
Sue Barry	Nursery	22/03/2020
Mary Saava	Reception	15/01/2022
Nuray Pinarbasi	Reception	08/11/2021
Tiziana Pellico	Reception / ASC	25/11/2022
Taner Baycanli	PE Dept / Bus	13/03/2021
Aimee Hartstonge	PE Dept	14/09/2022
Natalie Hallworth	Year 1	05/08/2020
Melis Duru	Year 1	15/01/2022
Sharon Yeomans	Year 2	01/05/2020
June Bloomfield	Year 2 / ASC	22/11/2019
Conti Moll	Year 2 / ASC	01/01/2020
Clara Velasco	Year 2 / ASC	13/06/2021
Lilliana Hayman	Year 3	15/01/2022
Victoria Turcan	Year 4 / ASC	29/03/2022
Brinda Ballah	Year 5 - Bus	25/11/2022

ASC - After school club

BC - Breakfast club

Who to contact:

1. The first person to contact should be the school nurse in the *MEDICAL ROOM*, basement (ext 111)
2. If the school nurse is unavailable, report to *RECEPTION* and a first aider will be summoned.

Appendix 6: Head injury letter

DATE: TIME OF INJURY:

This is to inform you that your child …… sustained a head injury.

……
……
……
……
……..

Few head injuries sustained at school are likely to result in significant complications. It is however, important to recognise that, though injuries to the head may initially appear minor, the condition of your child may deteriorate.

Please monitor your child closely over the next 48 hours and follow the guidance provide. If at all concerned seek immediate medical advice / attention from A&E.

Take your child to your local accident and emergency department (A&E) if they:

- Are unusually sleepy or you cannot wake them
- Have a headache which is getting worse
- Are unsteady when they walk
- Develop a squint or blurred/double vision
- Repeatedly vomit
- Have a seizure (fit)
- Decreased/loss of consciousness

Please do not hesitate to contact the school nurse if you have any further queries regarding this.

Yours sincerely

Miss Freya Williams
SCHOOL NURSE
DL - 02087095226
nurse@gatehouseschool.co.uk

Appendix 7: Recognition and management of an allergic reaction/anaphylaxis

Anaphylaxis is a serious and often sudden allergic reaction. It can occur when a susceptible person is exposed to an allergen (such as food or an insect sting). Reactions usually begin within minutes of exposure and progress rapidly, but can occur up to 2-3 hours later.

It is potentially life threatening and ALWAYS requires an immediate emergency response.

Triggers

Below are examples of common triggers. However, an anaphylaxis reaction can be triggered by a whole range of things. It is NOT limited to the below. It is important to consult each individual pupils care plan for information regarding specific triggers.

Foods: peanuts, tree nuts, milk/diary, fish, shellfish, eggs, soy, sesame
Insect bites/stings: bee, wasp, ants
Latex: rubber gloves, balloons, swimming caps
Medication: antibiotics, ibuprofen

Signs and symptoms of a severe allergic reaction

- Swelling of the tongue, mouth or throat
- Difficulty in breathing, swallowing or speaking
- Wheeze or persistent cough
- Changes in heart rate
- Hive (nettle rash) anywhere on the body
- Stomach cramps, nausea
- Feeling weak, pale, floppy (especially in young children)
- Collapse and unconsciousness

What to do if any symptoms of anaphylaxis are present

In the presence of any of the severe symptoms as listed above, it is vital that an adrenaline auto-injector (epipen, emerade pen) is administered without delay, regardless of what other symptoms or signs may be present.

Always give an adrenaline auto-injector if there are ANY signs of anaphylaxis present.

1. Lie child flat with legs raised (if breathing is difficult allow child to sit).
2. 2. Use an adrenaline auto-injector without delay. The AAI can be administered through clothes and should be injected into the upper outer thigh.
3. Dial 999 to request an ambulance – the word “ANA-FIL-AX-IS” must be used when requesting an ambulance.
4. Stay with the child until ambulance arrives, do NOT stand the child up
5. Commence CPR if there are no signs of life
6. Phone parent/emergency contact
7. If no improvement after 5 minutes, give a further dose of adrenaline using another auto-injector device.

Appendix 8: Recognition and management of an Asthma Attack

Protocol aims:

- To provide a safe environment when in school, and offsite
- To ensure all staff have a clear understanding of how to manage someone with Asthma
- To be able to recognise the signs and symptoms of an Asthma attack

Asthma

Asthma is a long-term condition that affects the airways - the tubes that carry air in and out of the lungs. The condition is due to inflammation of the air passages in the lungs and affects the sensitivity of the nerve endings. In an attack, the lining of the passages swell causing the airways to narrow and reduce the flow of air in and out of the lungs.

When a person with asthma comes into contact with something that irritates their sensitive airways even more - an asthma trigger, it causes their body to react in three ways:

1. The muscles around the walls of the airways tighten so that the airways become narrower
2. The lining of the airways becomes inflamed and starts to swell
3. Sticky mucus or phlegm sometimes builds up, which can narrow the airways even more.
4. These reactions cause the airways to become narrower and irritated - making it difficult to breathe and leading to asthma symptoms.

Asthma Triggers

Allergic triggers

- Dust
- Animals/pets
- Pollen
- Moulds
- Food
- Latex

Non-allergic triggers

- Infections (Colds and flu)
- Smoking/second hand smoking
- Exercise
- Pollution/fumes
- Stress/anxiety/emotion

Asthma signs symptoms – How to recognise an Asthma attack

- Persistant cough (when at rest)
- A wheezing sound coming from the chest (when at rest)
- Difficulty breathing (the child could be breathing fast and with effort, using all accessory muscles in the upper body)
- Nasal flaring
- Unable to talk or complete sentences. Some children may go very quiet
- May try to tell you that their chest 'feels tight' (younger children may express this as a tummy ache)

What to do in the event of an Asthma attack

- Keep calm and reassure the child
- Encourage the child to sit up and slightly forward
- Use the child's own inhaler (stored in the nurse medical room. Each child has their own box, clearly labelled). If not available, use the emergency inhaler (kept in the old medical room opposite entrance).
- Remain with the child while the inhaler and spacer are brought to them
- School nurse, senior management team, and parents to be informed
- Immediately help the child take one puff of Salbutamol (blue inhaler) via the spacer.
  1 puff/5-10 breaths. Every 30 seconds - 2 minutes, up to a maximum of 10 puffs
- Stay calm and reassure the child. Stay with them until they feel better. The child can return to school activities when they feel better.
- If the child does not feel better or you are worried at ANYTIME before you have reached 10 puffs, call for an ambulance.
- If an ambulance does not arrive in 15 minutes give another 10 puffs in the same way

When pupils are offsite

When a pupil who has been diagnosed with asthma and/or prescribed a reliever inhaler is travelling off site, their inhaler must be taken with them. The inhalers will be held by a member of staff, in a designated bag provided by the school nurse. Should a pupil require use of their inhaler they must alert a member of staff to this, who will provide the medication and assess the child appropriately, taking action where necessary. It is the responsibility of the member of staff responsible for the trip to ensure this happens.

Guidance on infection control in schools and other childcare settings

HSC Public Health Agency

March 2017

Prevent the spread of infections by ensuring: routine immunisation, high standards of personal hygiene and practice, particularly handwashing, and maintaining a clean environment. Please contact the Public Health Agency Health Protection Duty Room (Duty Room) on 0300 555 0119 or visit www.publichealth.hscni.net or www.gov.uk/government/organisations/Public-health-england if you would like any further advice or information, including the latest guidance. Children with rashes should be considered infectious and assessed by their doctor.

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	
E. coli 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
Shigella* (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. Always consult with the Duty Room	Family contacts must be excluded until cleared to return by the Duty Room. 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.

Good hygiene practice

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 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, including toys and equipment, should be frequent, thorough and follow national guidance. For example, use colour-coded equipment, follow Control of Substances Hazardous to Health (COSHH) regulations 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 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, eg needles, 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 as a result of a used needle injury or bite, 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 Duty Room for advice, if unsure.

Animals

Animals may carry infections, so wash hands after handling animals. Health and Safety Executive for Northern Ireland (HSENI) 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. Hand-hygiene should be supervised after contact with animals and the area where visiting animals have been kept should be thoroughly cleaned after use. 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. For more information see https://www.hseni.gov.uk/publications/preventing-or-controlling-ill-health-animal-contact-visitor-attractions

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 and childminders will normally have been made aware of such children. These children are particularly vulnerable to chickenpox, measles and 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. This guidance is designed to give general advice to schools and childcare settings. Some vulnerable children may need further precautions to be taken, which should be discussed with the parent or carer in conjunction with their medical team and school health.

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 by a doctor who can contact the duty room for further advice. The greatest risk to pregnant women from such infections comes from their own child/children, rather than the workplace.

- Chickenpox can affect the pregnancy if a woman has not already had the infection. Report exposure to midwife and GP at any stage of pregnancy. 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 (fifth disease or 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.
- All female staff born after 1970 working with young children are advised to ensure they have had two doses of MMR vaccine.

#The above advice also applies to pregnant students.

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 and current schedule visit www.publichealth.hscni.net or the school health service can advise on the latest national immunisation schedule.

When to immunise	Diseases vaccine protects against	How it is given
2 months old	Diphtheria, tetanus, pertussis (whooping cough), polio and Hib	One injection
	Pneumococcal infection	One injection
	Rotavirus	Orally
	Meningococcal B infection	One injection
3 months old	Diphtheria, tetanus, partussis, polio and Hib	One injection
	Rotavirus	Orally
4 months old	Diphtheria, tetanus, pertussis, polio and Hib	One injection
	Pneumococcal infection	One injection
	Meningococcal B infection	One injection
Just after the first birthday	Measles, mumps and rubella	One injection
	Pneumococcal infection	One injection
	Hib and meningococcal C infection	One injection
	Meningococcal B infection	One injection
Every year from 2 years old up to P7	Influenza	Nasal spray or injection
3 years and 4 months old	Diphtheria, tetanus, pertussis and polio	One injection
	Measles, mumps and rubella	One injection
Girls 12 to 13 years old	Cervical cancer caused by human papillomavirus types 16 and 18 and genital warts caused by types 6 and 11	Two injections over six months
14 to 18 years old	Tetanus, diphtheria and polio	One injection
	Meningococcal infection ACWY	One injection

This is the Immunisation Schedule as of July 2016. Children who present with certain risk factors may require additional immunisations. Always consult the most updated version of the "Green Book" for the latest immunisation schedule on www.gov.uk/government/collections/immunisation-against-infectious-disease-the-green-book#the-green-book

From October 2017 children will receive hepatitis B vaccine at 2, 3, and 4 months of age in combination with the diphtheria, tetanus, pertussis, polio and Hib vaccine.

Staff immunisations. All staff should undergo a full occupational health check prior to employment; this includes ensuring they are up to date with immunisations, including two doses of MMR.

Original material was produced by the Health Protection Agency and this version adapted by the Public Health Agency.
12-22 Linenhall Street, Belfast, BT2 8BS.
Tel: 0300 555 0114.
www.publichealth.hscni.net
Information produced with the assistance of the Royal College of Paediatrics and Child Health and Public Health England.