



GATEHOUSE SCHOOL

FIRST AID POLICY

Approved by:	Governors
Last reviewed on:	Autumn 2025
Next review due by:	Autumn 2026

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 001. 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 001). 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.

At least one person who has current certified Paediatric first aid training must be available at all times when children are on the premises and on outings.

The number of certified first aiders will not, at any time, be less than the number required by law (1:50). Alongside the full-time nurse, there are currently more than 40 qualified Paediatric trained first aiders at Gatehouse. There are Paediatric trained staff in all year groups from Nursery to Year 6.

All EYFS staff are Paediatric First Aid trained.

The training is provided by Siren, a registered provider. The school nurse, in consultation with SLT, is responsible for maintaining a list of current certified first aiders. This is updated at the beginning of each academic year, and at other times as necessary.

Illness and Accidents on the premises

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 the 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'.
- SLT must be informed via CPOMS of any accidents or illness of any nature.

Illness or accidents at off-site lessons and school visits:

If the child becomes unwell or has an accident and needs urgent hospital treatment, the member of staff in charge will call an ambulance. They will then inform the headteacher who will contact parents. A member of staff will accompany the child in the ambulance to hospital and wait until a parent arrives to assume responsibility. In these circumstances, parents must make every effort to attend to their child as quickly as possible. The member of staff in charge will record the incident on CPOMS.

If a child is unwell or injured but able to return to school, a Paediatric First Aider at the event will administer first aid and take the child to the School Nurse immediately on their return to school and also inform the class teacher. The Paediatric First Aider will record the incident on CPOMS.

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, 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, 2023) by the school nurse, under which schools are required to report to the Health & Safety Executive

<https://www.hse.gov.uk/riddor/reporting/index.htm>

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 wristband's 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.

Head injury symptoms

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

- Nausea
- Headaches
- Dizziness
- Tiredness

Key symptoms indicating 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 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 at the front reception desk.

When a pupil with a 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

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 at the front reception desk. The injector pens are clearly labelled with the name of the child and the expiry date of the pen.

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 into school, or eaten on the 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 uses 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.

Birthday cake:

If you wish your child to celebrate their birthday in school, the school chef can provide a birthday cake for your child that meets all the dietary and allergy requirements for the class. Please call Reception for more information.

Cakes from outside of school are not permitted.

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 metres)
- 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 and a blanket.

Defibrillator and CPR

Gatehouse School has a defibrillator which is located in the main reception area. All Paediatric First Aiders at Gatehouse School are trained in CPR and the use of defibrillators.

Trained Paediatric first aiders will use the defibrillator only if directed to do so by the 999 call operator. The defibrillator gives automatic precise instructions when activated. If CPR is needed, a Paediatric First Aider will perform CPR whilst another staff member dials 999.

External Defibrillator Lifepak (AED).

Use of the AED:

The AED is to be applied to a person who is not responding, not breathing or not breathing normally (under 10 breaths a minute) and has no signs of circulation, coughing or movement. The machine will give automated instructions. Call 999.

Maintenance:

The School Nurse is responsible for maintaining the AED in a state of readiness and in completing documentation regarding the AED.

Maintaining Readiness:

The AED will be checked for readiness after use at the start of each half-term.

Checks will include the following:

- Assure that the OK message is visible in the readiness display of the AED.
- Check the expiration date on the electrode packet visible through the clear window. If the date has passed, replace.
- Check the cabinet alarm is in working order, if not replace the battery.
- Ensure all parts are in-date and not expired.
- Order replacement parts 6 weeks before expiry.

Persons Authorised to use the AED in order of preference:

School Nurse

Trained Paediatric First Aiders

Any other adult

Training:

All staff receiving Paediatric First Aid training will receive AED training.

A spare set of electrodes and battery stick are kept within the cabinet.

Hygiene procedures for spillage of body fluids

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

Staff taking medication or other substances

Staff members must not be under the influence of alcohol or any other substance which might affect their ability to care for children

If a member of staff is taking medication which may affect their ability to care for children, they should seek appropriate medical advice. Staff should only work with children if the medical practitioner confirms it is safe to do so.

All medication on the premises must be stored securely and out of the reach of children at all times.

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

Appendix 1: FIRST AID KIT LOCATIONS AND CONTENTS

Area	Location
Main office	On top of medication drawers
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 NR by interactive board
Reception classes	Ground floor. West core Stairs, above call point
Main Hall	Above call point
Wallbank Hall, Years 3	Wallbank Hall - Above call point
Staff Room	1 st Floor. Above fire extinguisher

Years 1, 6	2 nd Floor - Lift lobby
Years 4, 5	3 rd Floor - Lift lobby
Year 2	4 th Floor - Lift lobby
Deputy head office	On desk, inside door ON THE RIGHT
Premises Office	On counter top
School bus: 1,2,3,4,5,6,7,8	Glove compartment
8 Trip kit bags	2 in the office, and 6 in the medical room BY MEDICINE FRIDGE

Gatehouse School First Aid Boxes Contents

First Aid Boxes will be replenished every half-term, or sooner.

School First Aid kits contents
20 hypoallergenic plasters in a variety of sizes, (including blue for the school kitchen and Nursery)
2 triangular bandages
1 conforming bandage
6 safety pins
Cleaning wipes x 20
Adhesive tape
Sterile eye pads x 2
2 medium sterile dressings
2 large sterile dressings
Resuscitation guard

Yellow waste bag
Disposable gloves x4
Sterile Eye Wash x1
Content leaflet
First Aid Guidance Leaflet

Gatehouse School Off Site First Aid Boxes Contents

First Aid Boxes will be replenished every half-term, or sooner

Off-site First Aid kits contents
20 hypoallergenic plasters in a variety of sizes, (including blue for the school kitchen and Nursery)
4 triangular bandages
1 conforming bandage
6 safety pins
Cleaning wipes x20
Adhesive tape
Sterile eye pads x2
2 medium sterile dressings
2 large sterile dressings
Resuscitation guard
Yellow waste bag
Disposable gloves x4

Sterile Eye Wash x1
Kool Pack x2
Content leaflet
First Aid Guidance Leaflet

Gatehouse School Bus First Aid Boxes Contents

First Aid Boxes will be replenished every half-term, or sooner

Bus First Aid kits contents
20 hypoallergenic plasters in a variety of sizes, (including blue for the school kitchen and Nursery)
2 triangular bandages
1 conforming bandage
6 safety pins
Cleaning wipes x20
Adhesive tape
Sterile eye pads x2
2 medium sterile dressings
2 large sterile dressings
Resuscitation guard
Yellow waste bag
Disposable gloves x4
Sterile Eye Wash x1
Kool Pack x2

Content leaflet

First Aid Guidance Leaflet

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 microorganisms 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 premises 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.

Who to contact:

The first person to contact should be the school nurse in the *MEDICAL ROOM*, basement (ext 001)

If the school nurse is unavailable, report to *RECEPTION* and a first aider will be summoned.

Appendix 3: 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 pupil's care plan for information regarding specific triggers.

Foods: peanuts, tree nuts, milk/dairy, 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 mild / moderate allergic reaction

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 the child flat with legs raised (if breathing is difficult, allow the child to sit).
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 4: 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

- Persistent 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 the 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.

Appendix 5

UK Health Security Agency advice on infection control in schools and other childcare settings.

For advice on how long your child should be off school, please see the Government guidance below:



UK Health
Security
Agency

NHS

Should I keep my child off school?

Yes

Until...

Chickenpox	at least 5 days from the onset of the rash and until all blisters have crusted over
Diarrhoea and Vomiting	48 hours after their last episode
Cold and Flu-like illness (including COVID-19)	they no longer have a high temperature and feel well enough to attend. Follow the national guidance if they've tested positive for COVID-19.
Impetigo	their sores have crusted and healed, or 48 hours after they started antibiotics
Measles	4 days after the rash first appeared
Mumps	5 days after the swelling started
Scabies	they've had their first treatment
Scarlet Fever	24 hours after they started taking antibiotics
Whooping Cough	48 hours after they started taking antibiotics

No

but make sure you let their school or nursery
know about...

Hand, foot and mouth	Glandular fever
Head lice	Tonsillitis
Threadworms	Slapped cheek

© Crown copyright 2023. Produced under MRG21EN. Ref: A48123. Document number: 23011421



SCAN ME

Advice and guidance

To find out more, search for
health protection in schools
or scan the QR code or visit
<https://qrco.de/minfec>.

Health protection for schools

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 UK Health Security Agency UKHSA for further advice:

Email enquiries@ukhsa.gov.uk Main switchboard: 020 7654 8000

Rashes: Children with rashes should be considered infectious and **MUST** be assessed by their doctor:

We will contact the relevant UKHSA HPT for advice if we are concerned or have seen:

- a higher than previously experienced and/or rapidly increasing number of absences due to the same infection
- evidence of severe disease due to an infection, for example if an individual is admitted to hospital
- more than one infection circulating in the same group of people, for example chicken pox and scarlet fever
- an outbreak or serious or unusual illness for example:
 - [E.coli](#) 0157 or E. coli STEC infection
 - [food poisoning](#)
 - [hepatitis](#)
 - [measles, mumps, rubella](#) (rubella is also called German measles)
 - [meningococcal meningitis or septicemia](#)
 - [scarlet fever](#) (if an outbreak or co-circulating chicken pox)
 - [tuberculosis \(TB\)](#)
 - [typhoid](#)
 - [whooping cough](#) (also called pertussis)