



Saint Pierre School,  
16 Leigh Road, Leigh-on-Sea, Essex SS9 1LE

## First Aid Policy

| Policy Owner (Position)  | Last Updated By (Name) | Date of Last Review | Date Next Review Due |
|--|------------------------|---------------------|----------------------|
| Assistant Head & Head of Early Years   | Gemma Hoffman          | September 2024      | September 2025       |
| <b>Read in Conjunction with:</b><br>Health and Safety Policy<br>Intimate Care Policy |                        |                     |                      |

### **Saint Pierre School – First Aid Policy**

(COVID change: if concerned about a child's possibility of COVID symptoms then PPE mask and gloves to be worn by anybody administering first aid)

### **COMMITMENT TO SAFEGUARDING**

This policy outlines the school's responsibility to provide adequate and appropriate first aid to pupils, staff, parents, and visitors and to make sure that procedures are in place to meet this responsibility. This is a whole school policy, including the Early Years and is reviewed in the summer holidays of each academic year.

#### **Aims**

- To identify the first aid needs of the school as set out in the Management of Health and Safety at Work Regulations 1992 and 1999;
- To ensure that appropriate first aid provision is available at all times – during normal school hours in school time and also during any school visits, including the annual residential.

#### **Objectives**

- To ensure an appropriate number of suitably trained First Aiders are available at all times at school;
- To provide relevant training and ensure monitoring of training needs;
- To provide sufficient and appropriate resources and facilities;
- To inform staff and parents of the Saint Pierre's First Aid arrangements;
- To keep a record of all accidents and report to the Health and Safety Executive any serious accidents as required under the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013.

#### **First Aiders**

All staff are offered basic First Aid training and the vast majority of staff do take part (every three years). Year 5 and Year 6 children also regularly take part in their own First Aid training annually.

We have several qualified Paediatric Level 3 First Aiders on site to provide in-depth cover for the youngest children and support for all staff. All Early Years staff are qualified in Paediatric First Aid and must renew training every three years.

### **First Aid Facilities**

The vast majority of 'unwell' children are sat outside the main school office whilst first aid and/or medicine are administered. The First Aid room which doubles up as the Staffroom with a sofa bed, sink with hot and cold water and an adjacent toilet, is on the top floor and provides adequate privacy.

First aid boxes are located in the school office, in the Nursery, and in the main hall by the sink area, on the first-floor landing near the photocopier, halfway up the first flight of stairs and in the Year 6 classroom at the top of the school. All locations are marked with the appropriate signage. Portable first aid kits are available in all classrooms and are taken to offsite activities, such as Games at the local park, Chalkwell. Contents of FA kits are checked and replenished weekly during term time by Abi, along with staff who may use the last PPE etc. Staff must update Abi if First aid kits are missing or running low on contents.

### **Administering First Aid**

Even those members of staff with First Aid training are not obliged to treat injuries. Staff should only treat injuries when they are comfortable in doing so.

### **Minor Injuries**

All First Aid treatment is given by a qualified First Aider. In the very rare event that a First Aider is not present, the member of staff is advised to use their best judgement about immediate treatment. Where possible children can administer own first aid eg wipe grazes with wipes etc being fully supervised by appropriate adult.

During break times, children who are injured are normally taken to the school office, unless injuries are minor and can be treated directly on the playground.

If a child is hurt or is injured during a lesson, the teacher should assess the situation and administer first aid, summon First Aid assistance, or take / send the child to the Office. The child should be accompanied by a Teaching Assistant or by another child. Where the teacher is alone and in charge of a class. Staff may need to seek support from additional staff in surrounding classrooms.

If a member of staff is injured or becomes ill, they should arrange emergency cover for the class by summoning a Teaching Assistant/ staff situated in surrounding classes then report to the Office/Headmaster / Head of Early Years.

### **Plasters**

Before applying plasters, the First Aider should ascertain whether the child is allergic. Currently, as of (September 2024) there are no children who are allergic to plaster. However, we have one member of staff – Mr. Davies. We also have a child in year one whom parents have requested not for plasters to be used unless there is absolute need (refer to medical class lists) Should this change, staff will be informed immediately via an update at the Weekly Staff Meeting or and the Form Teachers will be made aware immediately. Small wounds could be cleaned and temporarily dressed with wet tissue. Blue plasters are provided in the kitchen first aid box for kitchen staff.

### **Stings and Insect Bites**

Spray relief can be applied, as long as we have parental permission. The First Aid (Allergies List) list has the names of those children who are allergic to bee / wasp sting and how these children should be treated and whether they need an epi-pen.

### **Serious Injuries**

Serious injuries should be dealt with to the best of First Aider's capability. One of our Paediatric First Aiders should be called to draw upon their greater expertise. The injured party MUST not be moved in case of spinal injury. An ambulance should be called as soon as possible.

If a child has vomited, the area should be cleaned thoroughly by a responsible adult using the spill kit situated in the front office (following guidance from UKHSA, New Guidance Preventing and Controlling Infections 2023). If vomit has gone on to children's clothing, they should change into spare clothing / PE kit if physically able to. Staff should wear protective PPE and dispose bodily fluids in yellow sacks provided in spill kit and dispose in appropriate bin. Bins emptied via Cathedral Hygiene.

### **Head Injury**

All bumps or injuries to the head including, ears, nose, chin etc. Should be recorded on first aid forms and the child will be given a red wrist band to wear for the rest of the day and the following day. This will alert all staff that the child has had a head injury in the last 24 hours and to be alert. This will also alert parents, who have access to 'Head Injuries Advice Sheet' from the NHS on our school website. If the head injury raises concerns to a member of staff or a bump / large mark appears then parents should be informed immediately. If children in EYFs acquire a head injury of any sort, then parents are immediately called and may be asked to collect children to seek medical advice. Children in year one who acquire a head injury may also have parents called depending on significance and nature of injury, staff to speak to Paediatric first aiders for advice. However, staff may use own judgment and knowledge. NHS guidelines on head injuries will be followed where needed this information can be found via the school office. Staff should contact parents if symptoms of concussion are present, drowsiness, confusion, swelling, behaviour changes or if staff have other concerns.

Where a head injury has occurred before swimming (or within the last twenty-four hours) parents will be required to give consent as to whether they give permission for their child to attend swimming. This will be obtained through a member of the office staff before the child departs school for their lesson.

### **Medicine**

There is no legal obligation to administer medicine and staff are within their rights to not administer medication to children.

Only medicine that has been prescribed by a doctor will be given and by a willing First Aider. Medicine will not be given unless we have a completed Administering Medicine Form signed by parents. Ideally, the administration of medicine should be witnessed by another member of staff. Once medicine has been administered, staff must complete the necessary Administered Medicine Form. The necessary forms are available from the school Office.

Wherever possible, only minimum amounts of medicine should be brought into school. Medicines will be stored in either the school Office or in the fridge in the kitchen – both locations are prohibited access to children. All medicines brought into school should be clearly named and in original packaging.

Any staff should make the SLT aware if they have to take any medication which may affect their ability to fulfil their role in caring for the children effectively. Staff unable to function effectively will be asked to go home. Staff medicine must also be stored safely ensuring access by children is not possible.

### **Paracetamol / Piriton / Anti-histamine**

A small supply of the above medicines is kept securely in the school Office. This medicine is made available for children who develop minor 'problems' during the course of the day e.g. ear ache or a minor irritating rash. Parental permission will always be gained before any medicine is administered unless parents cannot be contacted and then the Headmaster / Head of Early Years will act in, 'loco parentis' and decide if it is in the best interest of the child to be given medicine. A record will be kept when this medicine is administered – as previously and parents must be informed.

### **Allergies and Special Medical Needs**

A record of all children with allergies and special needs is kept updated by the school Office Manager, and a regularly updated list to given to all Form Teachers and to Mr Hoad, the Chef in the kitchen and Mokhtar the bus driver. Individual Health Care plans instruct staff on individual requirements of medication and must be followed in the event of an emergency.

Asthma pumps are kept in the school office in a named rack. Children should be encouraged to take responsibility in remembering to take their pumps to off-site activities such as Games and Swimming, but staff are responsible for retrieving and carrying medication. Where possible children will administer own doses of asthma pumps, whilst being supervised by a First Aider and a record kept of the dosage given. Children in Early Years who require an asthma pump will of course be assisted by a First Aid member of staff whom will take responsibility for carrying and administrating.

Staff – LF, carries her asthma pump in a small pouched bag on her person at all times and must be responsible for the safety of such medication. In the event of an emergency, then her health care plan can be retrieved via the office.

In the event of both staff and children undergoing an asthma attack that is not controlled via medication provided. An ambulance will be immediately called and staff will follow directions from medical professionals. Parents will also be contacted.

### **Allergies**

It is important that staff make themselves aware of the specific allergies of children, especially those in their own class and more especially those children whose allergies could lead to a severe, even critical reaction.

The Office Manager will keep an updated list of children's allergies which she will pass on to all Form Teachers and Scott, the Chef and is available online for staff.

Children whose allergies are so severe as to require an EpiPen will need at least two epi-pens kept in the school Office. Again, it is vital that these EpiPen's accompany the children wherever they go. It is the responsibility of the teacher in charge of the activity / trip to make sure that this happens. Training in the administration of EpiPens is given to all staff providing we have a child who may need an EpiPen in the school. Currently as of September 2024, there is only one child at school who requires an epi-pen. We also have one member of staff who has nut allergy and requires an epi-pen. However, we are a nut free site so reduces the risk factor significantly. The last training for staff was September Inset 2024.

It is not a legal requirement for schools to have generic inhalers and epi-pens available, thus parents must ensure appropriate medication is present at school for children to attend safely. SLT may refuse children on site if they feel safety of children is at risk if appropriate medication is not provided.

### **Special Medical Needs**

Saint Pierre School will do all it can to cater for any specific medical requirements and will closely with parents and care practitioners to ensure that the child receives excellent care.

### **Diabetes**

A number of staff, including Ms Horsnell have undergone special training to enable them to advise, supervise or even administer insulin if required. We currently have one member of staff whom is type one diabetic.

### **School Trips including lessons offsite (see Educational Visits Policy and Health & Safety Policy)**

It is essential that when planning any visit, the person responsible for the trip/lesson should plan in First Aid provision as part of the Risk Assessment. At least one trained Paediatric First Aider will accompany every trip. Should the trip include Early Years children, then all relevant Paediatric first aid staff should accompany the trip. Emergency medicine e.g. inhalers, epi-pens etc will be carried in a red first aid bag in order to be quickly accessible and all other additional first aid to be carried in either an orange or green first aid bag.

The school will do everything possible to ensure that pupils with specific medical needs will be included in all activities with the necessary First Aid measure required are discussed with parents. However, if sufficient First Aid cover cannot be supplied then, after serious consideration, the child might not be included in the activity.

The implications of the Disability Discrimination Act 1995, now apply to schools and educational visits and, because of this, any decision to not take a pupil would then be directly related to the risk assessment.

Otherwise, the school should take the pupil and manage their behavioural and medical needs appropriately.

Where a pupil's disciplinary problems are related to his/her disability, the school will be careful to avoid accusations of discrimination if it just reacts to the behavioural symptoms rather than the underlying cause. A Risk Assessment must be made to ascertain the appropriate management strategies. Reasonable adjustments must be made and seen to be effective.

### **Blood and Body Fluid / Substance Spills Management**

It does fall to staff on occasions to clean up bodily spillages. Special spill Kit is available in the main office. Standard precautions apply: -

- Clear the affected area;
- Deal with spillage immediately;
- Make appropriate use of protective clothing, including the wearing of gloves;
- Remove spillage fully before adding cleaning agent;
- Ensure spillages are effectively cleaned and equipment used is disposed of in clinically waste bags.
- Wash hands thoroughly after dealing with any such incident.

### **Procedure for Calling an Ambulance**

When the situation has been assessed by the First Aider and SLT, the decision to call the emergency services or not will be made. The call should be made by office staff but can also be made by any staff member. Staff are allowed to use their own mobile phones to call an ambulance. If an ambulance has been called, staff should make this information perfectly clear to other staff, without scaring the injured child.

If required, the playground will be cleared of children and the side gates will be opened if the ambulance needs to access the playground. Parents will be informed as soon as possible that an ambulance has been called for their child and the reasons why. This call will be made by a member of SLT.

If an ambulance is called, staff will act following the direction from medical professionals. Where possible a paediatric first aider will support the child and wait for the ambulance. Parents will be informed immediately.

A member of staff will accompany the child to hospital, wait for the parents to arrive and then return to school (if necessary, by taxi, funded by the school).

### **Transport to Hospital**

If a non-emergency trip is required to hospital, the child will be driven by a member of the SLT and accompanied by another member of staff. One member of staff will remain with the child at the hospital. When able, the second member of staff will return to school by taxi. The child's parents will be informed.

### **Record Keeping of Accidents**

Saint Pierre will ensure that records of accidents are kept for three years. Records are scanned into files and are evaluated during Health and Safety meetings. Upper school have 'An Accident – Record Book, applicable to years 1-6'. EYFS have separate accident record sheets situated in their classes, once completed are added to the folder situated in the office ready to be scanned via office staff.

When writing up an accident or injury, the information should include: -

- The date, time and place of accident;
- Details of injury and what first aid was given and by whom;
- What happened to the injured person immediately afterwards;
- Name of the person dealing with the accident.
- If a parent/ carer was contacted, how, when and what was said.

An accident report must be completed for every accident which involves head injuries or an accident which parents need to be informed of. As well as that, parents must be informed via the red wrist band every time a child bumps their head, unless a bump or concerning mark appears in which case they should be contacted immediately by phone. This is so that parents can monitor their child in case of delayed concussions. All parents in EYFS are asked to read and sign accident forms to acknowledge any injury, including grazes etc. Children whose child is in Y1-6 will be informed of an incident where a head injury was involved, if it is deemed that it may need extra monitoring or has caused the child particular distress.

### **Parental Permission for Medication**

A specific form must be completed by parents before any medication will be administered. School will accept an email or a completed form which is available from the school office and can be found in the grey filing cabinet under, 'First Aid – Medicine Forms'. Completed forms and the medicine are handed to the school secretary for filing and the medicine for storing – either in the medicine cabinet or the fridge in the kitchen, if required. The information on the form should include the child's name, time for medicine to be given, date, dosage and doctor's details. The member of staff who administers medicine should then complete the appropriate form after giving the medicine. Parents must be informed if children refuse to take medication. Parents should be reminded at the end of the day what time and dose of medication was given.

### **Reporting Incidents**

Under the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations, 2013 (RIDDOR), some accidents must be reported to the Health and Safety Executive. The school must keep a record of any reportable injury, disease or dangerous occurrence. This must include:-

- The date and the method of reporting to the HSE;
- The date, time and place of incident;
- Personal details of those involved;
- A brief description of the nature of the event / disease;
- This will be recorded in the Incident Book.

### **Accidents To Be Reported By The School**

The following accidents must be reported to the HSE if a member of staff is injured during an activity connected with work while working on the school premises:-

- Accidents resulting in death or major injury (including as a result of physical violence);
- Accidents which prevent the injured person from doing their normal work for more than three days (including acts of physical violence).

Major injuries, dangerous occurrences and reportable diseases must be immediately reported to the HSE with all details of fatal and major injuries and dangerous occurrences without delay. This must be followed up by a written report on Form 2508 within ten days.

Other reportable accidents do not need immediate notification, but they must be reported to the HSE within ten days on Form 2508.

An accident to a pupil or a visitor must be reported to the HSE on Form 2508 if:-

- The person involved is killed or is taken from school to visit the hospital and the accident happens in connection with school.

These accidents must be reported within ten days.

In HSE's view, an accident must be reported if it relates to:-

- Any school activity, on or off the school's site;
- The way a school activity has been organised and managed (eg the supervision of a field trip);
- Equipment, machinery or substances;
- The design or condition of the premises.

Similarly, in the Early Years Department, the school must notify Ofsted of any serious accident, illness or injury to, or death of, any child while in their care, and of the action taken. Notification must be made as soon as is practicable but certainly within 14 days of the incident occurring. Saint Pierre School will also notify local child protection agencies of any serious accident or injury to, or the death of, any child while in their care and must act on the advice from those agencies.

### **Mental Health and Wellbeing**

At Saint Pierre we place emphasis on promoting and educating both staff and children on the importance and impact that both positive and negative mental health can have on a persons, development, and overall learning outcomes. Within school we have a Mental Health Lead (Mrs Oberholzer) whom is responsible for having a strategic oversight of the whole schools approach regarding mental health and a Mental Health First Aider (Mrs Hannaway). Please read Mental Health Policy in conjunction with this document.

**List of First Aiders**

**Appendix**

**Early Years/ Paediatric First Aid Training Level 3**

| <b>Position</b>                  | <b>Staff Names</b> | <b>Completed Paediatric</b>                     | <b>Expires</b>             | <b>Booked on</b> |
|----------------------------------|--------------------|---|----------------------------|------------------|
| Head of EYFS Level 3             | Gemma Hoffman      | 03 <sup>rd</sup> / 4 <sup>th</sup> January 2023 | January 2026               |                  |
| Nursery Practitioner Level 3     | Julie Aldridge     | 8 <sup>th</sup> March 2024                      | 8 <sup>th</sup> March 2027 |                  |
| Nursery Practitioner             | Becky Sweeney      | 03 <sup>rd</sup> / 4 <sup>th</sup> January 2023 | January 2026               |                  |
| Nursery Practitioner             | Charlene Hannaway  | 03 <sup>rd</sup> / 4 <sup>th</sup> January 2023 | January 2026               |                  |
| Deputy Nursery Manager Level 3   | Laura Frith        | 03 <sup>rd</sup> / 4 <sup>th</sup> January 2023 | January 2026               |                  |
| Head of Nursery Level 3          | Grace Partner      | 03 <sup>rd</sup> / 4 <sup>th</sup> January 2023 | January 2026               |                  |
| Nursery Practitioner Level 3     | Rachel Alden       | 18 <sup>th</sup> April 2023                     | April 2026                 |                  |
| Reception teacher x2 days a week | Charlotte Tipper   | 03 <sup>rd</sup> / 4 <sup>th</sup> January 2023 | January 2026               |                  |
| Proprietor P.E.                  | Kurt Davies        | 03 <sup>rd</sup> / 4 <sup>th</sup> January 2023 | January 2026               |                  |
| T.A. 1-2-1                       | Susan Thompson     | 03 <sup>rd</sup> / 4 <sup>th</sup> January 2023 | January 2026               |                  |
| T.A. Morning/ Afterschool        | Abi Corbett        | 03 <sup>rd</sup> / 4 <sup>th</sup> January 2023 | January 2026               |                  |
| Bus Driver                       | Mokhtar            | 03 <sup>rd</sup> / 4 <sup>th</sup> January 2023 | January 2026               |                  |
| Deputy Head                      | Poppy Read         | 03 <sup>rd</sup> / 4 <sup>th</sup> January 2023 | January 2026               |                  |
| Head Teacher                     | Peter Lane         | 03 <sup>rd</sup> / 4 <sup>th</sup> January 2023 | January 2026               |                  |
| P.E Teacher                      | Marc Holland       | 03 <sup>rd</sup> / 4 <sup>th</sup> January 2023 | January 2026               |                  |
| Class Teacher                    | Chloe Dyton        | 8 <sup>th</sup> March 2024                      | 8 <sup>th</sup> March 2027 |                  |
| Class teacher/Music              | Luke Singleton     | 8 <sup>th</sup> March 2024                      | 8 <sup>th</sup> March 2027 |                  |
| TA 1-2-1                         | Alice Dowdswell    | 8 <sup>th</sup> March 2024                      | 8 <sup>th</sup> March 2027 |                  |
| Nursery Practitioner             | Laura Bragard      | 8 <sup>th</sup> March 2024                      | 8 <sup>th</sup> March 2027 |                  |
| TA                               | Amanda Miles       | February 2022                                   | February 2025              |                  |



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### Emergency First Aid

| Position                      | Staff Names     | Completed Paediatric          | Expires      | Booked on |
|-------------------------------|-----------------|-------------------------------|--------------|-----------|
| Music Lead/ Year 2 teacher    | Molly Christian | 03 <sup>rd</sup> January 2023 | January 2026 |           |
| Drama teacher/ Year 5 Teacher | Lauren Ijad     | 03 <sup>rd</sup> January 2023 | January 2026 |           |
| Assistant                     | Julie Rowson    | 03 <sup>rd</sup> January 2023 | January 2026 |           |
| Year 3 class teacher          | Sam Ingram      | 03 <sup>rd</sup> January 2023 | January 2026 |           |
|                               |                 |                               |              |           |

### Anaphylaxis Training

| Staff name        | Course                                  | Provider                                  | Date                                 | Expires (recommended) |
|-------------------|---|---|--------------------------------------|-----------------------|
| Susan Thompson    | Allergens, anaphylaxis & auto-injectors | Alexandra Betson, NHS Nurse<br>NHS Nurses | October 2022<br>September 2024 INSET | Annually              |
| Grace Partner     | "                                       | "   | "                                    | "                     |
| Laura Frith       | "                                       | "   | "                                    | "                     |
| Charlene Hannaway | "                                       | "   | "                                    | "                     |
| Julie Aldridge    | "                                       | "   | "                                    | "                     |
| Becky Sweeney     | "                                       | "   | "                                    | "                     |
| Charlotte Tipper  | "                                       | "   | "                                    | "                     |
| Rachel Alden      | "                                       | "   | "                                    | "                     |
| Molly Singleton   |   |   |                                      | "                     |
| Sam Ingram        | "                                       | "   | "                                    | "                     |
| Gemma Hoffman     | "                                       | "   | "                                    | "                     |
| Chloe Dyton       | "                                       | "   | "                                    | "                     |
| Marc Holland      | "                                       | "   | "                                    | "                     |
| Susan Thompson    | "                                       | "   | "                                    | "                     |
| Tilly Davies      | "                                       | "   | "                                    | "                     |
| Amanda Miles      | "                                       | "   | "                                    | "                     |
| Molly Lambourne   | "                                       | "   | "                                    | "                     |
| Poppy Read        | "                                       | "   | "                                    | "                     |
| Peter Lane        | "                                       | "   | "                                    | "                     |
| Luke Singleton    | "                                       | "   | "                                    | "                     |
| Lauren Ijad       | "                                       | "   | "                                    | "                     |

**Location of First Aid Kits (6 small cases; 2 travel bags and 2 ‘bum bags’)**

- Kit 1 - Office – near office door;
- Kit 2 - In hall – next to boys’ toilet door;
- Kit 3 - Sports’ shed – screwed next to door;
- Kit 4 - Year 4 Classroom;
- Kit 5 - Nursery Classroom;
- Kit 6 - Outside Year 1 Classroom.

The First Aid Kits will be replenished as and when required but will be checked systematically every half term by Abi.

All classrooms are also provided with first aid bags which are checked weekly via Abi.

**Content of the first aid kits:**

| In-school kits  | Kits for off-site trips and activities                            | Kits in school vehicles (eg minibuses)   |
|---|---|--|
| A first aid guidance card or leaflet giving general advice  | A first aid guidance card or leaflet giving general advice        |  |
| At least 20 adhesive hypo allergenic plasters (including blue plasters in food areas – kitchens, food technology etc) | 6 individually wrapped sterile adhesive dressings                 |  |
| 4 triangular bandages (slings)  | 2 triangular bandages individually wrapped and preferably sterile | 1 conforming disposable bandage (not less than 7.5 cm wide)<br>2 triangular bandages |
| 6 Safety pins   | 2 Safety pins   | 12 assorted safety pins  |
| Cleaning wipes  | Individually wrapped moist cleansing wipes                        | 10 antiseptic wipes, foil packed   |
| Adhesive tape   |   |  |
| 2 sterile eye pads  |   | 2 sterile eye pads, with attachments   |
| 6 medium sized unmedicated dressings  |   | 1 packet of 24 assorted adhesive dressings   |
| 2 large sized unmedicated dressings   | 1 large sterile unmedicated dressing                              | 3 large sterile unmedicated ambulance dressings (not less than 15.0 cm x 20.0 cm)    |
| 3 pairs of disposable gloves  | 2 pairs of disposable gloves                                      |  |
| 1 resuscitator  |   |  |
| Yellow clinical waste bag   |   |  |
|   |   | 1 pair of rustless blunt-ended scissors  |

**Exclusion table:**

This guidance refers to public health exclusions to indicate the time period an individual should not attend a setting to reduce the risk of transmission during the infectious stage. This is different to ‘exclusion’ as used in an educational sense.

| <b>Infection</b>  | <b>Exclusion period</b>   | <b>Comments</b>  |
|---|---|--|
| Athlete's foot  | None  | Individuals should not be barefoot at their setting (for example in changing areas) and should not share towels, socks or shoes with others.   |
| Chickenpox  | At least 5 days from onset of rash and until all blisters have crusted over.  | Pregnant staff contacts should consult with their GP or midwife.   |
| Cold sores (herpes simplex)                             | None  | Avoid kissing and contact with the sores.  |
| Conjunctivitis  | None  | If an outbreak or cluster occurs, <a href="#">contact your local UKHSA health protection team</a> .  |
| Respiratory infections including coronavirus (COVID-19) | Individuals should not attend if they have a high temperature and are unwell.<br><br>Individuals who have a positive test result for COVID-19 should not attend the setting for 3 days after the day of the test. | Individuals with mild symptoms such as runny nose, and headache who are otherwise well can continue to attend their setting.   |
| Diarrhoea and vomiting                                  | Individuals can return 48 hours after diarrhoea and vomiting have stopped.  | If a particular cause of the diarrhoea and vomiting is identified, there may be additional exclusion advice, for example E. coli STEC and hep A.<br><br>For more information, see <a href="#">Managing outbreaks and incidents</a> . |

|   |   |   |
|---|---|---|
| Diphtheria*                               | Exclusion is essential.<br><br>Always contact your <a href="#">local UKHSA health protection team</a> . | Preventable by vaccination. For toxigenic Diphtheria, only family contacts must be excluded until cleared to return by your <a href="#">local UKHSA health protection team</a> .          |
| Flu (influenza) or influenza like illness | Until recovered   | Report outbreaks to your <a href="#">local UKHSA health protection team</a> .<br><br>For more information, see <a href="#">Managing outbreaks and incidents</a> .                         |
| Glandular fever                           | None  |   |
| Hand foot and mouth                       | None  | Contact your <a href="#">local UKHSA health protection team</a> if a large number of children are affected.<br>Exclusion may be considered in some circumstances.                         |
| Head lice                                 | None  |   |
| Hepatitis A                               | Exclude until 7 days after onset of jaundice (or 7 days after symptom onset if no jaundice).            | In an outbreak of hepatitis A, your <a href="#">local UKHSA health protection team</a> will advise on control measures.   |
| Hepatitis B, C, HIV                       | None  | Hepatitis B and C and HIV are blood borne viruses that are not infectious through casual contact.<br><br>Contact your <a href="#">local UKHSA health protection team</a> for more advice. |
| Impetigo                                  | Until lesions are crusted or healed, or 48 hours after starting antibiotic treatment.                   | Antibiotic treatment speeds healing and reduces the infectious period.  |
| Measles                                   | 4 days from onset of rash and well enough.  | Preventable by vaccination with 2 doses of MMR.<br><br>Promote MMR for all individuals, including staff. Pregnant staff contacts should seek prompt advice from their GP or midwife.      |
| Meningococcal meningitis* or septicaemia* | Until recovered   | Meningitis ACWY and B are preventable by vaccination.<br><br>Your <a href="#">local UKHSA health protection team</a> will advise on any action needed.                                    |

|  |   |   |
|--|---|---|
| Meningitis* due to other bacteria          | Until recovered   | Hib and pneumococcal meningitis are preventable by vaccination. Your <a href="#">local UKHSA health protection team</a> will advise on any action needed.   |
| Meningitis viral                           | None  | Milder illness than bacterial meningitis. Siblings and other close contacts of a case need not be excluded.   |
| MRSA                                       | None  | Good hygiene, in particular handwashing and environmental cleaning, are important to minimise spread. Contact your <a href="#">local UKHSA health protection team</a> for more information.                             |
| Mumps*                                     | 5 days after onset of swelling                              | Preventable by vaccination with 2 doses of MMR. Promote MMR for all individuals, including staff.   |
| Ringworm                                   | Not usually required  | Treatment is needed.  |
| Rubella* (German measles)                  | 5 days from onset of rash                                   | Preventable by vaccination with 2 doses of MMR. Promote MMR for all individuals, including staff. Pregnant staff contacts should seek prompt advice from their GP or midwife.   |
| Scabies                                    | Can return after first treatment.                           | Household and close contacts require treatment at the same time.  |
| Scarlet fever*                             | Exclude until 24 hours after starting antibiotic treatment. | Individuals who decline treatment with antibiotics should be excluded until resolution of symptoms. In the event of 2 or more suspected cases, please contact your <a href="#">local UKHSA health protection team</a> . |
| Slapped cheek/Fifth disease/Parvovirus B19 | None (once rash has developed)                              | Pregnant contacts of case should consult with their GP or midwife.  |
| Threadworms                                | None  | Treatment recommended for child and household.  |

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| Tonsillitis                 | None   | There are many causes, but most cases are due to viruses and do not need or respond to an antibiotic treatment.  |
| Tuberculosis* (TB)          | <p>Until at least 2 weeks after the start of effective antibiotic treatment (if pulmonary TB.</p> <p>Exclusion not required for non-pulmonary or latent TB infection.</p> <p>Always contact your <a href="#">local UKHSA health protection team</a> before disseminating information to staff, parents and carers, and students.</p> | <p>Only pulmonary (lung) TB is infectious to others, needs close, prolonged contact to spread.</p> <p>Your <a href="#">local UKHSA health protection team</a> will organise any contact tracing.</p>       |
| Warts and verrucae          | None   | Verrucae should be covered in swimming pools, gyms and changing rooms.   |
| Whooping cough (pertussis)* | 2 days from starting antibiotic treatment, or 21 days from onset of symptoms if no antibiotics   | <p>Preventable by vaccination.</p> <p>After treatment, non-infectious coughing may continue for many weeks. Your <a href="#">local UKHSA health protection team</a> will organise any contact tracing.</p> |

\*denotes a notifiable disease. Registered medical practitioners in England and Wales have a statutory duty to notify their local authority or UK Health Security Agency (UKHSA) health protection team (HPT) of suspected cases of certain infectious diseases.

All laboratories in England performing a primary diagnostic role must notify UKHSA when they confirm a notifiable organism.