MORETON HALL
PREPARATORY SCHOOL

First Aid policy

Updated: October 2016 SM/AM
Review: October 2017

FIRST AID PROTOCOL

RATIONALE

- To review, develop and update the current First Aid Protocol for Moreton Hall Preparatory School as part of the on-going evaluation and reassessment of the First Aid needs for the pupils and staff at the school.
- The Protocol will draw from and comply with multiple health and educational agencies and research, including in HSE (Health and Safety Executive), ISBA (Independent Boarding School Association), Department of Education and National Health guidelines.

This policy is intended to be used in conjunction with all the school's policies.

AIM

- To provide a clear and practical First Aid Protocol in accordance with:
    - Government Health and Safety guidelines.
    - Education Department's policies.
    - Boarding Schools Association's policies.
    - Nursing and Medical policies.
    - Medical Officers of Schools Association Guidance

- To promote the health, safety and physical and emotional well being of the children, staff and visitors.

IMPLEMENTATION

1. First Aid Provision and Training Requirements

1.1. Responsibilities of First Aid Trained Staff

First Aid Provision

This is the emergency aid or treatment given to persons suffering illness or injury following an accident, prior to obtaining professional medical services if required. It includes emergency treatment, dressing of minor injuries, maintenance of records and the recognition and reporting of health hazards.

1.2. The Key Principles for the role of the First Aider are:

Preserve Life

Not only the casualty's life, but your own as well. Far too often only one person's life is in danger when the emergency services are called, but by the time they arrive there are more. If you put your life in danger, you can end up fighting for your OWN life instead of the casualty's.

Prevent the situation from Worsening

The skilled first aider must take action to prevent the whole situation from becoming

worse (e.g. removing dangers such as traffic or fumes), as well as acting to prevent the casualty's condition from deteriorating.

Promote Recovery

The actions of a first aider should, after preventing things from getting worse, help the casualty to recover from their illness or injury**.**

1.3. First Aid Training

- All members of staff have a duty of care (in line with Health and Safety guidelines) to pupils, other staff members and third parties, to provide assistance,when required to the level of their competence, through training.This includes calling emergency services when necessary.
- In addition to First Aid Trained Staff, it is desirable that as many other staff as possible be trained in Basic Life Support/ Cardio-Pulmonary Resuscitation (CPR).
- It is school policy for all teaching staff to complete an OFSTED recognised and HSE approved Emergency First Aid course; this is updated every 3 years.
- The employer must arrange adequate and apropriate training and guidance for staff. The employer must ensure that there are enough trained staff to meet the statutory requirements and assessed needs, allowing for staff on annual/sick leave or off-site.
- The course should cover the following topics:
    - what to do in an emergency
    - cardiopulmonary resuscitation
    - first aid for the unconscious casualty
    - first aid for the wounded or bleeding.

Staff members that have completed this training and hold a current qualification obtained from a nationally recognised First Aid training provider may:

- Provide the initial care for an ill or injured pupil/member of staff or any third party by rendering first aid treatment in accordance with their approved training.
- Must remain with that injured or ill person until no further treatment or assistance is required, or until the person is handed over to ambulance or other medical personnel, unless their personal safety is at risk.
- Recognise their limitations and only administer or carry out duties that have been included in their training except in an emergency when it may be necessary for them to follow a pupils Emergency Treatment Plan.

All teaching and Pastoral staff underwent a full day course in First Aid Training in September 2014. (*A First Aid Training in Schools course has been organised for April 2017 for all originally trained and new staff).*

The Paediatric Early Years First Aid Training (approved by Ofsted) for all Pre-Prep and Pastoral Staff took place in 2015. (*Further training and update for this is arranged for April 2017).*

For the provision of First Aid for EYFS pupils, there is always at least one member of staff on the premises (and school trips) who holds an Ofsted approved Paediatric First Aid Certificate.

2. Practicalities of Provision

All schools are required to establish a system for delivering first aid services. This system should include the following elements:

The area designated for the provision of First Aid should be:

- accessible to all.
- have adequate space for first aid to be administered
- be well illuminated and ventilated
- have easy access to toilets and a sink or wash basin, clean hot and cold running water liquid soap and paper towels
- contain a work bench
- have a suitable container fitted with a disposable bag or liner for soiled dressings
- have a bed with blankets and pillows, where possible
- have two chairs with arms, where possible
- have ready access to a telephone
- contain an first aid manual
- contain a first aid kit
- contain the following additional items stored in a locked cupboard:
  - household detergent
  - household rubber gloves for cleaning
  - paper towels
  - plastic bags for contaminated waste, clothing, etc.
  - plastic aprons
- be centrally located (Matron's Room is located within the main school building next to the Main School Office on the ground floor)

2.1. Access to Matron's Room

When a pupil visits the Matron's Room they should come via the Main Office having obtained permission from their teacher. Visits to Matron's Room during break time must also be reported to the supervising teacher.

2.2. The Red Card System

In line with the Child Protection staff are not permitted to have mobile phones with them whilst in contact with the pupils. Due to the geographical arrangement of the school buildings, an emergency 'communication/alert system' has been put in place. In every classroom, department, the Chapel and Sports Hall, located in a prominent position (by the door) is the installation of the 'The Red Card System'. This is a simple Red Card with the locations name on it. Should an accident or emergency incident arise, a child is asked to take the Red Card to the nearest adult and then to the School Office to alert them to the emergency so that the appropriate action can be taken.

2.3. Calling the Emergency Services

Staff members are trained how and when to call an ambulance as part of their first aid training, i.e. if in doubt - call it out!

3. Management of Minor Accidents and injuries

Any accident witnessed by staff must be reported in the Accident book kept in the School Office.
Accidents that require medical attention should also be referred to the Duty Matron in Matron's Room. In her absence Mrs Moxon (House Mistress). If the pupil is able to walk they should be helped to Matron's Room. Depending on the nature and severity of the injury, do one of the following:

- Tend to minor injuries and return pupils to lessons or activities.
- Keep pupils in Matron's Room under observation if appropriate.
- If the injury is serious, the child's parent must be contacted for the child to be taken to their GP or A+E
- In the case of International Boarders, the House Mistress, Mrs Moxon will take responsibility for the child (as their guardian) and take any necessary action. The parents will be informed either directly or through the child's agency.

All accidents, incidents and attendance to Matron's Room are documented by the Duty Matrons and Mrs Moxon in the Matron's Room Daily Record on the school system.

Minor first aid incidents that are dealt with by other members of staff and which result in the use of a first aid kit, should be documented in the Pre Prep Record Book or Matron's Room Hand over for Prep School pupils.

Parents are informed of any accident or injury sustained by their child on the same day or as soon as reasonably practicable and/or any first aid treatment given.

Any relevant information for the parents should be documented on a 'Blue Form' kept in Matron's Room, copied and added to the pupils individual Medical Records in Matron's Room.

4. Provision of first aid kits

First Aid supplies are kept in green First Aid boxes in a prominent place in every classroom and department. There also a Sports/ Games first aid kit kept on the minibus and small 'grab bag' kit for excursions and trips which is kept in Matron's Room.
The first aid kit must be readily accessible in case of emergency as to be clearly visible to all concerned. First aid kits should be portable or mounted in such a way as to allow them to be removed and carried to an injured person.

The first aid kit container should:

- be constructed of impervious material, be dustproof and of sufficient size to adequately house the contents
- be capable of being sealed and be fitted with a carrying handle; it should never be locked
- be marked on the outside with the words "FIRST AID"
- have a list of supplies attached to the inside of the lid
- first aid kit contents are replenished as soon as practicable after use
- the use by date of contents has not expired /deteriorated
- contaminated items are disposed of safely

Location of First Aid Kits:

- School Office
- Boarding House
- Matron's Room
- 'Grab Bag' (trips)
- Reception
- PPI
- PPII
- Transition
- Form IV
- Form V
- Form VI
- Form VII
- Form VIII
- Sports Hall
- Games Staff 1 (Mrs Konrath) Located in the girls' changing room
- Games Staff 2 (Mr James) Located in the boys' changing room
- Library
- Art Room (inclu. eye wash/burns gel)
- Science Lab (inclu. eye wash/burns gel)
- Kitchen (inclu. eye wash/burns gel & blue plasters)
- Music School
- Maintenance Room (inclu. eye wash)
- Staff Room
- Mini Bus

Total on site: 24

Procedures for maintenance of first aid kits

Assistant Matron restocks and checks the First Aid kits on a half termly basis or as requested as stocks run low.

First Aid Kit Contents

HSE has stated that it is not a mandatory requirement under the Health & Safety (First Aid) Regulations 1981 to have a kit which complies with the British Standard.

To quote the HSE's own website: '*Instead the contents of a first aid box is dependent on an employer's first aid needs assessment.*

Under this directive Portable kit contents can be modified depending on the risk level of the activity and its proximity to the school'.
First aid kits at Moreton Hall Prep School, contain the items listed below.

- First Aid guidance leaflet
- one pair of gloves
- 20 individually wrapped sterile plasters (assorted sizes)
- two Medium dressings (12cm x 12cm)
- two Large dressing (18cm x 18cm)
- two sterile eye pads
- two individually wrapped triangular bandages, preferably sterile
- six safety pins

- six individually wrapped sterile wound cleansing wipes

The Art room, Maintenance room, Science Lab and Kitchen First Aid kits should include:

- N/Saline 20ml pod-For Eye irrigation
- Burneze Gel

5. Guidelines for seeking medical treatment for Boarders

In compliance with Department of Health requirements for the safe supervision of unwell boarders, medical provision for the Boarders is outlined below;

G.P

Following discussion with Practice Manager at the Mount Farm Surgery, to which the school is attached, all boarders may be seen as 'Temporary Registration / Immediately Necessary Patients' requiring treatment. Permanent Registration for the international boarders is not required. Primary care (visits to the GP) bear no fee, however, there may be a fee for Secondary care (referral to hospital).
Mount Farm Surgery, Lawson Place, Bury St Edmunds IP32 7EW.
Telephone: 01284 769643

If a child is 'Flexi Boarding' and becomes unwell, it is recommended that they see their own GP locally.

Accident & Emergency

All Boarders are eligible for 'free' emergency care at the local Casualty Department located at the West Suffolk Hospital.
West Suffolk Hospital, Hardwick Lane, Bury St Edmunds IP33 2QZ.
Telephone: 01284 71300

Dentist

The designated dental practice for the boarders is the Guildhall Dental Practice. All visits to the practice will incur a fee.
Guildhall Dental Practice, 85 Guildhall St, Bury Saint Edmunds IP33 1PY
Telephone: 01284 755631

During the day, the Boarders attend Matron's Room in the usual way if they are unwell or injure themselves.
In the evening and at the weekends, the Duty weekend pastoral staff and Mrs Moxon (House Mistress) will attend to these needs.

5.1 Overnight and at weekends Guidance for seeking Medical Attention

If the following occur, medical attention will be sort:

- Head injuries; chest pain; seizures/fits; breathing difficulties; diarrhoea and vomiting
- Temperatures over 38 degrees Celsius
- Mild headache with any of the following: neck stiffness, aversion to light, rash.
- Severe abdominal pain
- Headache with visual disturbances, or with a history of migraines.

5.2 Arrangements for Exclusion of Infectious Boarders

For Boarders who are deemed infectious in line with Department of Health Exclusion Advice, i.e. D&V, Temperature over 37.5, Confirmed tonsillitis, chicken pox, flu, meningitis:
Full, weekly & Flexi Boarders: contact parents to collect and go home.
Long distance and International Boarders: to be confined in small dorm on first floor with access to own bathroom.

6. Documentation and Record Keeping

The parents/guardians of all newly registered children are sent a questionnaire which must be completed and signed, then returned to the School Office, before they join the school. The parent/guardian is expected to disclose any diagnosed medical condition, current medication, allergies, special dietary requirements, any special considerations, e.g. photography requests and any other treatment that the pupil receives. The form also details separate consent for:

- treatment for minor illnesses and accidents
- administration of 'over the counter medicines'
- emergency lifesaving treatment.

The importance of accurate documentation and record is not only paramount, in the interests of Health and Safety and well being of the recipient but is also, a legal requirement.

First Aid treatment provided is recorded on the Daily Record document on Google Drive. Access to this information is protected by a password and is only accessible to Matrons, Mrs Moxon and Mrs Hunt in the school office.

Disclosure of medical information is only made to appropriate members of staff in order to provide the best care.

Nursing Accountability and Confidentiality

In order to uphold a pupil's right to confidentiality, information will not be passed on by staff without the pupils or parental consent. Confidentiality can be legally breached at a Registered Nurse's discretion in compliance with the NMC professional code of conduct if she considers it to be a child protection matter.

7. Care Plans for Chronic Disease Management

The purpose of this plan is to set out agree on the appropriate routine management of the condition and emergency management while in school. The care plan will also include details of any routine medicine, emergency medicine and its safe storage and accessibility, along with emergency contact details.

Care plans are always written for pupils who are known to have potentially serious medical conditions such as asthma, allergies (anaphylaxis), diabetes or epilepsy, a letter is sent to the parents requesting a Management/Care plan provided by the Hospital Consultant and Management Team.

The contents and use of the information requested is treated as confidential. The information will be made available only to those members of staff who require its contents to assist in the management of the child's particular health needs whilst at school.

8. Management of the Administration of Non-prescription/Prescribed Medication

Moreton Hall Prep School is committed to providing a safe and healthy environment for pupils. In special circumstances, staff may be able to assist with the administration of medication. In these cases, policy requires that authority is obtained from the pupil's parents and/or the pupil's GP permitting a member of staff to administer the prescribed medication.

Medicine Policy and Procedures

The school environment is safe for all pupils by advocating the safe storage and administration of medicines.

- Parents should provide full information about their child's medical needs including details of medicines they require.
- For simple over the counter medicines this consent is given/declined on the medical form that is completed by parents/guardians for all pupils on their admission to the school and is subsequently The school will not administer any medication without written consent from parents/guardians
- If it is necessary for a day pupil to take a prescribed medicine during the school day the parent/guardian should complete the necessary consent form allowing the school to take over this responsibility. These forms can be obtained from the School Office and Matron's Room.
- For international Boarders any medication for administration should be sent clearly labelled with an accompanying written (translated into English) prescription clearly stating the name and date of the birth of the pupil, its indication for use, dose , frequency and duration of course
- Matrons House-Parents and Pastoral Staff *will not* administer unlicensed medicines including herbal, homeopathic or Chinese medicines.
- All pupils are strongly discouraged from bringing their own over the counter medicines to school.
- All medicine either prescribed or 'bought over the counter' including all homeopathic, herbal or Chinese medicine should be brought to the school Office, handed to Matron or Mrs Moxon.

- ‘Over the counter medicines’ (OCM) may be administered by the Duty Matron and the House Parents.
- A written record is kept each time a medicine is administered to a child and parents are informed on the same day or as soon as reasonably practicable.

List of Medicines kept as standard Stock in Matron's Room Medicine Cupboard

- Paracetamol suspension/tablets
- IBUPROFEN is **NOT** kept as stock due to its potential risks associated with its administration in Asthmatic children. It can only be given as the pupils ‘own supply’ with written request and consent from the parent/guardian
- Antihistamine Suspension/tablets
- Cough syrup/ throat lozenges
- Topical Antiseptics eg Sudocrem
- Topical Antihistamines eg Anthistan
- Topical Burn Gel for minor burns
- N/saline 20ml pods for wound irrigation and eye bath.
- 2 x stock Asthma inhalers for use in emergency in place of lost or out of date prescribed inhalers for known asthmatics. These children are listed on the Allergies and Spec Considerations Document.
- Day pupils are expected to ensure they have their own ‘treater’ inhaler on their person throughout the school day with a further inhaler provided to be kept in Matron's Room as a spare. It is not acceptable for siblings or friends to share inhalers.
- Boarders are also expected to ensure they have their ‘treater’ inhaler on their person at all times.
- Insulin (for Diabetic treatment) and Epi-pens (for the treatment of anaphylactic shock) are held in Matron's Room. There are currently no Diabetic children or children with known anaphylaxis in school at present.

Administration of medication

Staff permitted to administer medication: Duty Matrons and House Parents.

- Check the identity of the pupil against the label on the medicine
- Check the prescribed dose
- Check the expiry date of the medicine
- Check the written instructions provided by the prescriber on the label/container
- Document on the medicine card the following information: Date, time, dosage/amount given, amount remaining
- Medicines can only be administered from the original container
- Prescribed medicine must only be given to the person for which it has been prescribed.

Please note that training is provided to staff who administer medication which requires medical or technical knowledge.

8.1 Boarders

All of our Boarders are under the age of 16 and we do not allow them to self medicate.

The school respects the confidentiality and rights of boarders as patients. This includes the right of a boarder deemed to be 'Gillick Competent' to give or withhold consent for their own treatment.

Administration of medication to staff

There is a Registered General Nurse on site who is able to administer non prescription simple analgeisa (pain relief) for minor ailments. This is recorded in sick bay's daily record. Staff are not permitted to bring any medication on site. Any prescribed medication required by staff during the day should be locked in sick bay, as per point 8 of this policy.

9. School Trips

Staff supervising excursions should be aware of all the pupils' medical needs and have knowledge of the medicines they are taking listed on the Allergies and Special Considerations document. The staff should collect a 'school trip first aid kit/ 'grab bag from' Matron's Room to take on the trip.

10. Procedures for infection control

The spread of infection is controlled by ensuring high standards of hygiene, particularly hand washing, maintaining a clean environment and routine immunisation. People are one of the main sources of infection. Standard Principles help protect from acquiring or passing on infection whether or not a risk is known.

Standard Principles:

Hand-washing is the most effective means of reducing the spread of infections. Its purpose is to remove or destroy any micro-organisms which may be on the hands and may cause diseases and are usually removed easily with thorough hand washing.

- Rub hands together with water and liquid soap, covering the hands with lather for at least 15 seconds. Rinse hands with warm water to remove the lather and then dry thoroughly with a paper towel. Cover all cuts and abrasions with a waterproof dressing.
- Always wash hands after using the toilet, before eating or handling foods and after handling animals. Cover all cuts and abrasions with a waterproof dressing.

Coughing & Sneezing

Children and adults should be encouraged to cover their mouth and nose with a tissue. Wash hands after disposing of the tissue.

11. Infection Control First Aid and blood borne viruses

Standard Principles:

It is usually not possible to know who is and who is not infected with a transmissible disease or infection such as a blood borne virus, therefore ***all*** body fluids should be regarded as a potential source of infection.
Thorough hand washing is one of the most effective ways of preventing person to person transmission. Intact skin is an effective barrier; broken skin must be covered with a plaster.
If possible, first aiders should wash their hands before and after attending to a casualty.
Disposable plastic gloves are present in all first aid kits located around the school site.
In the event of an emergency where mouth to mouth resuscitation is necessary ideally a protective mask should be used and is available in Matron's Room.

12. Cleaning of Blood & Body Fluids

This should be carried out without delay by a cleaner or the first available member of staff. If there is a delay cross infection is more likely.

- Personal protective equipment should be used when contact with body fluids is anticipated e.g. disposable gloves, disposable aprons, including when there is the risk of splashing and contamination of clothing.
- Bio-hazard kits contain granules which solidify liquids. A kit is kept in the cupboard under the sink in Matron's Room
- Paper towels should be used to mop up and then discarded in a clinical waste bag, never use mops for cleaning up blood or body fluids
- The area should be cleaned with hot water and detergent to reduce the corrosive effect of the disinfectant.
- Then clean the area with a product that combines a detergent and disinfectant, which is effective against viruses and bacteria e.g. sodium hypochlorite 1% solution (bleach).
- If carpets or upholstery become soiled they should have most of the body fluid mopped up with paper
- Splashes of body fluids into eyes, mouth and nose should be rinsed out with copious amounts of water or saline.
- Laundry - soiled linen should be washed separately at the hottest wash fabric will tolerate. Laundry workers should be informed when they are receiving linen soiled with body fluids, in order that they can use protective equipment.

13. Sharps Injuries & Bites

Sharps include needles, razor blades, broken glass or other items that cause laceration or puncture:

- If the skin is broken encourage bleeding from the wound and wash thoroughly with running water and soap.
- Cover wound with a dressing.
- Seek medical attention for advice and assessment
- Report to Headmaster/Record in Accident Book

Significant Exposure:

If the injury is a result of a needle stick injury/or exposure to high risk body fluids.

- Encourage bleeding and wash thoroughly for 5 minutes under running cold water.
- Cover wound with a dressing
- Report incident to Head Master. The incident should be reported as an accident.
- The injured person should be sent to a GP/A&E for a risk assessment.

14. Disposal of Sharps & Clinical Waste

All sharps must be disposed of in a yellow sharps bin. These are provided by the child's GP/Hospital Team. When the bin is full to the indicator line it should be sealed and the lid re-checked to ensure that it is securely fastened and requested that the parent returns the bin to their usual 'returns' point e.g. GP surgery

15. Outbreaks of Common Viruses

The winter season from October to March (although exclusive to these timings) poses as the most common time of year for certain diseases to be more prevalent eg the Meningitis, Norovirus (the vomiting bug), Influenza, Pneumonia, Chickenpox, Common Cold virus. Extra vigilance and precautions for meningitis in particular should be exercised at this time. An outbreak is defined as 2 or more persons with the same disease or symptoms at the same time, or a greater than expected rate of infection compared to the normal.
In times of an outbreak of a virus:
Contact local branch of Public Health for information.

General Cleaning

- cleaner and bleach based products (0.1% solution of chlorine releasing agent) will then be used to clean the bathrooms, toilets, door handles throughout the school. Wear disposable gloves and disposable aprons.
- disinfectant (bleach based) spray to clean surfaces and bed frames

15.1 Diarrhoea & Vomiting Outbreaks

Commonly caused by a virus called norovirus. This virus can cause widespread infection via the airbourne spread of vomit and by poor hand hygiene (faecal/oral route).

Recommendations:

The importance of thorough hand washing should be reinforced to all pupils at this time.

- Cleaning actions should be carried out (see above)
- Any person with the symptoms to remain absent from school until 48 hours (for the virus) after the last symptoms
- Any contaminated carpets should be steam cleaned.

15.2 Influenza Outbreaks

Most common during the winter months it is spread by coughing, sneezing and contamination of surfaces and objects from hand contact.

- Encourage good hand washing
- Encourage coughing and sneezing into tissues and ensure easy access to rubbish bins.
- Use cleaning agent 0.1% solution of chlorine to clean all communal areas, particular attention should be given to toilet facilities, flush handles, basins taps and door handles.

16. Meningitis

Common signs and symptoms include:

- Fever
- Headache
- Stiff neck
- Vomiting
- Photophobia (sensitivity to light)
- Irritability/confused/drowsy
- Rash - May be last symptom to appear. Do not wait for it to develop if other symptoms are present.

Glass test: Press the side of a clear glass firmly against the skin. Spots/rash may fade at first. Keep checking.

Fever with spots/rash that do not fade under pressure is a medical emergency

A child may present with one or a combination of any of these symptoms. In cases of suspected meningitis the child's parents must be informed immediately and requested that they take the child straight to the nearest A&E department. If parents are unavailable or at a distance, Matron, Mrs Moxon or member of the Pastoral staff must take the child to A&E ***immediately.***
Matron will inform the Headmaster and Public Health who will advise or manage on confirmation of the diagnosis.

17. Visits to Farms

Risk assessment must be carried out by the member of staff responsible for the trip with considering to infection control.
Thorough hand washing must be encouraged during and straight after the visit.

18. Immunisations

Immunisations should be encouraged as they provide collective protection in communities.

On admission to the school pupils/parents must complete a medical form including a full vaccine history. International boarders must also provide a full vaccination record.

For pupils travelling from certain Asian and African countries, proof /certification of having received the BCG vaccination and proof /certification of administration is an entry requirement in the UK for pupils arriving from certain Asian and African destinations. Proof will be required by the UK Visas and Immigration Agency prior to entry. If applicable, a letter will be sent out with the Registration Pack.

19. RIDDOR

Any serious accident must be recorded in the accident book, located in the school office. These forms should then be handed to the bursar. These forms are recorded and the requirements of RIDDOR completed. They are also investigated where necessary and monitored to identify trends. (Please see page 6 of Health and Safety at Work Policy for more details of RIDDOR)

For more guidance for infectious disease control please see Appendix 1

Appendix 1

GUIDANCE FOR INFECTIOUS DISEASE CONTROL

Illness	Recommended period to be kept away from school, nursery, or childminders	Comments
DIARRHOEA & VOMITTING ILLNESS		
Diarrhoea and/or Vomiting	48 hours from last episode of diarrhoea or vomiting (48 hr rule applies).	Exclusion from swimming should be for 2 weeks following last episode of diarrhoea.
E.Coli 0157 VTEC	Exclusion is important for some children. Always consult with HPU.	Exclusion applies to young children and those who may find hygiene practices difficult to adhere to. Local HPU will advise. Exclusion from swimming should be for 2 weeks following last episode of diarrhoea.
Typhoid* [and Paratyphoid*] (Enteric Fever)	Exclusion is important for some children. Always consult with HPU.	Exclusion applies to young children and those who may find hygiene practices difficult to adhere to. Local HPU will advise. Exclusion from swimming should be for 2 weeks following last episode of diarrhoea.
Shigella (Dysentery)	Exclusion may be necessary.	Exclusion (if required) applies to young children and those who may find hygiene practices difficult to adhere to. Local HPU will advise. Exclusion from swimming should be for 2 weeks following last episode of diarrhoea.
RESPIRATORY INFECTIONS		
flu' (Influenza)	Until recovered.	
Tuberculosis*	Always consult with HPU.	Not usually spread from children. Requires quite prolonged, close contact for spread.
Whooping Cough* (Pertussis)	Five days 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. HPU will organise any contact tracing necessary.
RASHES/SKIN		
Athletes Foot	None.	Athletes' foot is not a serious condition. Treatment is recommended.
Chicken Pox	5 days from onset of rash	Consider immuno-suppressed and pregnant staff.
Cold Sores (Herpes Simplex)	None.	Avoid kissing and contact with the sores. Cold sores are generally a mild self-limiting disease.
German Measles (Rubella)	5 days from onset of rash.	Preventable by immunisation (MMR x 2 doses). Consider immuno-suppressed and pregnant staff.
Hand, Foot & Mouth	None.	Contact HPU if a large number of children are affected. Exclusion may be considered in some circumstances.
Impetigo	Until lesions are crusted or healed.	Antibiotic treatment by mouth may speed healing and reduce infectious period.
Measles*	5 days from onset of rash.	Preventable by vaccination (MMR x 2). Consider immuno-suppressed and pregnant staff.

Illness	Recommended period to be kept away from school, nursery, or childminders	Comments
Molluscum Contagiosum	None.	A self-limiting condition.
Ringworm	Until treatment commenced.	Treatment is important and is available from pharmacist. NB for ringworm of scalp treatment by GP is required. Also check and treat symptomatic pets.
Roseola (Infantum)	None.	None.
Scabies	Child can return after first treatment.	Two treatments 1 week apart for cases. Contacts should have one treatment; include the entire household and any other very close contacts. If further information is required contact your local HPU.
Scarlet Fever*	5 days after commencing antibiotics	Antibiotic treatment recommended for the affected child.
Slapped Cheek/ Fifth Disease Parvovirus B19	None.	Consider immuno-suppressed and pregnant staff.
Shingles	Exclude only if rash is weeping and cannot be covered.	Can cause chicken pox in those who are no immune i.e. have not had chicken pox. It is spread by very close contact and touch. If further information is required contact your local HPU. Consider immuno-suppressed and pregnant staff.
Warts & Verrucae	None.	Verrucae should be covered in swimming pools, gymnasiums and changing rooms.
OTHER INFECTIONS		
Conjunctivitis	None.	If an outbreak/cluster occurs consult HPU.
Diphtheria*	Exclusion is important. Always consult with HPU.	Preventable by vaccination. HPU will organise any contact tracing necessary.
Glandular Fever	None.	About 50% of children get the disease before they are five and many adults also acquire the disease without being aware of it.
Head Lice	None.	Treatment is recommended only in cases where live lice have definitely been seen. Close contacts should be checked and treated if live lice are found. Regular detection (combing) should be carried out by parents.
Hepatitis A*	Exclusion may be necessary. Always consult with HPU.	Good personal and environmental hygiene will minimise any possible danger of spread of Hepatitis A. Use bio-hazard kit for cleaning up body fluid spills.
Hepatitis 13* & C*	None.	Hepatitis B and C are not infectious through casual contact. Good hygiene will minimise any possible danger of spread of both hepatitis B and C. Use bio-hazard kit for cleaning up body fluid spills.

Illness	Recommended period to be kept away from school, nursery, or childminders	Comments
HIV/AIDS	None.	HIV is not infectious through casual contact. There have been no recorded cases of spread within a school or nursery. Good hygiene will minimise any possible danger of spread of HIV. Use bio-hazard kit for cleaning up body fluid spills.
Meningococcal Meningitis*/ Septicaemia*	Until recovered.	Meningitis C is preventable by vaccination. There is no reason to exclude siblings and other close contacts of a case. The HPU will give advice on any action needed and identify contacts requiring antibiotics.
Meningitis Viral*	None.	Milder illness. There is no reason to exclude siblings and other close contacts of a case. Contact tracing is not required.
MRSA	None.	Good hygiene, in particular hand washing and environmental cleaning, are important to minimise any danger of spread. If further information is required contact your local HPU.
Mumps*	Five days from onset of swollen glands.	Preventable by vaccination. (MMR x 2 doses).
Threadworms	None.	Treatment is recommended for the child and household contacts.
Tonsillitis	None.	Treatment is recommended for the child and household contacts.

* denotes a notifiable disease. It is a statutory requirement that Doctors report a notifiable disease to the proper officer of the Local Authority. In addition organisations may be required vial locally agreed arrangements to inform their local HPU. Regulating bodies (e.g. Office for Standards in Education (OFSTED)/Commission for Social Care Inspection (CSCI) may wish to be informed —please refer to local policy.

Source: Taken from The Department of Health's Guidance on Infection Control in Schools

Appendix 2

My Asthma Plan

Your asthma plan tells you when to take your asthma medicines.

Name:

1. My daily asthma medicines

• My preventer inhaler is called..... and its colour is.....

• I take ..... puff/s of my asthma preventer inhaler in the morning and ..... puff/s at night. I do this every day even if I feel well.

• Other asthma medicines I take every day are:.....

• My reliever inhaler is called and its colour is:.....

I take ..... puff/s of my reliever inhaler (usually blue) when I wheeze or cough, my chest hurts or it's hard to breathe.

2. What to do when my asthma gets worse

I'll know my asthma is getting worse if:
• I wheeze or cough, my chest hurts or it's hard to breathe, or
• I'm waking up at night because of my asthma, or
• I'm taking my reliever inhaler (usually blue) more than three times a week, or
• My peak flow is less than

If my asthma gets worse, I should:

Keep taking my preventer medicines as normal.
And also take puff/s of my blue reliever inhaler every four hours.
Remember to use my inhaler with a spacer (if I have one)
If I'm not getting any better doing this I should see my doctor or asthma nurse today.

• **My best peak flow is:.....**

Does doing sport make it hard to breathe?

If YES
I take.....puff/s of my reliever inhaler (usually blue) beforehand.

Source:
The Health Conditions in Schools Alliance

Last reviewed and updated 2016, next review 2019.

Appendix 3

MOSA GUIDELINES: Head Injury, Concussion and Return to Play.

[This guideline does not cover in detail the acute management of a head injury but schools should plan for the possibility of pupils sustaining head injuries and consider factors such as, for example, pitch side cover and the use of protective equipment (e.g. cricket, horse riding and cycling)]

Introduction

Head injuries in school pupils often occur during contact sports such as rugby but they can also occur in other activities such as falls, traffic accidents including cycle accidents and home and occupational accidents.

Incidence

The incidence of head injury is 300 per 100,000 per year (0.3% of the population) and head trauma is a common reason for children being admitted to hospital.

Definitions

- Head injury is a trauma to the head that may or may not include injury to the brain 1.
- Concussion is the sudden but short-lived loss of mental function that occurs after a blow or other injury to the head

Symptoms

Symptoms of concussion may include any of the following: -

- brief loss of consciousness
- memory loss
- disturbances in vision, such as "seeing stars"
- confusion

Assessment

- The presentation of head injuries to medical and nursing staff may be delayed beyond the time of the injury.
- An accurate history of the head injury and the symptoms and signs of concussion from the player, but also from other witnesses such as coaches, referees and spectators, can be very helpful.
- Concussion can be diagnosed and assigned a level of severity based largely on symptoms.
- Imaging, such as CT or MRI scans, does not confirm, or refute, a diagnosis of concussion.
- The Sports Concussion Assessment Tool 2 (SCAT2) represents a standardised method of evaluating injured players for concussion and can be used in players from 10 years of age onwards 2.

Treatment

The treatment of concussion involves, largely, monitoring and rest.
The majority (80%-90%) of concussions resolve in a short (7-10 day) period and symptoms usually go away entirely within three weeks.
However, the time frame for recovery may be longer in children and adolescents and symptoms may persist or complications occur.

Management

- Repeated concussions can cause cumulative brain damage such as dementia pugilistica or severe complications such as second-impact syndrome.
- The evaluation and management recommendations in this guideline could be applied to children and adolescents from the age of 10 years onwards whereas younger children report different concussion symptoms from adults and would require age-appropriate symptom checklists as a component of their assessment.

Return to play

- The cornerstone of concussion management is physical and cognitive rest until symptoms resolve, followed by a graded programme of exertion prior to medical clearance and then return to play. Players should not be returned to play the same day of injury. *[Consensus Statement on Concussion in Sport 3rd International Conference on Concussion in Sport Held in Zurich, November 2008]*
- Often, the dilemma for the school doctor or nurse in these situations is the history of the head injury or concussion from the player, coach or spectator and an accurate history of the initial injury will help decisions on the timing of return to play.
- Some sports such as rugby have clear guidelines on return to play after concussion in adolescents.
- The mandatory three week stand down for the age group player has been replaced by advice around a more circumspect, individualised return to play strategy.
- Some children and adolescents play for a club side as well as a school one and it is the responsibility of the player and / or the player's parents to ensure that both the school and any clubs are advised of the head injury or concussion.

References:

1. NHS Choices > Health A-Z > Concussion.
   http://www.nhs.uk/Conditions/Concussion/Pages/Introduction.aspx
2. SCAT2 (Sport Concussion Assessment Tool 2). British Journal of Sports Medicine 2009; 43: i85-i88
   http://bjsm.bmj.com/content/43/Suppl_1/i76.full
3. Rugby Football Union > Managing Rugby > First Aid > Reporting and Managing Injuries.
   http://www.rfu.com/ManagingRugby/FirstAid/Injuries/Concussion.aspx
4. International Rugby Board > IRB Player Welfare > IRB Concussion Guidelines.
   http://www.irbplayerwelfare.com/?documentid=3
   www.bjsm.bmj.com/content/43/Suppl_1/i85.full.pdf
5. Consensus Statement on Concussion in Sport: the 3rd International Conference on Concussion in Sport held in Zurich, November 2008.
   a. British Journal of Sports Medicine 2009; 43: i76-i84
      [Guidelines ref 4 and 5 above should be read on-line as they can often be updated]
      Recommended reading: National Collaborating Centre for Acute Care: Head Injury – triage, assessment, investigation and early management of head injury in infants, children and adults
   b. http://www.nice.org.uk/nicemedia/live/11836/36260/36260.pdf

Useful websites:

http://www.capt.org.uk – Child Accident Prevention Trust.
http://www.nhs.uk/Conditions/Pages - NHS Choices - concussion and head injury, both minor and severe.
http://www.headway.org.uk – Headway – the brain injury association.

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