Southfields Primary School

Medical Needs Policy
including Supporting Pupils with Medical Conditions

Date agreed: October 2019
Review Date: October 2020

This policy, having been presented to, and agreed upon by the whole staff and Governors, will be distributed to:

- All teaching staff
- School governors

A copy of the policy will also be available in:

- The Staffroom
- The Head’s office
- School web site

This will ensure that the policy is readily available to visiting teachers, support staff and parents.

Southfields Primary is totally committed to social justice and improving life chances for potentially vulnerable children. It is dedicated to sharing its work and findings beyond the school to improve outcomes for as many children as it can reach and has a particular specialism in Speech and Language development.
1. **Aim**

Section 100 of the Children & Families Act places a duty on Southfields Primary School to make arrangements for supporting children with medical conditions, and in doing so must have regard for the Department for Education’s Supporting Children at School with Medical Conditions (DfE, 2014) statutory guidance: this policy outlines Southfields Primary School’s approach to meeting the requirements of this guidance.

This policy should be read in conjunction with:

Southfields SEND Policy, Intimate Care Policy and the Asthma Policy.

1.1 **Key Principles**

There are four key principles underpinning our policy, in line with the DfE guidance:

- Children with medical conditions should be properly supported so that they can have full access to education, including school trips and physical education
- Our focus is on each child as an individual, and how their medical needs and unique situation affect their access, participation and enjoyment of school life
- Arrangements must be in place in school to support children with medical conditions, including the appropriate use of risk assessments and the development and implementation of healthcare plans
- Meeting the needs of children with medical conditions can only be done to the highest standards when the child him/herself, the parent/carer and the relevant health and social care practitioners are fully included in supporting children with medical needs.

As such, children with medical needs have the same right of admission to school as other children and cannot be refused admission or excluded from school on medical grounds alone. However, in line with safeguarding duties, the governing body ensures that children’s health is not put at risk (e.g. from infectious diseases). We do not therefore permit entry to school where it is detrimental to the health of that child or others to do so.

The prime responsibility for a child’s health always lies with the parent/carer who is responsible for the child’s medication, and should supply the school with information regarding the management of the child’s condition such that the school fully meets
the child’s needs. As part of our commitment to the child’s inclusion in supporting themselves, we also encourage self-administration of medicine wherever possible.

2. **Procedure Once Notification is received**

Once a member of staff is aware that a child with medical needs will begin attending Southfields School e.g. Foundation Stage staff during entry profiling, Reception/Office staff when processing application, etc.) the Special Educational Needs & Disabilities [SEND] Co-ordinator [SENCO] &/or the Speech and Language HUB Manager should be informed. Who then ensure that all of the relevant staff are notified and begin the process of planning for the child’s safe admission to school. Arrangements to support children are ideally in place before the child starts, or no later than two weeks after their admission (dependent on new diagnoses emerging or starting at Southfields mid year).

When a formal diagnosis has not yet been made, or where there is a difference of opinion, the school makes a judgement about what support to provide based on the available evidence – usually some form of medical evidence and consultation with parent/carers. The school nurse may also need to be involved where necessary. If evidence conflicts, the school challenges appropriately to ensure that the right support can be put in place.

3. **Individual healthcare plans**

Children with medical needs attending the school have an individual healthcare plan where this is required, providing clarity about what needs to be done, when and by whom. The parent/carer, school and appropriate healthcare professional agree, based on evidence, when a healthcare plan is inappropriate or disproportionate; and the Head Teacher takes the final decision when consensus cannot be reached. Decisions to not make a healthcare plan are recorded appropriately on the child’s file.

A model for developing individual healthcare plans is outlined in Appendix A. Further information about these plans is outlined in Appendix B.

4. **Children with Special Educational Needs & Disabilities [SEND] and Medical Needs**

Some children with medical needs also have SEND. If a child with SEND also has a medical need, and he or she has a Statement of SEND or an Education, Health and Care (EHC) Plan, their individual healthcare plan is part of that Statement or EHC Plan. For children who have SEND and a medical need but no Statement or EHC Plan, their individual healthcare plan includes reference to their Special Educational Need or Disability.
5. **Roles and Responsibilities**

Any member of school staff may be asked to provide support to children with medical conditions, including the administering of medicines, although they cannot be required to do so. Any member of staff must know what to do and respond accordingly when they become aware that a child with a medical condition needs help.

6. **Links to achievement and social and emotional wellbeing**

There are often social and emotional implications associated with medical conditions. Children may be self-conscious about their condition and some may become anxious or depressed. (See both the Intimate Care and Disability Policies). Long-term absences due to health problems may affect child’s attainment, impact on their ability to sustain friendships and affect their wellbeing and emotional health. We work closely with the child, their parent/carer and other practitioners to ensure that the impact of their medical needs on their achievement and social and emotional well-being is minimised.

The school has an excellent social and emotional learning support service in place, which provides support to children whose emotional health has been affected by their medical needs, and may also provide support during transition if a child is being reintegrated back to school following a long period of absence. Class teacher’s work closely with outside agencies in ensuring appropriate support is put in place for all children in their class, including those absent due to illness.

The following procedures are also followed:

- where clinically possible, medicines should be prescribed in dose frequencies which enable them to be taken outside school hours

- we only accept prescribed medicines that are in-date, labelled, provided in the original container as dispensed by a pharmacist and include instructions for administration, dosage and storage (the only exception to this is insulin which must still be in date, but will generally be available to us inside an insulin pen or a pump, rather than in its original container)

- all medicines are stored safely. Children know where their medicines are at all times and are able to access them immediately. Medicines and devices such as asthma inhalers, blood glucose testing meters and adrenaline pens are always readily available to children and not locked away and are accessible on school trips.
• We keep controlled drugs that have been prescribed for a child securely stored in a non-portable container and only named staff have access. A record is kept of any doses used and the amount of the controlled drug held in school.

• First aid trained staff may administer a controlled drug to the child for whom it has been prescribed, doing so in accordance with the prescriber’s instructions. We keep a record of all medicines administered to individual children, stating what, how and how much was administered, when and by whom.

**Administration of the dosage of the medication by any first aid trained member of staff this must be countersigned by a second trained member of staff.** Any side effects of the medication are also noted. **Classroom staff sign a classroom log to state when inhalers have been taken.**

• When no longer required, medicines are returned to the parent/carer to arrange for safe disposal. Sharps boxes are used for the disposal of needles and other sharps.

7. **Emergency Procedures**

Where a child has an individual healthcare plan, this defines what constitutes an emergency and explains what to do, including ensuring that all relevant staff are aware of emergency symptoms and procedures. Other children in the school know what to do in general terms, such as informing a teacher immediately if they think help is needed. If a child needs to be taken to hospital, staff stay with the child until the parent/carer arrives, or accompanies a child taken to hospital by ambulance.

8. **Extra-curricular activities**

We are fully committed to actively supporting children with medical needs to participate in the full life of the school (including trips and visits) and to not prevent them from doing so. Healthcare plans endeavour to make teachers aware of how a child’s medical condition will impact on their participation, but there is flexibility for all children to participate according to their own abilities and with reasonable adjustments [unless evidence from a clinician states that this is not possible].

Risk assessments are carried out so that planning arrangements take account of any steps needed to ensure that children with medical conditions are included. This includes consultation with the child him or herself, the parents/carer and any relevant external agency involved in the care of the child. The school staff also make reference to the Health and Safety Executive guidance on school trips when making a risk assessment.

9. **Unacceptable Practice**

It is **not acceptable practice** (unless there is evidence included in the child’s individual healthcare plan from a medical professional) to:
• prevent children from easily accessing their inhalers and medication and administering their medication when and where necessary
• assume that every child with the same condition requires the same treatment

10. Procedures for Managing Medicines

Medicines are only to be administered at school when it would be detrimental to a child’s health or school attendance not to do so. No child is given prescription or non-prescription medicines without their parent’s written consent, or given medicine containing aspirin unless prescribed by a doctor. Medication, e.g. for pain relief, is never administered without first checking maximum dosages and when the previous dose was taken.

We will not:

• ignore the views of the child or their parents; or ignore medical evidence or opinion, (although this may be challenged)
• send children with medical conditions home frequently or prevent them from staying for normal school activities, including lunch, unless this is specified in their individual healthcare plans
• if the child becomes ill, send them to the school office or medical room unaccompanied or with someone unsuitable
• penalise children for their attendance record if their absences are related to their medical condition
• prevent children from drinking, eating or taking toilet or other breaks whenever they need to in order to manage their medical condition effectively
• require parents/carers, or otherwise make them feel obliged, to attend school to administer medication or provide medical support to their child, including with toileting issues. No parent should have to give up working because the school is failing to support their child’s medical needs
• prevent children from participating, or create unnecessary barriers to children participating in any aspect of school.

11. Support for children with allergies and medical conditions

For any child who has a food allergy and or medical need the following procedures must be applied. Reception and Office staff receiving the information have a responsibility to ensure all the respective staff are made aware of the allergy or medical need immediately. If applicable, two Epi-Pens must be requested from the parent or carer. The information must be entered onto Southfields recording system.

• The class teacher must have information about the child’s allergy/medical needs communicated verbally by Reception/Office staff to ensure there is no
miscommunication and the class teacher is fully aware and given full details of the allergy and an Epi-Pen will be kept in the classroom

- The Lunchtime Coordinator must be given a copy of the details of the allergy/medical need as provided
- The Health Care Plan Manager produces a record on the ‘Shared Drive’ and ScholarPack which includes the child’s picture, a description of the allergy/medical need and what to look out for if there has been an allergic reaction. Classroom staff will be responsible for ensuring Epi-Pens are not out of date, clearly labelled and stored appropriately, one in the classroom and one held centrally.

The school Health Care Plan Manager also checks that the classroom teacher, Lunchtime Manager and Mrs Pink (Catering Manager) understand the allergy, how to respond and who to contact.

- one information sheet will be provided for the lunchtime leads
- one information sheet will be provided for use in the kitchen area (but not openly to adhere to confidentiality)
- the child’s Epi-Pen must be taken on school trips and journeys and held by an adult trained in its administration. This is the responsibility of the Class teacher.

Teachers and support staff will be trained on how to use an Epi-Pen. The SENCO & Mrs D Afford keep a list of the staff trained and their training.

12. Training

Training to support the school in meeting the needs of children with medical conditions is provided annually, and from a range of practitioners (e.g. the administration of Epi-pens). This includes whole school awareness training, induction training for new members of staff and training for individually identified members of staff. On the basis of the need identified and the implications for school staff, we work to:

- identify who the key people in school who require training/support are
- ascertain what their training needs are and who can provide the training
- ensure that the right staff access this training as swiftly as possible, and that it is implemented appropriately
- regularly review whether the child or staff training needs have changed, and act to address this.

Staff must not give prescription medication or undertake health care procedures (e.g. changing tubes) without appropriate training (updated to reflect any individual health care plan).
13. **Other professionals**

The school works closely with a range of other professionals when supporting a child with medical needs including community paediatrics, Audiology, speech therapy, specialist provision in hospitals, local GPs, etc. Our school nurse is keen to work closely in partnership with the school and parents/carers. Should a parent/carer wish to make an appointment with the nurse, please contact the Inclusion Team who will be happy to assist.

14. **Complaints**

Should children or parents/carers be dissatisfied with the support provided, they should discuss their concerns directly with the class teacher. If for whatever reason this does not resolve the issue, they should discuss their outstanding concerns with the SEND Team. Hopefully, the outcome of this will be satisfactory; however, if parents/carers remain concerned they may make a formal complaint via the school’s complaints procedure.

15. **Monitoring and Review**

This policy is monitored regularly by the Senior Leadership Team and is reviewed annually by the governing body.
Appendix A

Further Information about Individual Healthcare Plans

Plans are:

- developed with the child’s best interests in mind
- based on an assessment and management of any potential risk to the child’s education, health and social well-being
- easily accessible to all who need to refer to them while preserving confidentiality
- capture key information and actions required to support the child effectively
- drawn up in partnership by parents/carers, the school and the relevant healthcare professionals who can best advise on a child’s unique needs
- include the child him or herself as much as possible
- reviewed at least annually or earlier if evidence is presented that the child’s needs have changed.

Plans also outline our provision for transition if a child is returning to school after a long period of absence.

Staff involved in drawing up healthcare plans are aware that the following records may be useful to include, depending on the child’s unique needs:

- the medical condition – triggers, signs, symptoms and treatment
- the resulting needs for the child including medication (dose, side effects and storage), other treatments, times, facilities, equipment, testing, access to food and drink where this is used to manage their condition, dietary requirements and environmental issues (e.g. crowded corridors)
- specific support for the child’s educational, social and emotional needs
- level of support needed, including in emergencies – if a child is self-managing their medication, this should be clearly stated with appropriate arrangements for monitoring
- who provide the support, their training needs, expectations of their role and cover when they are absent
- who in the school needs to be aware of the child’s needs
- arrangements for written permission from parents/carers and the Head Teacher for medication to be administered by a member of staff or self-administered during school hours
- separate arrangements or procedures required for school trips/school journey (e.g., risk assessments)
- where confidentiality issues are raised by the child or parent/carer, the designated individuals to be entrusted with information about the child’s condition
- what to do in an emergency (e.g. who to contact).
Appendix B

Roles and Responsibilities

Parents/carers are responsible for:

- providing the school with sufficient and up-to-date information about their child’s medical needs
- participating in the development and review of their child’s individual healthcare plan
- carrying out any actions they have agreed to as part of the plan’s implementation (e.g., provide medicines)
- ensuring that written records are kept of all medicines administered to children
- ensuring they are another nominated adult is contactable at all times.

The governing body is responsible for:

- making arrangements to support children with medical conditions in school, including making sure that this policy is in place
- ensuring sufficient staff have received suitable training are competent before they take on responsibility to support children with medical conditions
- ensuring that the school’s procedures are explicit about what practice is not acceptable
- making sure it is clear how complaints may be made and will be handled concerning the support provided to children with medical conditions
- Ensuring the school’s policy clearly identifies the roles and responsibilities of those involved in the arrangements they make to support children at school with medical conditions

The Head Teacher is responsible for:

- Promoting this policy with the whole staff team, parents/carers and interested members of the community
- ensuring the continuing professional development and training needs of all staff are met, including the whole school staff regarding this policy generally, the First Aiders trained by the school as well as individual members of staff with responsibility for individual children
- Cover arrangements to ensure availability of staff to meet individual children’s needs
- Monitoring the provision of individual healthcare plans for those children who require one.
The SEND Team is responsible for:

- taking an operational overview and monitoring role in relation to this policy and school-wide practice in meeting the needs of children with medical needs
- ensuring all relevant staff are made aware of individual children’s condition, and that confidentiality is respected
- briefing supply teachers or other cover staff who are engaged to meet the needs of individual children with medical needs
- ensuring staff who provide support to this group of children are able to access information/support materials as needed
- overall school liaison with the school nurse, including jointly monitoring the plans put in place for each child.
- ensuring all children with medical needs have a healthcare plan, that it is kept up-to-date and is shared with all of the individuals who need to know about it
- the related duties outlined in the allergies section.

Class teachers are responsible for:

- supporting the child as much as possible in self-managing their own condition
- risk assessment for school visits, school journey and other school activities outside of the normal timetable
- implementing their actions identified in individual healthcare plans
- Ensuring that the rest of the children in the class know what to do in case of an emergency (i.e., to tell an adult)
- notifying the SEND/Inclusion Team if there are issues or concerns with a child’s healthcare plan

Teachers and other school staff in charge of children have a duty to act in loco parentis and may need to take swift action in an emergency. This duty also extends to teachers leading activities taking place off the school site. This could extend to a need to administer medicine.
Appendix C

Southfields Primary School

Medication Information and Consent Form

| Name of Child: |  |
| Date of Birth: |  |
| Name of Parent/Carer 1: | Home tele: |
| | Mobile: |
| | Work: |
| Name of Parent/Carer 2: | Home tele: |
| | Mobile: |
| | Work: |
| Name of GP: | Telephone: |
| Hospital Consultant and Hospital: | Telephone and extension: |

Any known Allergies:

I consent to my child receiving the following medication/s in school:

<table>
<thead>
<tr>
<th>Name of Medication</th>
<th>Dosage</th>
<th>Duration of Course</th>
</tr>
</thead>
</table>

☐ I undertake to ensure that the school has adequate supplies of this/these medication(s).

☐ I undertake to ensure that this/these medication(s) supplied by me and prescribed by my child’s doctor is/are correctly labelled and dated, with storage details attached and that the school will be informed of any changes.

☐ I understand that the medication will be given by a member of staff who has received appropriate training in accordance with the Local Education Authority Code of Practice.

Signed: ___________________________ Parent/Carer
Date: ___________________________
## Appendix D

<table>
<thead>
<tr>
<th>Class:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Pupil:</td>
<td></td>
</tr>
<tr>
<td>Date</td>
<td></td>
</tr>
<tr>
<td>Name of Medication Obtained</td>
<td></td>
</tr>
<tr>
<td>Name of Person Who Brought Medication In</td>
<td></td>
</tr>
<tr>
<td>Time/Date of Collection by Carer/Parent</td>
<td></td>
</tr>
<tr>
<td>Dosage</td>
<td></td>
</tr>
<tr>
<td>Expiry Date</td>
<td></td>
</tr>
<tr>
<td>Amount Supplied - Container &amp; Label</td>
<td></td>
</tr>
<tr>
<td>Amount Administered</td>
<td></td>
</tr>
<tr>
<td>Amount Remaining</td>
<td></td>
</tr>
<tr>
<td>Initialled By</td>
<td></td>
</tr>
<tr>
<td>Name of Pupil:</td>
<td>Name of Medication</td>
</tr>
<tr>
<td>---------------</td>
<td>--------------------</td>
</tr>
<tr>
<td>Registration of Medication Administered</td>
<td></td>
</tr>
<tr>
<td>1.</td>
<td></td>
</tr>
<tr>
<td>2.</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Dosage:</th>
<th>Swallowed with water</th>
<th>Dissolved</th>
<th>Spoon</th>
<th>Other (please explain)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Initial:</td>
<td>Name of Pupil</td>
<td>Expiry Date</td>
<td>Dosage</td>
<td>Time</td>
</tr>
</tbody>
</table>

| | Name of Pupil | Expiry Date | Dosage | Time | Last dose |
| Initial: | Name of Pupil | Expiry Date | Dosage | Time | Last dose |
### Southfields Primary School

**Medical Needs Policy**

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**Long Term Medication Administered Form**

<table>
<thead>
<tr>
<th>Name of Pupil:</th>
<th>Class:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Medication:</td>
<td>Expiry Date:</td>
</tr>
<tr>
<td>Dosage:</td>
<td>How Given:</td>
</tr>
</tbody>
</table>

**RegISTRATION OF MEDICATION ADMINISTERED**

<table>
<thead>
<tr>
<th>Name of person administering medication</th>
<th>Date and Time Medication Taken by Pupil</th>
<th>Name of Medication</th>
<th>Dosage given (measurement and quantity)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2.</td>
<td></td>
<td></td>
<td></td>
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<td>1.</td>
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<td>2.</td>
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<td>1.</td>
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<tr>
<td>2.</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>1.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2.</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Appendix E

**DELEGATION OF NURSING PROCEDURES TO PERSONS EMPLOYED BY PETERBOROUGH LOCAL EDUCATION AUTHORITY AT:**

.............................................................................................................................................................................. (School)

Name of Child .......................................................... Date of Birth .................................

Part One: Headteacher

I .......................................................... (name) have agreed the following procedures to be carried out by the persons identified below who are employed at .......................................................... (name of school). The parents have signed the consent form.

Signed .......................................................... (Headteacher) Date .................................

Procedure/s

1. .......................................................... 4. ..........................................................

2. .......................................................... 5. ..........................................................

3. .......................................................... 6. ..........................................................

Part Two: Delegation and Acceptance of Procedures

<table>
<thead>
<tr>
<th>Delegation of Procedures</th>
<th>Acceptance of Procedures</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Delegator</td>
<td>Signature of Delegator</td>
</tr>
<tr>
<td>Name of Staff Member</td>
<td>Signature of Staff Member</td>
</tr>
</tbody>
</table>

Period for which processes are delegated:

From .......................................................... (date) To .......................................................... (date)
Part Three: Officer Nominated by the Health Trust

For the officer nominated by the Health Trust responsible for the provision of the above nursing tasks.

My delegation signature in Part Two above confirms that I am satisfied that the above named staff members are competent to carry out the above named procedures for the period specified. I agree to monitor and evaluate this delegation as recommended by the designated consultant paediatrician.

Signed .......................................................... Date ..................................................

Part Four: School Staff

For staff employed at .......................................................... (name of school)

My acceptance signature above confirms that I agree to undertake the above procedures for the above named child and that I have undertaken the required training relating to the above procedures which was provided by the nominated officer of the responsible Health Trust.

Signed .......................................................... Date ..................................................

GUIDANCE NOTES FOR DELEGATION OF NURSING PROCEDURES

1. Entries must be made in block capitals.

2. If there is insufficient space to enter all the names of the delegates, then a supplementary sheet should be added.

3. Forms should not be destroyed for a period of 3 years from the date of the latest entry.

4. If the delegator leaves, a new delegation is required.

5. Entries, once made, should not be interfered with or tippexed in any way.

6. It is essential that the parent/carer has completed the consent form before the delegation is made.
## 2. Rashes and skin infections

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

<table>
<thead>
<tr>
<th>Infection or complaint</th>
<th>Recommended period to be kept away from school, nursery or childminders</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Athlete’s foot</td>
<td>None</td>
<td>Athlete’s foot is not a serious condition. Treatment is recommended</td>
</tr>
<tr>
<td>Chickenpox</td>
<td>Until all vesicles have crusted over</td>
<td>See: Vulnerable Children and Female Staff – Pregnancy</td>
</tr>
<tr>
<td>Cold sores, (Herpes simplex)</td>
<td>None</td>
<td>Avoid kissing and contact with the sores. Cold sores are generally mild and self-limiting</td>
</tr>
<tr>
<td>German measles (rubella)*</td>
<td>Four days from onset of rash (as per “Green Book”)</td>
<td>Preventable by immunisation (MMR x2 doses). See: Female Staff – Pregnancy</td>
</tr>
<tr>
<td>Hand, foot and mouth</td>
<td>None</td>
<td>Contact your local HPT if a large number of children are affected. Exclusion may be considered in some circumstances</td>
</tr>
<tr>
<td>Impetigo</td>
<td>Until lesions are crusted and healed, or 48 hours after starting antibiotic treatment</td>
<td>Antibiotic treatment speeds healing and reduces the infectious period</td>
</tr>
<tr>
<td>Measles*</td>
<td>Four days from onset of rash</td>
<td>Preventable by vaccination (MMR x2). See: Vulnerable Children and Female Staff – Pregnancy</td>
</tr>
<tr>
<td>Molluscum contagiosum</td>
<td>None</td>
<td>A self-limiting condition</td>
</tr>
<tr>
<td>Ringworm</td>
<td>Exclusion not usually required</td>
<td>Treatment is required</td>
</tr>
<tr>
<td>Roseola (infantum)</td>
<td>None</td>
<td>None</td>
</tr>
<tr>
<td>Scabies</td>
<td>Child can return after first treatment</td>
<td>Household and close contacts require treatment</td>
</tr>
<tr>
<td>Scarlet fever*</td>
<td>Child can return 24 hours after starting appropriate antibiotic treatment</td>
<td>Antibiotic treatment is recommended for the affected child</td>
</tr>
<tr>
<td>Condition</td>
<td>Action</td>
<td>Notes</td>
</tr>
<tr>
<td>-----------------------------------------------</td>
<td>-------------------------------------</td>
<td>----------------------------------------------------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Hepatitis B*, C*, HIV/AIDS</td>
<td>None</td>
<td>Hepatitis B and C and HIV are bloodborne viruses that are not infectious through casual contact. For cleaning of body fluid spills see: Good Hygiene Practice</td>
</tr>
<tr>
<td>Meningococcal meningitis*/septicaemia*</td>
<td>Until recovered</td>
<td>Meningitis C is preventable by vaccination. There is no reason to exclude siblings or other close contacts of a case. In case of an outbreak, it may be necessary to provide antibiotics with or without meningococcal vaccination to close school contacts. Your local PHE centre will advise on any action needed</td>
</tr>
<tr>
<td>Meningitis* due to other bacteria</td>
<td>Until recovered</td>
<td>Hib and pneumococcal meningitis are preventable by vaccination. There is no reason to exclude siblings or other close contacts of a case. Your local PHE centre will give advice on any action needed</td>
</tr>
<tr>
<td>Meningitis viral*</td>
<td>None</td>
<td>Milder illness. There is no reason to exclude siblings and other close contacts of a case. Contact tracing is not required</td>
</tr>
<tr>
<td>MRSA</td>
<td>None</td>
<td>Good hygiene, in particular handwashing and environmental cleaning, are important to minimise any danger of spread. If further information is required, contact your local PHE centre</td>
</tr>
<tr>
<td>Mumps*</td>
<td>Exclude child for five days after onset of swelling</td>
<td>Preventable by vaccination (MMR x2 doses)</td>
</tr>
<tr>
<td>Threadworms</td>
<td>None</td>
<td>Treatment is recommended for the child and household contacts</td>
</tr>
<tr>
<td>Tonsillitis</td>
<td>None</td>
<td>There are many causes, but most cases are due to viruses and do not need an antibiotic</td>
</tr>
</tbody>
</table>

* denotes a notifiable disease. It is a statutory requirement that doctors report a notifiable disease to the proper officer of the local authority (usually a consultant in communicable disease control). In addition, organisations may be required via locally agreed arrangements to inform their local PHE centre. Regulating bodies (for example, Office for Standards in Education (OFSTED)/Commission for Social Care Inspection (CSCI)) may wish to be informed – please refer to local policy.

Outbreaks: if an outbreak of infectious disease is suspected, please contact your local PHE centre.
### Slapped cheek/fifth disease: Parvovirus B19

| None (once rash has developed) | See: Vulnerable Children and Female Staff – Pregnancy |

### Shingles

| Exclude only if rash is weeping and cannot be covered | Can cause chickenpox in those who are not immune, ie have not had chickenpox. It is spread by very close contact and touch. If further information is required, contact your local PHE centre. See: Vulnerable Children and Female Staff – Pregnancy |

### Warts and verrucae

| None | Verrucae should be covered in swimming pools, gymnasiums and changing rooms |

### 3. Diarrhoea and vomiting illness

<table>
<thead>
<tr>
<th>Infection or complaint</th>
<th>Recommended period to be kept away from school, nursery or childminders</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Diarrhoea and/or vomiting</td>
<td>NB: Southfields Primary school recommends, in most cases, for bouts of sickness a 24 hour return to school from the last episode Please speak to the office if unsure.</td>
<td></td>
</tr>
<tr>
<td>E. coli O157 VTEC Typhoid* [and paratyphoid*] (enteric fever) Shigella (dysentery)</td>
<td>Should be excluded for 48 hours from the last episode of diarrhoea. Further exclusion may be required for some children until they are no longer excreting</td>
<td>Further exclusion is required for children aged five years or younger and those who have difficulty in adhering to hygiene practices. Children in these categories should be excluded until there is evidence of microbiological clearance. This guidance may also apply to some contacts who may also require microbiological clearance. Please consult your local PHE centre for further advice</td>
</tr>
<tr>
<td>Cryptosporidiosis</td>
<td>Exclude for 48 hours from the last episode of diarrhoea</td>
<td>Exclusion from swimming is advisable for two weeks after the diarrhoea has settled</td>
</tr>
</tbody>
</table>