

## Supporting Pupils with Medical Conditions Policy

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Parnwell

Date: **May 2021**

Review date: **May 2024**

## Lime Trust

Lime Trust is founded upon four principles: Leadership, Innovation, Motivation and Excellence. It creates a sustainable group of exceptional, high-performing schools that improve life chances, and are trusted and respected in their communities. Lime Trust provides a high quality education for pupils through school-to-school collaboration, Trust direction, high challenge and support.

Along with our principles, Lime Trust has core values that are demonstrated and upheld by our pupils, employees and stakeholders. Respect for all underlines our seven core values:

Respect  
Equality  
Self-worth  
Partnership  
Enjoyment  
Communication (a voice for all)  
Trust

### Contents

1. Aims
2. Legislation and statutory responsibilities
3. Roles and responsibilities
4. Equal opportunities
5. Being notified that a child/ young person has a medical condition
6. Individual healthcare plans
7. Managing medicines
8. Emergency procedures
9. First Aid
10. Medical Conditions/ Illness
11. Training
12. PPE
13. Record keeping
14. Liability and indemnity
15. Complaints
16. Monitoring arrangements
17. Links to other policies
18. Appendix 1
19. Appendix 2
20. Appendix 3

At Lime Trust we believe it is of paramount importance that child/ young person and young people are in academy as often as possible in order that they can make the best possible progress. The health and wellbeing of our child/ young person/ young people is of paramount importance and we wish to support all parents/carers who have any concerns about their child/ young person or young person.

### **Equality Impact Assessment**

The academy aims to design and implement services, policies and procedures that meet the diverse needs of our provision, population and workforce, ensuring that none are placed at an unreasonable or unfair disadvantage over others. We are confident that this policy does not place anyone at an unreasonable or unfair disadvantage and is compliant with relevant equalities legislation.

## **1. Aims**

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This policy aims to ensure that:

- Pupils, staff and parents understand how our academy will support pupils with medical conditions
- Pupils with medical conditions are properly supported to allow them to access the same education as other pupils, including academy trips and sporting activities

The ultimate responsibility for the management of this policy lies with the Governing Body but the day to day implementation is delegated to the Head teacher. Class teachers and class leads will manage the policy on a day-to-day basis and ensure all procedures and protocols are maintained. Class teachers will work with the academy's nurse and Welfare Supports TA's who will ensure accurate and up to date records are kept for child/ young person with medical needs and that care plans are updated annually.

## **2. Legislation and statutory responsibilities**

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This policy meets the requirements under Section 100 of the Child/ young person and Families Act 2014, which places a duty on governing boards to make arrangements for supporting pupils at their academy with medical conditions.

It is also based on the Department for Education's statutory guidance on supporting pupils with medical conditions at academy.

This policy also complies with our funding agreement and articles of association.

## **3. Roles and responsibilities**

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### **3.1 The governing body**

The governing body has ultimate responsibility to make arrangements to support pupils with medical conditions. The governing body will ensure that sufficient staff have received suitable training and are competent before they are responsible for supporting child/ young person with medical conditions.

### **3.2 The Head teacher**

The Head teacher will:

- Make sure all staff are aware of this policy and understand their role in its implementation
- Ensure that there is a sufficient number of trained staff available to implement this policy and deliver against all individual healthcare plans (IHCPs), including in contingency and emergency situations

- Ensure that all staff who need to know are aware of a child/ young person's condition
- Take overall responsibility for the development of IHCPs
- Make sure that academy staff are appropriately insured and aware that they are insured to support pupils in this way
- Contact the academy nursing service in the case of any pupil who has a medical condition that may require support at academy, but who has not yet been brought to the attention of the academy nurse
- Ensure that systems are in place for obtaining information about a child/ young person's medical needs and that this information is kept up to date

### 3.3 Staff

Anyone caring for child/ young person, including teachers, assistants and other academy staff have a common law duty of care to act like any reasonably prudent parent/carer. This duty extends to staff leading activities taking place off site, such as visits, outings or field trips and may extend to taking action in an emergency.

Teachers who have child/ young person with medical needs in their care should understand the nature of the condition, and when and where the child/ young person may need extra attention. All staff (teaching and nonteaching) should be aware of the likelihood of an emergency arising and be aware of the protocols and procedures for specific child/ young person in academy through attending training provided and reading individual health plans written for individual child/ young person. Mid-day assistants will be given information on any medical needs by class staff at handover time just before lunchtime each day.

The member of staff delivering induction will ensure that supply teachers are fully briefed on their first morning of the nature of medical needs of pupils in their care and the procedures detailed in care plans and any other additional attention required.

Supporting pupils with medical conditions during academy hours is not the sole responsibility of one person. Any member of staff may be asked to provide support to pupils with medical conditions, although they will not be required to do so. This includes the administration of medicines.

Those staff who take on the responsibility to support pupils with medical conditions will receive sufficient and suitable training, and will achieve the necessary level of competency before doing so.

### 3.4 Parents

Parents/carers have prime responsibility for their child/ young person's health and should provide academy with up to date information about their child/ young person's medical conditions, treatment and/or any special care needed. If their child/ young person has a more complex medical condition, they should work with the academy and other academy in managing any medical needs and potential emergencies.

It is parent/carers responsibility to make sure that their child/ young person is well enough to attend academy and they should comply with the following guidelines:

- Child/ young person who have experienced sickness and/or diarrhoea should not return to academy until 48 hours has elapsed since the last episode.
- Child/ young person should be kept at home if they are displaying any signs of, or suspected to have, Chickenpox. The academy should be informed immediately as this may cause health complications for pregnant staff
- Provide the academy with sufficient and up-to-date information about their child/ young person's medical needs

- Be involved in the development and review of their child/ young person's IHCP and may be involved in its drafting
- Carry out any action they have agreed to as part of the implementation of the IHCP, e.g. provide medicines and equipment, and ensure they or another nominated adult are contactable at all times

The academy should ensure that parents' views are taken fully into account alongside medical evidence or opinion. The academy should not require parents, or otherwise make them feel obliged to attend academy to administer medication or provide medical support to their child/ young person, including toileting issues, unless supported by medical professional advice.

The academy will make every effort to ensure that academy staff are fully trained to cater for individual medical or personal care needs at the earliest opportunity. However, if a risk assessment identifies a training need or situation that requires support and the academy is temporarily delayed or unable to provide for, parents can provide this support for their child/ young person.

Upon entry to academy, parent/carers will be asked to complete admission forms requesting medical information. We request parents to keep us up to date with any changes in medical information. We send out data sheets annually for parents/carers to check and amend to ensure all our records are up to date.

### **3.5 Pupils**

Pupils with medical conditions will often be best placed to provide information about how their condition affects them. Where possible pupils should be fully involved in discussions about their medical support needs and contribute to the development of their IHCPs. They are also expected to comply with their IHCPs.

### **3.6 Academy nurses and other healthcare professionals**

Our academy nursing service will notify the academy when a pupil has been identified as having a medical condition that will require support in academy. This will be before the pupil starts academy, wherever possible. They may also support staff to implement a child/ young person's IHCP.

Healthcare professionals, such as GPs and pediatricians, will liaise with the academy's nurses and notify them of any pupils identified as having a medical condition. They may also provide advice on developing IHCPs.

## **4. Equal Opportunities**

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Our academy is clear about the need to actively support pupils with medical conditions to participate in academy trips and visits, or in sporting activities, and not prevent them from doing so. The academy will consider what reasonable adjustments need to be made to enable these pupils to participate fully and safely on academy trips, visits and sporting activities.

Risk assessments will be carried out so that planning arrangements take account of any steps needed to ensure that pupils with medical conditions are included. In doing so, pupils, their parents and any relevant healthcare professionals will be consulted.

## **5. Being notified that a child / young person has a medical condition**

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When the academy is notified that a pupil has a medical condition, the process outlined below will be followed to decide whether the pupil requires an IHCP.

The academy will make every effort to ensure that arrangements are put into place within 2 weeks, or by the beginning of the relevant term for pupils who are new to our academy.

## 6. Individual Health Care Plans

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The academy nursing team have overall responsibility for the development of IHCPs for pupils with medical conditions.

Plans will be reviewed at least annually, or earlier if there is evidence that the pupil's needs have changed.

The main purpose of an IHCP is to identify the level of support that is needed at academy for an individual child/ young person who requires emergency medication or invasive procedures. The IHCP clarifies for staff, parents/carers and the child/ young person the help the academy can provide and receive. These plans will be reviewed annually as a minimum, or more frequently at the request of parents/carers or the academy, or as required.

Plans will be drawn up in partnership with the academy, parents and a relevant healthcare professional, such as the academy nurse, specialist or pediatrician, who can best advise on the pupil's specific needs. The pupil will be involved wherever appropriate.

IHCPs will be linked to, or become part of, any education, health and care (EHC) plan. If a pupil has SEN but does not have an EHC plan, the SEN will be mentioned in the IHCP

A copy will be given to parents/carers and class teams and a copy will be retained in the central care plans file in the Admin Office and the child/ young person's individual file. The class teacher will be given a copy of the IHCP.

Plans will be developed with the pupil's best interests in mind and will set out:

- What needs to be done
- When
- By whom

An IHCP will include:

- The child/ young person/ young persons' medical condition, its triggers, signs, symptoms and treatments
- What constitutes an emergency
- What action to take in an emergency
- What not to do in the event of an emergency
- Who to contact in an emergency
- The level of support needed, including in emergencies. If a pupil is self-managing their medication, this will be clearly stated with appropriate arrangements for monitoring
- The role the staff can play
- Special requirements e.g. dietary needs, pre-activity precautions
- Any side effects of medicines
- Where confidentiality issues are raised by the parent/pupil, the designated individuals to be entrusted with information about the pupil's condition

Not all pupils with a medical condition will require an IHCP. It will be agreed with a healthcare professional and the parents when an IHCP would be inappropriate or disproportionate. This will be based on evidence. If there is no consensus, the Head teacher will make the final decision.

Risk assessments will be carried out where a risk is identified for an individual pupil in relation to a medical condition to determine the level of risk and any additional control measures that are required to minimise the risk to the pupil or staff. This should not be completed with a view to

prevent child/ young person from participating, or create unnecessary barriers to child/ young person participating in any aspect of academy life, including academy trips but should seek ways in which inclusion can be safely facilitated.

Individual Pupil Risk Assessments will be carried out by class teachers when there are additional risks to the pupil or to others resulting from a medical or physical condition, which are not covered by an IHCP.

## 7. Managing medicines

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Medicines stored and given at the academy should only be those required during the academy day or emergency medications.

The general rule is that only prescription medicines will be administered. There may be exceptional circumstances where non- prescribed medicines may be administered. This is at the discretion of the Headteacher.

Academy staff designated to take responsibility for medicines, should be fully trained in the legal requirements around the safe storage and administration of medicines.

Academies are responsible for ensuring that their staff have undergone appropriate training and instruction in the administration and correct recording of medicines. Further advice can be sought from the allocated nursing team.

Staff with responsibility for storing and administering medicines will:

- Ensure the safe storage of medicines in a locked medicine cupboard/ medical fridge
- Hold up to date records of all medicine stored into academy, including a sign in/ out log
- Maintain a log of medicines received, dates times and balance in stock
- Store controlled drugs within a controlled drugs cabinet, used for this purpose only
- Maintain a controlled drugs register, including stock balance
- Administer medicines required for child/ young person and young people during the academy day
- Ensure all protocols are followed and all records are kept in relation to the safe administration of medication
- Complete regular checks on the expiry dates for medicines
- Issue reminders to parents/ carers regarding medicines which need replacing
- Return medicines which have expired to parents/ carers

Medicine will only be administered:

- When it would be detrimental to the pupil's health or attendance not to do so **and**
- Where we have parents' written consent. Pupils under 16 will never be given medicine containing aspirin unless prescribed by a doctor.

Anyone giving a pupil any medication (for example, for pain relief) will first check maximum dosages and when the previous dosage was taken. Parents will always be informed.

The academy will only accept prescribed medicines that are:

- In-date
- Labelled
- Provided in the original container, as dispensed by the pharmacist, and include instructions for administration, dosage and storage

The academy will accept insulin that is inside an insulin pen or pump rather than its original container, but it must be in date.

Medicines will be returned to parents to arrange for safe disposal when out of date or no longer required.

Academies will have lockable cupboards for the safe storage of medicines. All academies will also have a medicine fridge solely for the use of medicines or medical products which need to be refrigerated, e.g. oral antibiotics.

All medicines should be checked by 2 members of academy staff before being administered. Staff will ascertain that they have identified the correct medicine for the correct child/ young person or young person and that it is in date, displays clear instructions and that they are aware of the main side effects (as per drugs information which must accompany all medicines).

Registered nurses may administer medicines as a single checker.

All medicines will be administered according to instructions and recorded as given on a record of administration chart.

If any child/ young person or young person refuses medicines this should be documented and parents/carers informed. Staff who know the child/ young person or young person will support the designated person in their assessments of a child/ young person or young person's level of understanding and possible reaction to the administration of medicines. Both parties will agree when sufficient attempts have been made to administer medicines to a child/ young person or young person so as not to cause additional distress to them. Child/ young person and young people will not be restrained for the purposes of administering medicines.

## **7.1 Emergency Medication**

Emergency medicines, such as asthma inhalers, epipens and buccal midazolam for seizures must be readily available for child/ young person and young people and must not be difficult to gain access to during the academy day.

All medicines will be locked overnight.

A list of child/ young person and young people carrying medicines will need to be maintained by academy staff.

### **7.1 Controlled drugs**

Controlled drugs are prescription medicines that are controlled under the Misuse of Drugs Regulations 2001 and subsequent amendments, such as morphine or methadone.

All controlled drugs are kept in a secure place and only named staff have access.

Controlled drugs will be easily accessible in an emergency and a record of any doses used and the amount held will be kept.

## **7.2 Pupils managing their own needs**

Child/ young person and young people may carry their own medicines. This will be limited to inhalers and epipens. In each case a child/ young person or young person will be assessed to determine their competency level and cognitive understanding. This will be a joint process between academy staff, parents/carers and nurses. Following assessment, if it is deemed suitable for a child/ young person or young person to carry medicines, then parents/carers will sign a consent form agreeing that their child/ young person is competent to do so and that parents/carers are therefore responsible for checking expiry dates and providing replacements.

Pupils who are competent will be encouraged to take responsibility for managing their own medicines and procedures. This will be discussed with parents and it will be reflected in their IHCPs.

Staff will not force a pupil to take a medicine or carry out a necessary procedure if they refuse, but will follow the procedure agreed in the IHCP and inform parents so that an alternative option can be considered, if necessary.

### **7.3 Unacceptable practice**

Academy staff should use their discretion and judge each case individually with reference to the pupil's IHCP, but it is generally not acceptable to:

- Prevent pupils from easily accessing their inhalers and medication, and administering their medication when and where necessary
- Assume that every pupil with the same condition requires the same treatment
- Ignore the views of the pupil or their parents
- Ignore medical evidence or opinion (although this may be challenged)
- Send child/ young person with medical conditions home frequently for reasons associated with their medical condition or prevent them from staying for normal academy activities, including lunch, unless this is specified in their IHCPs
- If the pupil becomes ill, send them to the academy office or medical room unaccompanied or with someone unsuitable
- Penalise pupils for their attendance record if their absences are related to their medical condition, e.g. hospital appointments
- Prevent pupils from drinking, eating or taking toilet or other breaks whenever they need to in order to manage their medical condition effectively
- Require parents, or otherwise make them feel obliged, to attend academy to administer medication or provide medical support to their pupil, including with toileting issues. No parent should have to give up working because the academy is failing to support their child/ young person's medical needs
- Prevent pupils from participating, or create unnecessary barriers to pupils participating in any aspect of academy life, including academy trips, e.g. by requiring parents to accompany their child/ young person
- Administer, or ask pupils to administer, medicine in academy toilets

## **8. Emergency procedures**

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Staff will follow the academy's normal emergency procedures (for example, calling 999). All pupils' IHCPs will clearly set out what constitutes an emergency and will explain what to do.

If a pupil needs to be taken to hospital, staff will stay with the pupil until the parent arrives, or accompany the pupil to hospital by ambulance.

## **9. First Aid**

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All professional staff have a duty of care in an emergency situation and the experience of staff on site at that time should be utilised.

First aid for child/ young person and young people and staff is the responsibility of the academies. The academy will identify and train appropriate numbers of staff to undertake this role during the academy day and in respect of:

- after academy clubs
- holiday clubs
- child/ young person taken off site
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Academies will maintain their own accident registers and staff will be aware of the process for informing parents/carers should an accident occur.

Academies ensure that there is a sufficient number of trained first aiders, including paediatric first aiders on site at all times. They will also ensure they are sufficient first aid boxes, located in key places around the academy. These will be checked on a regular basis.

A record must be made of all injuries sustained in academy and first aid administered and parent/ carers must be informed. It is the Head teacher responsibility to monitor the incident log and report any serious injuries to the Trust/ LA or Riddor as required.

## 10. Medical conditions / illness

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A record must be kept of all illness, whether new or pre-existing. All staff must be aware of and adhere to pupils IHCP in regards to pre-existing medical conditions.

If in the judgement of the class teacher a child/ young person or young person is not well enough to remain in academy, s/he will discuss appropriate action with a member of the academy management team

See appendix 2 for a list of common medical conditions

## 11. Training

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Staff who are responsible for supporting pupils with medical needs will receive suitable and sufficient training to do so. This may include:

- management of seizures
- use of epipen
- administration of insulin and blood glucose monitoring
- administration of medicines
- administration of inhalers
- suctioning
- use of enteral feeding pump

The training will be identified during the development or review of IHCPs. Staff who provide support to pupils with medical conditions will be included in meetings where this is discussed.

The relevant healthcare professionals will lead on identifying the type and level of training required and will agree this with the Head teacher. Training will be kept up to date.

Training will:

- Be sufficient to ensure that staff are competent and have confidence in their ability to support the pupils

- Fulfil the requirements in the IHCPs
- Help staff to have an understanding of the specific medical conditions they are being asked to deal with, their implications and preventative measures

Healthcare professionals will provide confirmation of the proficiency of staff in a medical procedure, or in providing medication.

All staff will receive training so that they are aware of this policy and understand their role in implementing it, for example, with preventative and emergency measures so they can recognise and act quickly when a problem occurs. This will be provided for new staff during their induction.

## 12. PPE

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Hygiene/Infection Control

All staff should be familiar with normal precautions for avoiding infection and must follow basic hygiene procedures. Staff should have access to personal protective equipment such as gloves and aprons and take care when dealing with spillages of blood or other body fluids and disposing of dressings or equipment.

## 13. Record keeping

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The governing board will ensure that written records are kept of all medicine administered to pupils for as long as these pupils are at the academy. Parents will be informed if their pupil has been unwell at academy.

IHCPs are kept in a readily accessible place which all staff are aware of.

## 14. Liability and indemnity

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The governing board will ensure that the appropriate level of insurance is in place and appropriately reflects the academy's level of risk.

The details of the academy's insurance policy are:

## 15. Complaints

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Parents with a complaint about their child/ young person's medical condition should discuss these directly with the Head teacher the first instance. If the Head teacher cannot resolve the matter, they will direct parents to the academy's complaints procedure.

## 16. Monitoring arrangements

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This policy will be reviewed and every 3 years or earlier as necessary.

## 17. Links to other policies

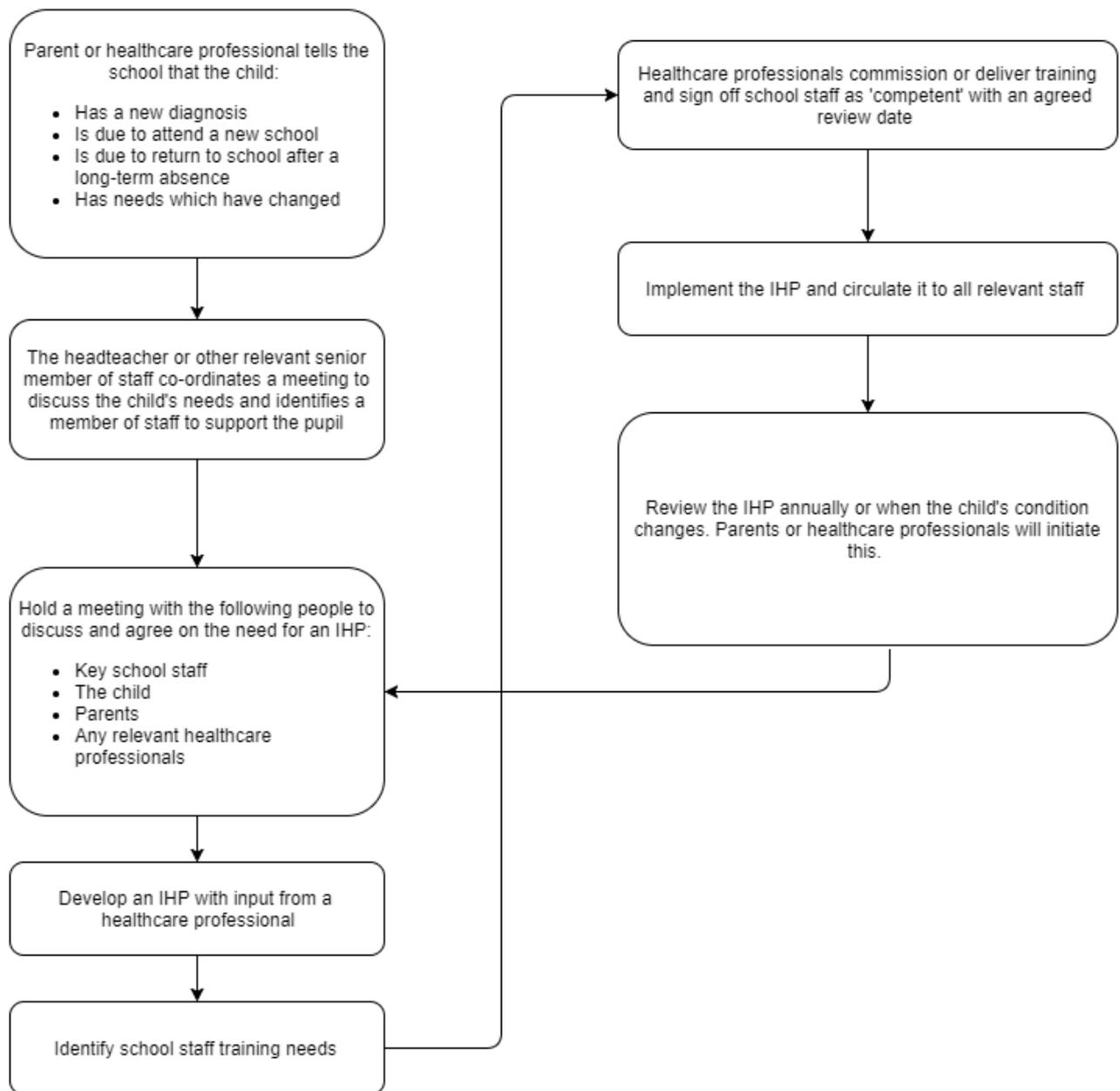
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This policy links to the following policies:

- Accessibility plan
- Complaints
- Equality information and objectives
- First aid
- Health and safety
- Safeguarding

- Special educational needs information report and policy

## **18. Appendix 1: Being notified a child / young person has a medical condition**



## 19. Appendix 2: Common medical conditions

The academy recognises that there are a range of common medical conditions that affect many child/ young person and young people, and welcomes participation of all child/ young person with these conditions. The academy believes that every child/ young person has a right to participate fully in the curriculum and life of the academy, including all outdoor activities and residential trips. The academy ensures that all staff have a good understanding of these conditions, through relevant training and do not discriminate against any child/ young person who is affected.

### **Anaphylaxis**

Anaphylaxis can be triggered by foods (nuts, shellfish, dairy products) or non-foods (wasp and bee stings, certain medicines, even exercise). The symptoms of anaphylaxis can be identified by effects on the respiratory system, cardiovascular system, gastrointestinal system, skin, nervous system and genitourinary system. In the event of an attack it is important to administer an EpiPen as soon as possible and then call 999 *for an ambulance*.

### **Asthma**

Immediate access to reliever medicines is essential. Reliever inhalers (blue) are named and kept in classrooms in secure, lockable cabinets. Parents/carers are asked to ensure that all reliever inhalers are labelled with a chemist dispensing label containing the child/ young person's name. It is the parent/carers responsibility to ensure that the inhalers are in date and replaced regularly. Asthma medicines will only be administered to child/ young person once an administration of medicines consent form has been completed. Child/ young person are encouraged, wherever possible, to administer their own inhaler with adult supervision.

The academy environment. The academy does all that it can to ensure the environment is favourable to pupils with asthma.

In the event of an Asthma attack:

- If possible, take the child/ young person to the medical room
- Stay calm and reassure the child/ young person
- Encourage the child/ young person to breath slowly
- Ensure that any tight clothing is loosened
- Follow their care plan
- Help the child/ young person to take their spacer device/ reliever (blue) inhaler
- Usually, 2-4 puffs are enough to bring the symptoms of a mild attack under control. This medication is very safe; do not be afraid to give more if it is needed

ALWAYS CALL FOR AN AMBULANCE IF ANY OF THE FOLLOWING OCCUR

- There is no significant improvement in 5 – 10 minutes
- The child/ young person is distressed and gasping or struggling to breath
- The child/ young person has difficulty in speaking more than a few words at a time
- The child/ young person is pale, sweaty and may be blue around the lips
- The child/ young person is showing signs of fatigue or exhaustion
- The child/ young person is exhibiting a reduced level of consciousness

WHILST THE AMBULANCE IS ON ITS WAY:

- The child/ young person should continue to take puffs of their Reliever (blue) inhaler until the symptoms improve
- If the child/ young person has a spacer device and reliever (blue) inhaler available give up to ten puffs, one puff every minute (shaking the inhaler between each puff)
- If the child/ young person's condition is not improving and the ambulance has not arrived, repeat the process in the previous bullet point
- Contact the parents/carers, once the emergency situation is under control and the ambulance has been called

### **Diabetes**

Diabetes is a very serious Condition which could result in a Hypoglycemia attack (Hypo) where blood sugar levels become too low, or a Hyperglycemia attack (Hyper) where blood sugar levels become too high.

Prompt medical attention will then be required to rectify the chemical and sugar imbalance in the blood.

Child/ young person who are diabetic need supervision and careful monitoring so that staff are aware of any changes in the child/ young person and are able to take immediate action if they should need to. All child/ young person with Diabetes in academy have their own IHCP

### ***Eczema***

Active (acute) eczema can cause constant itching and can mean sleepless nights and daytime drowsiness. Child/ young person who suffer with eczema may need the support of academy staff to help them deal with this condition and that they may need help to apply emollients.

### ***Epilepsy***

#### **In the event of a seizure follow procedures outlined in the child/ young person's IHCP**

- Stay calm
- If the child/ young person is convulsing, then put something soft under their Head
- Protect the child/ young person from injury (remove harmful objects from nearby)
- NEVER try and put anything in their mouth or between their teeth
- Try and time how long the seizure lasts – if it lasts longer than usual for that child/ young person or continues for more than five minutes then call medical assistance
- When the child/ young person finishes their seizure stay with them and reassure them
- Do not give them food or drink until they have fully recovered from the seizure

### **Head Lice**

Any case of Head lice should be reported to the academy. Parent/carers will be advised on an appropriate course of action as advised by the local health authority.

### ***Infectious Diseases***

Information concerning the control of infectious diseases can be found on The Public Health England website: <https://www.gov.uk/government/organisations/public-health-england> which provides information on the control of infectious diseases. A hard copy of the Control of Infections in Academies document can be downloaded from this website at

<https://www.gov.uk/government/publications/infectioncontrol-in-academys-poster>.

### **Recommended absence period for preventing the spread of infection**

This list of recommended absence periods for preventing the spread of infection is taken from non-statutory guidance for academies and other child/ young person care settings from Public Health England. For each of these infections or complaints, there is further information in the guidance on the symptoms, how it spreads and some 'dos and don'ts' to follow that you can check.

#### **Infection or complaint Recommended period to be kept away from academy**

*Athlete's foot* None.

*Bacillary Dysentery (Shigella)* Microbiological clearance is required for some types of shigella species prior to the student or food handler returning to academy.

*Campylobacter* Until 48 hours after symptoms have stopped.

*Chicken pox (shingles)* Cases of chickenpox are generally infectious from 2 days before the rash appears to 5 days after the onset of rash. Although the usual exclusion period is 5 days, all lesions should be crusted over before students return to nursery or academy. A person with shingles is infectious to those who have not had chickenpox and should be excluded from academy if the rash is weeping and cannot be covered or until the rash is dry and crusted over.

*Cold sores* None.

*Conjunctivitis* None.

*Cryptosporidiosis* Until 48 hours after symptoms have stopped.

*Diarrhea and/or vomiting (Gastroenteritis)* Child/ young person and adults with diarrhea or vomiting should be excluded until 48 hours after symptoms have stopped and they are well enough to return. If medication is prescribed, ensure that the full course is completed and there is no further diarrhea or vomiting for 48 hours after the course is completed.

For some gastrointestinal infections, longer periods of exclusion from academy are required and there may be a need to obtain microbiological clearance. For these groups, your local health protection team, academy health advisor or environmental health officer will advise.

If a student has been diagnosed with cryptosporidium, they should NOT go swimming for 2 weeks following the last episode of diarrhea.

*E. coli* (verocytotoxigenic or VTEC) The standard exclusion period is until 48 hours after symptoms have resolved. However, some people pose a greater risk to others and may be excluded until they have a negative stool sample (for example, pre-academy infants, food handlers, and care staff working with vulnerable people). The health protection team will advise in these instances.

*Flu* (influenza) Until recovered.

*Food poisoning* Until 48 hours from the last episode of vomiting and diarrhea and they are well enough to return. Some infections may require longer periods (local health protection team will advise).

*Giardia* Until 48 hours after symptoms have stopped.

*Glandular fever* None (can return once they feel well).

*Hand, foot and mouth* Students are safe to return to academy or nursery as soon as they are feeling better, there is no need to stay off until the blisters have all healed.

*Head lice* None.

*Hepatitis A* Exclude cases from academy while unwell or until 7 days after the onset of jaundice (or onset of symptoms if no jaundice, or if under 5, or where hygiene is poor. There is no need to exclude well, older students with good hygiene who will have been much more infectious prior to diagnosis.

*Hepatitis B* Acute cases of hepatitis B will be too ill to attend academy and their doctors will advise when they can return. Do not exclude chronic cases of hepatitis B or restrict their activities. Similarly, do not exclude staff with chronic hepatitis B infection. Contact your local health protection team for more advice if required.

*Hepatitis C* None.

*Impetigo* Until lesions are crusted and healed, or 48 hours after starting antibiotic treatment.

*Measles* Cases are infectious from 4 days before onset of rash to 4 days after so it is important to ensure cases are excluded from the academy during

## 20. Appendix 3: Covid 19

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## Response to any infection

- Staff or pupils exhibiting any symptoms of COVID-19, or who live with someone exhibiting symptoms should not be in the academy and must self-isolate pending a test
- Anyone exhibiting symptoms should arrange for a test as soon as possible
- Anyone who tests positive, members of their household must follow Government guidance on self-isolation
- If anyone, staff or pupil, becomes unwell with a new continuous cough, a high temperature or other symptoms during the day in the academy, they will be sent home and advised to follow the stay at home and testing guidance.
- Thermometers available in academy
- Staff are familiar with common signs and symptoms
- If staff/ pupils become unwell during the day they will be isolated and sent home
- Staff supporting pupils in isolation must wear full PPE. They will be allowed to go home and shower when the child/ young person is collected
- Staff should wash hands thoroughly for 20 seconds after removing PPE
- If a risk assessment determines that there is a risk of splashing to the eyes, for example from coughing, spitting, or vomiting, then eye protection should also be worn
- In an emergency, if someone is seriously ill and struggling to breath call 999
- After isolation thorough cleaning of the room and all areas person has been in will be carried out, following government advice, with first warm soapy water, usual disinfectant cleaner and a disposable cloth. Pay particular attention to frequently touched areas. If an area has been heavily contaminated use protection for the eyes, nose and mouth as well as wearing gloves and an apron.
- Other pupils to be moved to safe areas while cleaning occurs.
- All cleaning items and PPE to be double bagged, stored for 72 hours or until negative test result received and then put in normal waste.
- If the pupil/ staff member tests positive SLT to contact trace. Any close contacts will be sent home and told to isolate, in line with Government guidance. Class groups/ bubbles will be closed as necessary.
- If the pupil/ staff member tests positive Academy to inform PHE/LCRC and the LA
- Classes may close on health and safety grounds if a high number of staff are isolating
- Affected parts of the academy will be thoroughly cleaned parts if a positive test case is recorded
- Parents and staff will be informed following a positive result as per PHE guidelines
- See: the Reporting of Injuries, Diseases and Dangerous Occurrences regulations (RIDDOR) to include the requirement to report possible or actual exposure to the Covid-19 virus as a result of, or in connection with, a work activity.
- For further advice and guidance contact PHE