

# **The Croft Preparatory School**

## **Pupil Health and Medical Care Policy**

*Whole School Policy, including the Early Years Foundation Stage*

Reviewed (DO/TR)	04 December 2023
Peer Review completed	15 January 2024
Ratified SLT	X16 January 2024
Next Review Date	November 2024

The legal responsibility for ensuring that the Croft Preparatory School adheres to all relevant statutory regulations, as issued by the DfE, lies with the Proprietors. At their discretion, the Proprietors may delegate the monitoring of the efficacy with which the school discharges its statutory duties to the Board of Directors and Governing Committee.

Notwithstanding the above delegation, the Proprietors retains ultimate responsibility for how the statutory functions are executed.

### **Introduction**

The continued good health and well-being of the children is of primary importance to us. This policy document outlines school procedures relating to pupil health, hygiene and medication.

The School Nurse is responsible for updating this policy and implementing the latest Department of Health guidelines and recommendations relating to the pupil's health and well-being. The Nurse also keeps an updated list of notifiable diseases.

### **Nursing Room Staffing**

The School Nurse is based in the Nurse's office next door to the Theatre. Normal nursing hours are Monday to Friday: 08:15 to 16:15.

To contact the School Nurse via telephone, please contact Main Office in the first instance (01789 293795)-Extension 223.

### **School Cleaning and Hygiene**

The School Business Manager is responsible for employing persons or agencies to carry out an established routine cleaning of the school premises.

Members of staff are responsible for checking that the premises are clean and tidy. If anything falls below expected standards, staff must contact the Business Manager immediately.

The cleaning team ensures that sufficient tissues and suitable hand washing and drying facilities are provided throughout the School.

Within Early Years, the School provides an adequate selection of clothing to change children who have had accidents of any description. Additionally, children in the Early Years classes are provided with suitable cups for drinking water. All members of staff are responsible for ensuring a high standard of hygiene for drinking cups, and for surfaces and tables between daily activities, using only cleaning substances permitted and provided by the School.

All food preparation areas are kept clean and hygienic. We do not allow unsupervised children to enter the Main School kitchen or the Little Crofters kitchens.

## **Infection Control**

Bodily fluids (e.g., faeces, vomit, saliva, urine, nasal and eye discharge) may contain viruses or bacteria capable of causing disease. It is therefore vital for the school to protect both staff, pupils and visitors from the risk of cross infection.

All staff should take precautions to avoid infection, follow basic hygiene procedures and be aware of the procedure for dealing with spillages of bodily fluids.

Infection controls:

- The school provides hand washing facilities with warm water, soap and either hot air or paper towels for drying
- Always wash hands before eating or drinking and after touching any surface or object that might be contaminated
- Always wash hands after using the toilet
- In addition to the above, children should also be encouraged to wash their hands after handling plants and insects, or playing in messy or dirty areas, particularly out of doors
- Hand gel dispensers are provided in each classroom and toilet area from Reception upwards. Children are taught to use these independently every time after washing

their hands. Hand gel dispensers are also provided for staff and children to use at various locations around the school

- The school teaches children hygiene awareness through planned and spontaneous discussion, routines, planned activities and topics. All members of staff encourage children to blow their noses and sneeze into tissues and dispose of these correctly. Children are encouraged to catch unexpected coughs and sneezes in the crook of their elbow, which can be more effective at preventing the spread of germs than covering the mouth with a hand
- Specific bodily fluids spills kits are available within school for cleaning up blood and bodily fluids. Please see Appendix B for the procedures to accompany this kit.
- Take particular care when dealing with blood or other bodily fluids and when disposing of dressings or equipment. Disposable gloves should always be worn and protective clothing (e.g., disposable apron) as necessary. Any clinical waste should be disposed of in the yellow bags provided.
- Staff and pupils with gastric illnesses, including vomiting and diarrhoea, should not return to school until 48 hours after the last episode of vomiting/diarrhoea

## **Clinical Waste**

The safe disposal of clinical waste is a shared responsibility of the School Business Manager and the Estates Manager. Approved 'yellow' bags must be used for the temporary storage of such waste in clearly defined and safe areas prior to removal from the school by an authorised contractor. Clinical waste is removed from site monthly.

## **Food Handling**

Members of staff who are involved in the preparation and handling of food undertake appropriate training to comply with local environmental health department guidance and regulations.

## **First Aid**

The School Nurses have overall responsibility for first aid in the School. They hold a current full first aid certificate, and are trained in paediatric first aid. Additionally, there are more than 30 members of staff across the school who are trained first aiders, and who can provide first aid and complete the accident books as required. All staff trained in first aid wear a green lanyard. The main school office hold a list of current first aiders and can contact one in the event that help is required. Please see the First Aid Policy for further information, and for the list of current first aiders.

The school has a defibrillator which is sited on the internal wall outside the front main office. The Nurse is responsible for ensuring that the defibrillator is in working order, that the pads are in date and checked monthly, recording the date on the check sheet next to the defibrillator.

First Aid boxes are clearly posted, identifiable and accessible to all staff. They are checked once a year and replenished regularly. We only use supplies in sealed packages and use disposable gloves, where appropriate. Soiled materials are disposed of in the designated yellow bin to reduce the risk of contamination or infection. It is the responsibility of each First Aider to ensure kits are replenished after use. Additional first aid stocks are available from the Nurse.

Records are made about children requiring first aid during the school day. The parents/carers of Early Years' children are communicated to via FAMILY. There is a separate book for staff accidents or accidents requiring a visit to hospital.

We will attempt to inform the parents immediately if an accident occurs which the Nurse/First Aider considers to be serious. In the case of a serious emergency, we will call an ambulance. A member of staff known to the child will accompany the child to hospital, if necessary, until the parents/carers arrive. If a member of staff's car has to be used to take a child to hospital, we will attempt to receive verbal consent from the child's parents/carers before commencing the journey. Cars used for this purpose will be covered under the School's insurance policy, and we will ensure that seat belts are used. A second member of staff will always accompany the child in the car.

### **Child Health Care Records**

If a child has a medical condition or allergy (as noted on the medical information form on first entry to the school or as communicated to school staff thereafter) the School requires parents/carers to complete a Health Care Plan and requests that this is updated on an annual basis. This will enable the School to maintain an up to date record of children's allergies, details of medication taken on a regular basis (for example, asthma inhalers) and past/present medical conditions.

It is the responsibility of parents/carers to ensure that the medical information held is up to date. Staff members are responsible for ensuring they are familiar with this information.

If a child has a chronic medical condition, the School Nurse will in the first instance, arrange a consultation with the parents/carers to discuss the child's needs in greater detail. Where appropriate, the School Nurse will formulate a comprehensive Health Care

plan in conjunction with the parents/carers to ensure all healthcare medical needs are addressed.

If your child requires medication during the school day, the parents must speak with the School Nurse in the first instance. The School Nurse will discuss the medication in detail with parents/ carers to assess the child's needs and ask them to complete an 'Agreement for School to Administer Medication' form.

### **Asthma and use of Inhalers**

Where a child has been diagnosed with asthma by their GP and prescribed an inhaler, parents will need to complete an "Asthma Card" which forms part of the child's Health Care Plan. Where the inhaler will be required in school, parents will also need to complete a separate form called the 'Agreement for School to Administer Medicine form.

For Early Years and Pre-Prep children, inhalers will be administered by staff and a record will be made of this on the inhaler Record Card, which is a school document kept in the classroom to monitor inhaler usage. Where a member of staff considers the child's dosage to be over and above what is 'normal' for that child, the parent/carer will be informed and asked to initial the Card Record of Inhaler Administered to confirm that they have been made aware. In Early Years and Pre-Prep classes, inhalers are stored in an agreed place in the classroom, and are taken out by staff for PE lessons.

For Prep pupils, children with inhalers are encouraged to carry them about their person at all times, even if they use it infrequently. It is acceptable to carry the inhaler in a blazer pocket, but as blazers may be taken off, the School advocates the use of a 'Puffapouch', which comes with a safety lanyard. This can be easily worn around the neck and means that medication is readily on hand, whether on the games field, cross country course or classroom. Puffa pouches are readily available from pharmacies or on the internet.

Parents will be asked to complete a consent form enabling their child to carry their own inhaler. (The 'Request for Prep child to carry their own inhaler' form.) The child will then use their inhaler as and when required according to their needs. Asthma treatment is most effective if used promptly, and, as a school, we take the management of this condition very seriously.

Should members of staff observe, or should the child report, excessive, or increased usage of the inhaler, they will inform the child's parents at the earliest opportunity. This will be recorded on the Prep Asthma Record Card.

Prep School children who require a volumiser/spacer may store this in the Nurses' Office, where the School Nurse can supervise and record its use.

It is the parents' responsibility to ensure that inhalers are in School, within date and clearly named.

### Conjunctivitis

To determine if treatment is necessary, we recommend that parent/carers seek advice from a pharmacist. They can advise and recommend appropriate treatment or if necessary refer on to the GP. It is not necessary to exclude a child from school, however, pupils are required to start treatment for at least 24 hours before returning to school to ensure:

- Good hand hygiene
- Observe any allergies that may occur
- Become familiar with having eye drops administered at home

Pupils will not be allowed to swim if they have conjunctivitis.

### Antibiotics

The vast majority of antibiotics, if they are required three times a day, do not need to be taken in school as they can be taken before, after school and again at bedtime. Pupils should take medication at home wherever possible. However, where four doses are required, the parent / carer may bring the medication into school for staff to administer one dose in the middle of the day as appropriate. It is the parent/carers' responsibility to deliver and collect medication between 8:15 and 16:15. If after 16:15, the medications will have to remain at school. Please also note that pupils on antibiotics should not return to school if they have either a fever or require pain/fever relief medication (e.g., Calpol.).

### Spare inhalers

All children with an Asthma Card are advised to have a "spare" inhaler held in the School.

For Prep children, this is stored in a central area easily accessible to all staff (stationery room next to the Headmaster's PA).

For Pre-Prep children, these will be held on a high shelf in the respective child's classroom.

### Emergency inhalers

The School also holds an emergency reliever inhaler; one for Prep and one for Pre-Prep. These are stored in the Pre-Prep staff room and the stationery room next to the Headmaster's PA. These inhalers will only ever be administered if the emergency section of the Asthma Card has been completed by parents/carers.

## **Adrenaline auto-injectors for anaphylaxis (EpiPens)/Emerade**

Staff members across the School are able to administer EpiPens/Adrenaline Auto-Injectors /Jext in an emergency. Qualified First Aiders receive EpiPen/Jext instruction as part of their training. The EpiPens/Jext are stored in agreed locations within the School: for Prep children, they are kept in the stationery room next to the Headmaster's PA; for Pre-Prep children, they are kept on a high shelf in the respective classroom. A second EpiPen/Emerade is kept in the dining room.

Staff must ensure that EpiPens/Jext are taken on all external school trips (including sporting fixtures, educational visits etc) for the children who require them.

It is the parents' responsibility to ensure that EpiPens/Jext are within date and clearly named. It is also the parents' responsibility to ensure that any peripatetic teachers and leaders of externally run clubs attended by their child are suitably trained to administer an EpiPen, should their son/daughter need to carry one.

## **Head bumps**

Where a head bump or other head injury has occurred, the pupil will be assessed by the School Nurse or a First Aider and, dependent on the circumstances, the parents telephoned/texted to inform them.

For Early Years children (Little Crofters, Little Crofters Pre-School and Reception), staff will telephone parents to advise them of significant bumps and also communicate via 'FAMILY'.

For Years 1 and 2, head bumps will be recorded on a pre-printed 'Be Aware' label which will be stuck onto the child's jumper, with a duplicate sticker in the daily Reading Record Book. Parents are also telephoned/texted to advise them.

For Year 3 – 6 pupils will wear a paper wristband on which the details of the incident are written.

Please see Appendix C for the Head Bump Procedure.

Where the School Nurse or a First Aider has assessed the child and a more serious underlying head injury is suspected, the following action may be taken:

1. Parents will be telephoned and asked to collect their child as soon as possible and refer them for further medical assessment.

2. The emergency services will be contacted for an immediate transfer for medical assessment. In this instance, parents will be informed as soon as possible once the child's needs have been safely addressed.

For all children who have sustained diagnosed concussion injuries, there are strict guidelines on returning to sporting activity within the School. The school follows the guidelines set out by the RFU (please also see the section below on concussion).

Due to her enhanced level of medical training, where the School Nurse has assessed a pupil with a head bump, following discussion with the parents, it may be decided to allow the pupil to participate in PE/games lessons or other sporting activity, as normal. This is at the discretion of the School Nurse only. First Aiders are not permitted to operate this discretion and all pupils with head bumps assessed by a first aider must be excluded from sports activities for the rest of the day.

All Extra-Curricular Club providers are advised that pupils presenting with a head bump wristband should not participate in any physical exercise, unless the permission of the parent/carer has been sought.

## **Concussion**

If concussion happens out of school, written guidance needs to be sent to school, advising on appropriate measures during the school day.

We take all instances of concussion very seriously and we follow a structured procedure to ensure the safety and well-being of all pupils. The steps we follow make up our Concussion Protocol. Although we follow the RFU guidance on concussion, the steps and procedure is used for all sporting and school activities, for both girls and boys. All instances of concussion are recorded in our school management system, Engage, and key information is shared with the Games Department where appropriate. Additionally, all instances of concussion are reviewed regularly by The Senior Management Team.

Please refer to Appendix F for the details of the School Concussion Protocol.

## **Administration of Medicine**

### Procedure

We encourage parents to manage medication doses around the school day so it is not necessary for the School to administer medication. In certain circumstances, however, we



will administer medication. Parents wishing us to do so must speak to the School Nurse, in the first instance. On agreement by the School Nurse, parents will be required to complete the child's 'Agreement for School to Administer medicine' form, which is available to download on the Parent Portal.

All medications will be kept in a locked drugs cupboard, or fridge as appropriate, to ensure they are inaccessible to children. Medication will only be administered by the School Nurse, or another staff member as designated. Upon administration of the medication to the child, the Nurse (or her nominated staff member) will complete the 'Agreement for School to Administer Medicine' form. These records will be available to parents and will be kept with the pupil's records in line with our retention schedule.

### Principles

- Where a child requires medication during the school day, the School Nurse will arrange a consultation with parents/carers to discuss the child's medical issues/needs to enable a Health Care Plan to be drawn up.
- Parents/carers must provide the child's medication in a secure and labelled container, as originally dispensed or purchased. The School will not accept items of medication in unlabelled containers.
- Staff will be provided with training for the administration of any medicine, which requires medical or technical knowledge.
- Pupils are not allowed to carry any form of medication about their person or in their bags. There are exceptions to this rule, ie Prep pupils can carry their own inhalers (where authorised to do so) and pupils with serious health conditions sometimes carry their own medication as it may be required in an emergency.
- The School does not hold any stocks of medication on site (e.g., Calpol). As per our normal procedures, where pain relief medication is required during the school day it will need to be brought into School by the parent and the pupil's 'Agreement for School to Administer Medicine' Form completed.
- Doses of prescribed medication will usually only be given between lessons, as best fits in with the normal school day. Prep children needing medication will be encouraged to take responsibility for attending the School Nurse at their advised time, whilst younger children will be escorted by a member of staff. Early Years staff administer medicine to Early Years pupils.

- If a child refuses to take their medicine, staff will not force them to do so, and will inform the parents of the refusal, as a matter of urgency, on the same day, documenting this appropriately on the 'Agreement for School to Administer Medicine' record.
- The School will make every effort to continue the administration of prescribed medication to a pupil whilst on trips away from the School premises, subject to parents completing the usual consent form. There may, however, be circumstances which mean that this is not possible all staff will adhere to the guidelines set out under the school trip risk assessment.
- School staff will not dispose of medicines. Medicines are usually sent home with the child at the end of each day, e.g., with antibiotics where the parents will need to continue doses in the evening. Parents are required to collect medicines from the Class Teacher or the Nurses Office at the end of each school day e.g., antibiotics. Where this is not the case, however, and the medicine is usually left in school, any remaining medication should be collected by the parent at the end of each term. Date expired medicines, those no longer required for treatment, or not collected at the end of term will be returned immediately to the parent for transfer to a pharmacist for safe disposal.
- Should controlled drugs (e.g., Ritalin, Morphine) be required by a child in the School, the Nurse will outline separate procedures to be undertaken. The administration of a controlled drug will require the signature of both the School Nurse/First Aider or appropriate member of staff, and a witness in the Controlled Drug Book. Controlled drugs must be kept in a locked drugs cabinet at all times.

## **Illness at School**

We require parents to inform us if their child is suffering from any illness or disease that may put others at risk.

We keep other parents informed about any infectious diseases that occur in our setting.

If a child is unwell, we attempt to contact the child's parents/carers in the first instance. If contact is not established, we will use the other emergency numbers supplied by the parents/carers. It is the parent's responsibility to ensure contact numbers are correct and that an emergency number is supplied.

We make every effort to care for the child in a sympathetic, compassionate and sensitive manner.

**Parents are expected to keep children at home for a minimum of forty-eight hours after the last episode of vomiting and/or diarrhoea. Please see Appendix A for Public Health England guidance on infection control in schools. Please find updated list attached.**

## **Injuries**

For the safety and well-being of the child, we may be unable to accept injured pupils (for example, those pupils who have sustained an injury requiring treatment, support bandage or splint, or those who have experienced a serious accident resulting in broken limbs) back into School until appropriate arrangements have been put in place.

The School may require additional medical information (e.g a letter from the GP or hospital providing details of the injury etc) and a Risk Assessment will need to be completed by the School Nurse and communicated to relevant staff. We would aim to have these arrangements in place within 24 hours, however, more serious injuries, e.g., broken limbs, may require additional time.

Pupils who have been excused from games or gym lessons with any form of injury or illness will need to be assessed by Nurse and will observe these lessons, where safe and appropriate to do so.

In the case of inclement weather, alternative arrangements will be made to ensure all children are kept safe and warm.

## **Sun Protection**

We require Early Years and Pre-Prep children to bring regulation hats to wear outside during periods of hot and sunny weather and would advise parents of Prep children to also provide a hat, to ensure the safety of their child. We also provide a variety of shaded areas outdoors. We recommend that parents apply a long-lasting high factor sun block before bringing their child to school. In exceptional circumstances, parents may request in writing that staff help administer sunscreen. Parents are responsible for providing the sunscreen, which should be labelled with the child's name and class. Children are not permitted to share sunscreen.

## **Early Years Procedures**

Early Years classes – Little Crofters, Little Crofters Pre-School and Reception, adhere to the following procedures:

- Members of staff regularly check that sandpits contain suitable sand that is cleaned and changed regularly, and that the sand is free from foreign bodies and small animals. Outdoor sandpits are covered when not in use
- Equipment and toys, both large and small, are regularly cleaned and, where necessary, disinfected
- Soiled nappies are placed in sealed bags before they are put into a yellow bin with a lid
- In Little Crofters staff encourage children to use potties and toilet seats correctly and safely, and ensure that they are kept clean and fit for the purpose
- There are some appropriately trained staff responsible for food handling in Little Crofters and Pre-Prep
- All Early Years classes keep records on any accidents on 'FAMILY'. It includes details of the names of the child(ren), time, date, location of the injury and nature of the accident. It also includes details of the circumstances, any witnesses, what subsequent action was taken and by whom.
- Where medication is administered to a child in EYFS (Early Years Foundation Stage), the parents will be informed by text or FAMILY message on the same day or as soon as reasonably practical. This will confirm that the medication has been administered to their child as per the parental consent given.
- Medication given to Early Years children is witnessed on the 'Register of Medication Administered' form.
- There is at least one member of staff with Paediatric First Aid training on site and accompanying all EYFS outings.

## **Mental Health**

As a school we recognise that pupils may experience psychological suffering and require help and understanding with their mental health and well-being. Certain members of school staff have specialist training to enable them to offer pastoral support to pupils, including with issues such as bereavement and self-esteem. Where concerns are raised about the psychological well-being of any pupil, relevant staff and teaching staff will work with the child's parents to ensure that any necessary referrals are made and that appropriate support is offered in school.

## **Record Keeping**

The School Nurse or First Aider who deals with an accident or incident will record what has occurred in the First Aid Book, Engage or complete an accident form. Engage is updated by the School Nurse. Please see the First Aid Policy for full details of record keeping and reporting.

## **Data Protection**

All special category personal data, such as those records relating to a child's health condition or medical requirements, will be processed and retained securely in line with the principles of the General Data Protection Regulation (GDPR). Please see the Data Protection and Retention Policy for further information.

## **Associated Policies**

Please see the First Aid Policy and Health & Safety Policy for further information on the School's health procedures.

Appendix A – Public Health England guidance on infection control in schools

Appendix B – Procedures for managing blood and bodily fluids

Appendix C – Head bump Flow Chart

Appendix D – Administration of Medication Flow Chart

Appendix E – Asthma Flow Chart

Appendix F – Concussion Protocol

## **Appendix A**

The following guidance on infection control in schools and childcare settings is provided by Public Health England (PHE). This information is provided as a guide only, and professional medical advice should always be sought.

### **Rashes and skin infections**

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

<b>Infection or complaint</b>	<b>Recommended period to be kept away from school, nursery or childminders</b>	<b>Comments</b>
Athlete's foot	None	Athlete's foot is not a serious condition. Treatment is recommended

Chickenpox	Until all vesicles have crusted over	See PHE publication: <i>Vulnerable Children and Female Staff – Pregnancy</i>
Cold sores (Herpes simplex)	None	Avoid kissing and contact with the sores. Cold sores are generally mild and self-limiting
German measles (rubella)*	Four days from onset of rash	Preventable by immunisation (MMR x2 doses). See: PHE publication <i>Female Staff – Pregnancy</i>
Hand, foot and mouth	None	Contact your local HPT if a large number of children are affected. Exclusion may be considered in some circumstances
Impetigo	Until lesions are crusted and healed, or 48 hours after starting antibiotic treatment	Antibiotic treatment speeds healing and reduces the infectious period
Measles*	Four days from onset of rash	Preventable by vaccination (MMR x2). See PHE publication: <i>Vulnerable Children and Female Staff – Pregnancy</i>
Molluscum contagiosum	None	A self-limiting condition
Ringworm	Exclusion not usually required	Treatment is required
Roseola (infantum)	None	None
Scabies	Child can return after first treatment	Household and close contacts require treatment

Scarlet fever*	Child can return 24 hours after starting appropriate antibiotic treatment	Antibiotic treatment is recommended for the affected child
Slapped cheek/fifth disease. Parvovirus B19	None (once rash has developed)	See PHE publication: <i>Vulnerable Children and Female Staff – Pregnancy</i>
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 PHE publication: <i>Vulnerable Children and Female Staff – Pregnancy</i>
Warts and verrucae	None	Verrucae should be covered in swimming pools, gymnasiums

### Diarrhoea and vomiting illness

<b>Infection or complaint</b>	<b>Recommended period to be kept away from school, nursery or childminders</b>	<b>Comments</b>
Diarrhoea and/or vomiting	48 hours from last episode of diarrhoea or vomiting	
E. coli O157 VTEC Typhoid* [and paratyphoid*] (enteric fever) Shigella (dysentery)	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	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. Consult your local PHE centre for further advice
Cryptosporidiosis	Exclude for 48 hours from the last episode of diarrhoea	Exclusion from swimming is advisable for two weeks after the diarrhoea has settled

### Respiratory infections

Infection or complaint	Recommended period to be kept away from school, nursery or childminders	Comments
Flu (influenza)	Until recovered	See PHE publication: <i>Vulnerable Children</i>
Tuberculosis*	Always consult your local PHE centre	Requires prolonged close contact for spread
Whooping cough* (pertussis)	Five days from starting 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. Your local PHE centre will organise any contact tracing necessary

### Other infections

Infection or complaint	Recommended period to be kept away from school, nursery or child minders	Comments



Conjunctivitis	None	If an outbreak/cluster occurs, consult your local PHE centre
Diphtheria *	Exclusion is essential. Always consult with your local HPT	Family contacts must be excluded until cleared to return by your local PHE centre. Preventable by vaccination. Your local PHE centre will organise any contact tracing necessary
Glandular fever	None	
Head lice	None	Treatment is recommended only in cases where live lice have been seen
Hepatitis A*	Exclude until seven days after onset of jaundice (or seven days after symptom onset if no jaundice)	In an outbreak of hepatitis A, your local PHE centre will advise on control measures
Hepatitis B*, C*, HIV/AIDS	None	Hepatitis B and C and HIV are bloodborne viruses that are not infectious through casual contact. For cleaning of body fluid spills see PHE publication: <i>Good Hygiene Practice</i>
Meningococcal meningitis*/septicaemia*	Until recovered	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 if any action is needed

Meningitis* due to other bacteria	Until recovered	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
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 handwashing and environmental cleaning, are important to minimise any danger of spread. If further information is required, contact your local PHE centre
Mumps*	Exclude child for five days after onset of swelling	Preventable by vaccination (MMR x2 doses)
Threadworms	None	Treatment is recommended for the child and household contacts
Tonsillitis	None	There are many causes, but most cases are due to viruses and do not need an antibiotic

\*denotes a notifiable disease.

## **Head Lice**

- Treat head lice as soon as you spot them
- There's no need to keep your child off school if they have head lice. However in cases where live lice have been seen at school, we recommend that the child is collected straight away, treated and can return to school once treatment has started.
- Siblings do not need to go home but parents are encouraged to check everyone in the household and start treating anyone who has head lice on the same day
- There's no need to keep your child off school if they have head lice, once guidelines have been followed

## **Appendix B**

### **Procedures for managing blood and bodily fluids**

Blood and body fluids may contain viruses or bacteria capable of causing disease. It is therefore vital to protect both staff and others from the risk of cross-infection. In order to minimise the risk of transmission of infection, both staff and pupils should practise good personal hygiene and be aware of the procedure for dealing with body fluid spillages.

The School has a spillage kit and paper towels readily available and accessible to staff. All staff should be briefed on how to handle a spillage and a copy of this procedure should be kept with the spillage kit.

### **Procedure**

The following procedure for clearing up body fluid spills should be undertaken by a member of staff:

1. The immediate area should be cleared using hazard signs if necessary
2. Locate a spillage kit. These can be found in the Little Crofters building, Pre-Prep, the Theatre Foyer and the Dining Room/Kitchen. Remove one kit and open it.
3. Put on the protective garments including disposable gloves and aprons.

4. Remove any organic matter using disposable paper towels. Place the used paper towels in the disposable sack provided.
5. Cover the spill with the super absorbent powder. This will quickly contain the spill. Leave for approximately 2 minutes before attempting to clean up.
6. Using the scoop provided, scoop up the spill and place in the disposable sack provided.
7. Spray the area with the disinfectant provided and wipe the surface clean using disposable cloth or paper towels. Alternatively, the area can be cleaned using hot water and detergent, followed by the disinfectant.
8. Carpets, soft furnishing and upholstery should be steam cleaned when possible. (In cases of excessive spillage, these items should be disposed of as clinical waste.)
9. All disposable material used during clearing up, including disposable gloves and scoop, should be treated as clinical waste and be disposed of appropriately in the yellow sack. The Maintenance Department will dispose of the waste sacks.
10. Any non-disposable cleaning equipment, such as mops and buckets, should be disinfected and dried after use.
11. Contaminated clothing should be laundered separately on a hot wash.
12. Hands should be thoroughly washed with soap and warm water.

Please contact the Finance Office to order further supplies of the spillage kit contents.

### **Managing accidental exposure to blood**

Accidental exposure to blood and other body fluids can occur by:

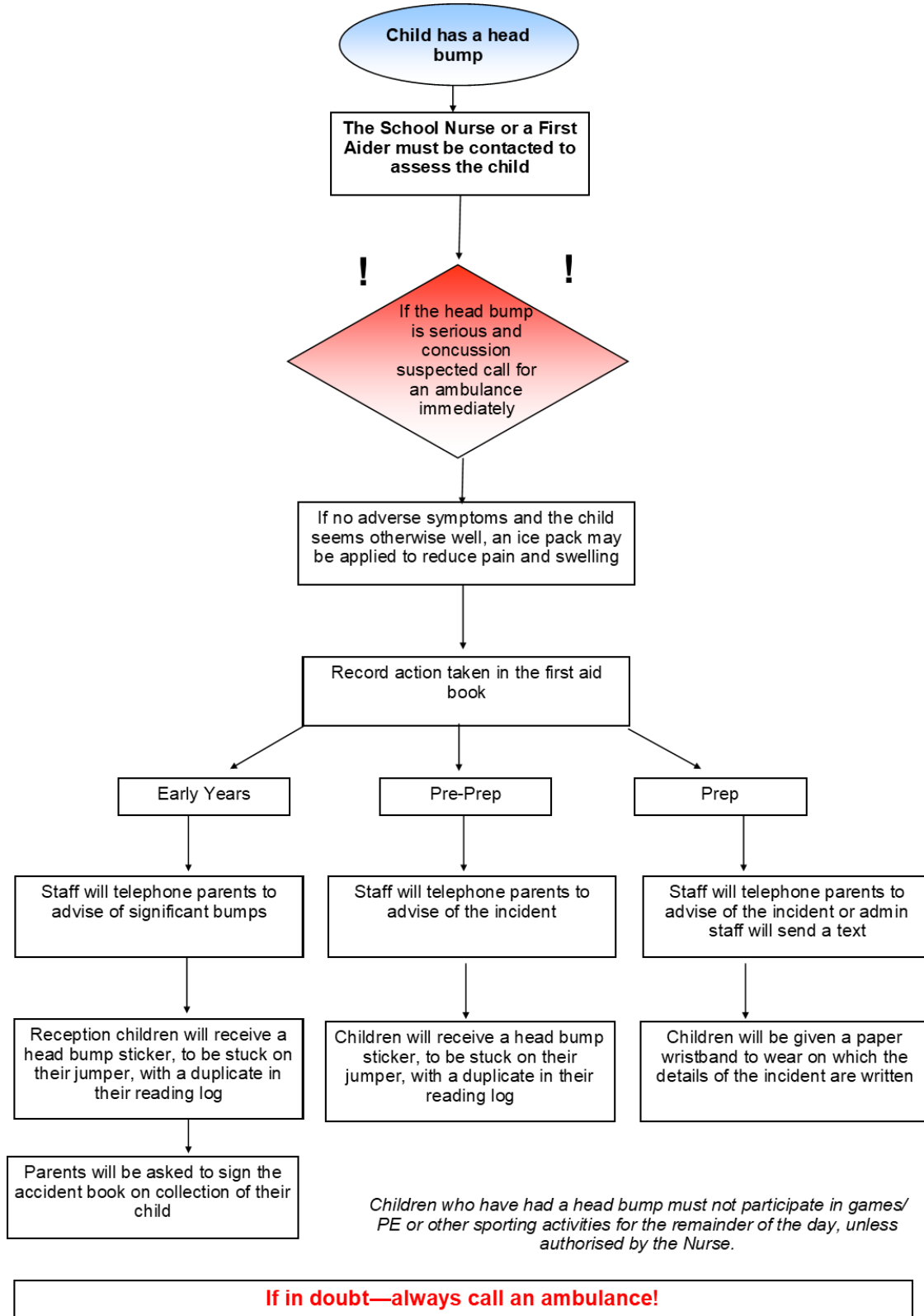
- 'Puncture' injury (e.g., from needles, instruments, bone fragments, bites that break the skin).
- Exposure of broken skin (e.g., abrasions, cuts and grazes).
- Exposure of mucous membranes, including the eyes and mouth.

The following action should be taken immediately following accidental exposure:

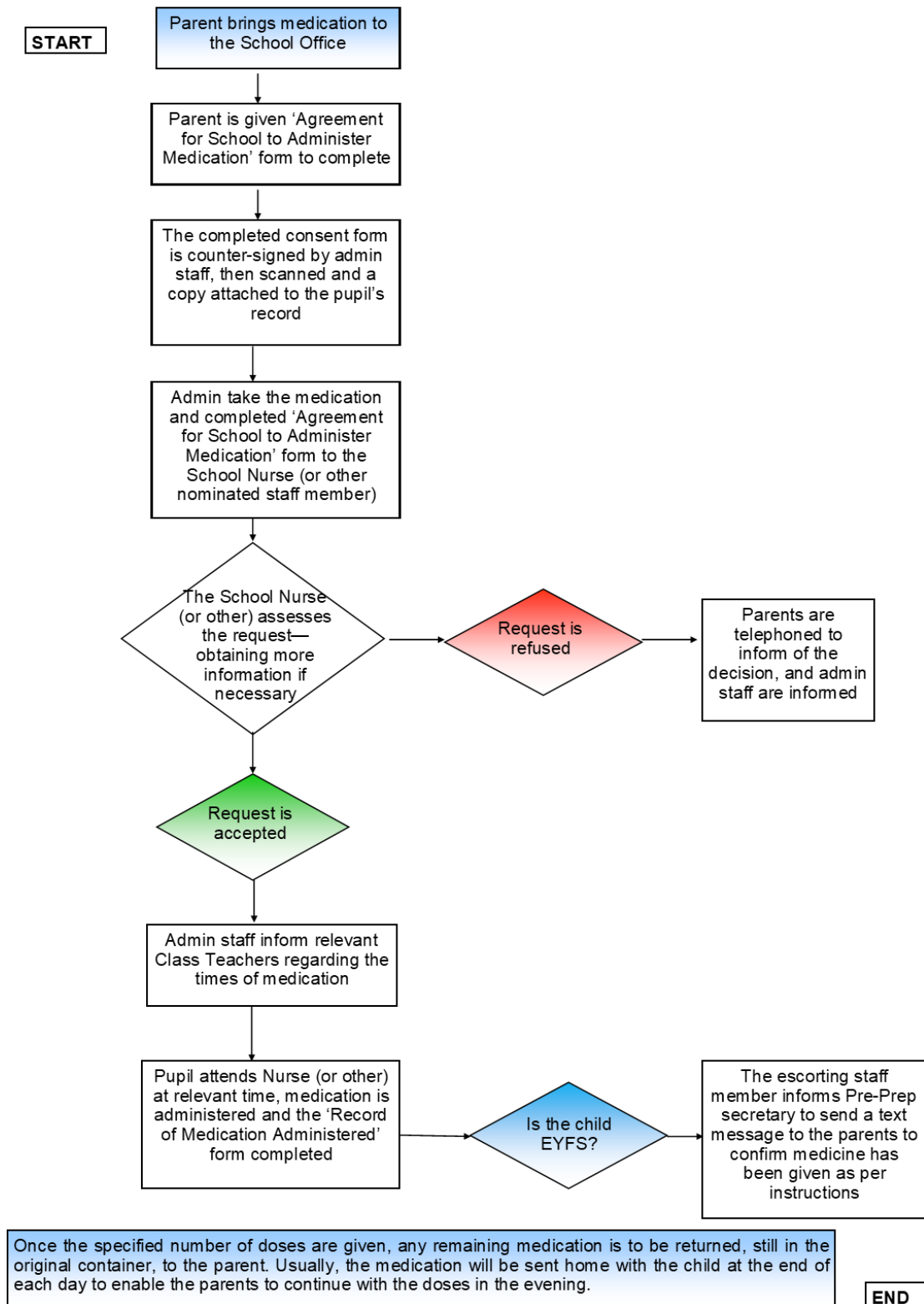
1. Immediately stop what you are doing.

2. In case of a wound, encourage bleeding of the wound by applying gentle pressure - do not suck.
3. Wash thoroughly under running water.
4. Dry and apply a waterproof dressing.
5. If blood and body fluids splash into eyes, irrigate with cold water. If blood and body fluids splash into your mouth, do not swallow. Rinse out several times with water.
6. Report the incident to A & E.
7. Complete an accident form. The School should carry out an investigation in order to reduce further occurrence.

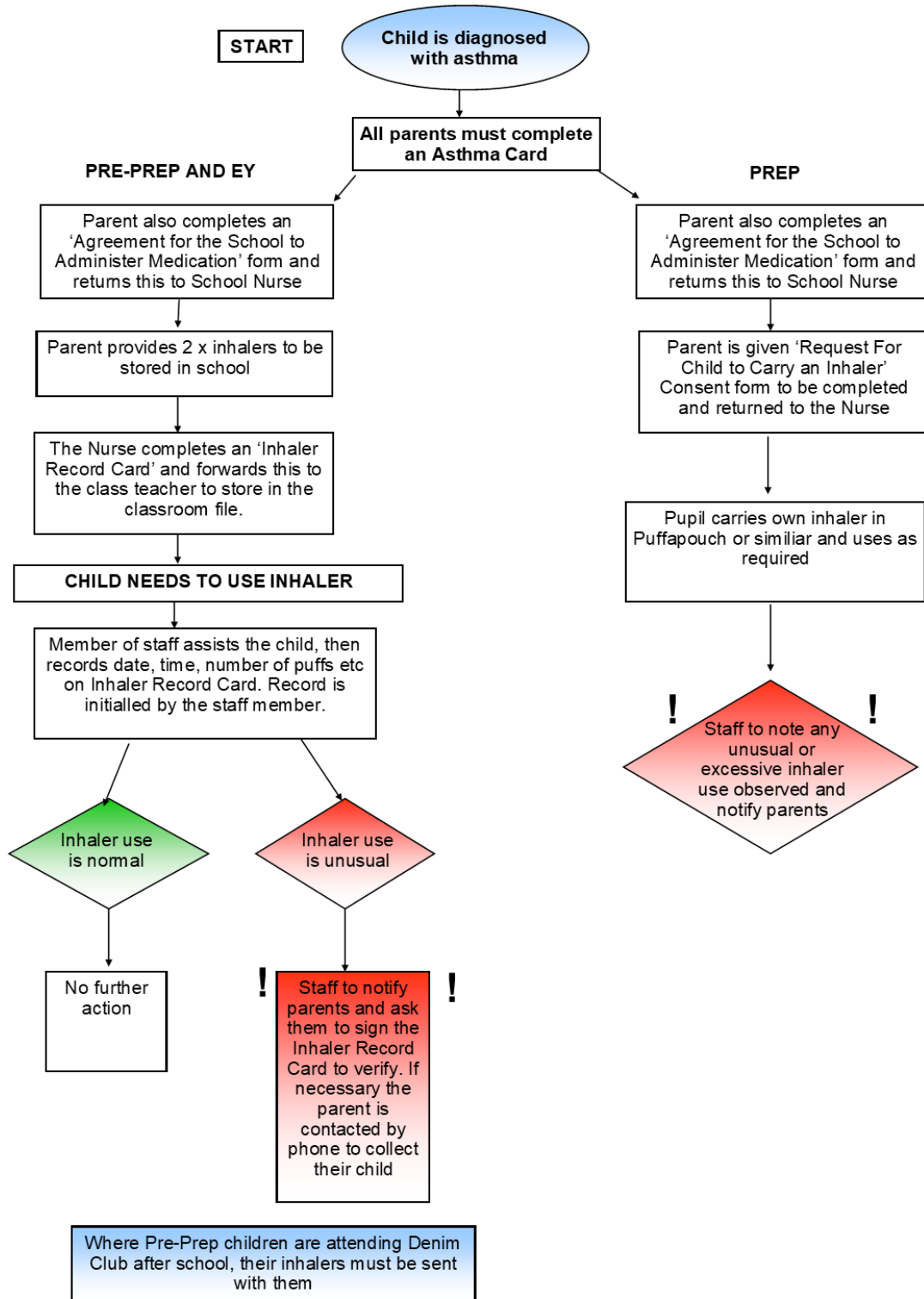
## APPENDIX C — HEAD BUMP FLOW CHART



## APPENDIX D — ADMINISTRATION OF MEDICATION FLOW CHART



**APPENDIX E — ADMINISTRATION OF INHALERS FLOW CHART**



**END**



## Appendix F

PRIVATE AND CONFIDENTIAL

### Concussion Protocol for School Activities

The Croft  
Preparatory School

#### Child's Details

#### Child's Name

Dear Parent

Today \_\_\_\_\_ during school your child has sustained a severe blow to the head. As a result of this, they were removed from the activity for their well-being. It is school policy to advise you that you must now seek medical advice as to whether your child has been concussed.

On receipt of this letter the following protocol will be implemented by the school:

- 1) If your child is cleared of having concussion by a Medical Practitioner, we will require a letter from them to confirm this. On receipt of this confirmation, your child will be able to continue with their usual activities.
- 2) In the absence of such a letter, the following protocol has to be followed if the school feels it was a serious head injury that should have been checked by an external Medical Practitioner.
  - No physical activity for 14 days from the injury
  - After 14 days re-introduced to non-competitive sport
  - After 23 days or on receipt of a letter from a Medical Practitioner confirming they are able to restart playing, your child will be able to resume normal activities
  - Please note the school follows the RFU guidelines for all sporting activities

We urge all parents to take the appropriate medical advice on receipt of this letter. Further information on concussion can be found at [www.englandrugby.com](http://www.englandrugby.com), as part of the RFU's 'HEADCASE' concussion awareness programme. This policy is relevant for all sports.

Yours sincerely  
School Nurses

## **Croft School Concussion Guidelines**

We follow the guidelines as laid out by the RFU for all sporting activity

- Pupils suspected of concussion are immediately removed from play. The school advises the parent to seek medical advice as to whether the pupil has been concussed
- If concussion is diagnosed, they are placed in the red zone/stage 1, which is 2 weeks of rest
- After 2 weeks, if they are symptom free, they move to the yellow zone; Gradual return to play (GRTP)
- After 23 days and confirmation from an external medical practitioner, the pupil can resume normal activities
- A weekly email is sent to all staff highlighting pupil's status in terms of their return to play as below

<b>Pupils off ALL SPORT/ACTIVITY</b>  <b>(Stage 1 below)</b>  <b>Pupil 'A'</b>	<b>Pupils on GRTP (supervised by coaches/PE Staff)</b> <b>(Stages 2-5 below)</b>  <b>Pupil 'B'</b>	<b>Pupils declared fit to return to play (RTP)</b>  <b>(Stage 6 below)</b>  <b>Pupil 'C'</b>
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<b>Stage</b>	<b>Rehabilitation Stage</b>	<b>Exercise Allowed</b>	<b>Objective</b>
1	Rest (for two weeks)	Complete physical and cognitive rest without symptoms	Recovery
2	Light aerobic exercise	Walking, swimming or stationary cycling keeping intensity <70% maximum predicted heart rate. No resistance training	Increase heart rate and assess recovery
3	Sport-specific exercise	Running drills. No head impact activities	Add movement and assess recovery

<b>Stage</b>	<b>Rehabilitation Stage</b>	<b>Exercise Allowed</b>	<b>Objective</b>
4	Non-contact training drills	Progression to more complex training drills, e.g. passing drills. May start progressive resistance training	Add exercise + coordination and cognitive load. Assess recovery
5	Full Contact Practice	Normal training activities	Restore confidence and assess functional skills by coaching staff. Assess recovery
6	Return to Play (RTP)	Player rehabilitated	Safe return to play once fully recovered

Please contact the School Nurses for any clarification