

# Littleover Community School



## and Sixth Form Centre

### First Aid Policy

#### Policy for the Administering of Medication

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By:		Signed:	

Last reviewed on :	21/07/2025		
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## First Aid Policy

This policy outlines Littleover Community School's responsibility to provide adequate and appropriate First Aid to students, staff, parents and visitors, and the procedures in place to meet that responsibility.

First Aid is the initial help a person gives a casualty for treatment of any sudden injury or illness, until professional help from external agencies like the Paramedic service arrives, or the casualty can be given over to the care of a responsible adult, who is entrusted with taking further medical advice where necessary.

This policy provides an overview of the statutory requirements and how these are met in school. All Safeguarding and Child Protection policy guidelines must be adhered to both on and off the school site, when First Aid is administered.

This policy ensures that no child with a medical condition is denied admission or prevented from taking up a place in school because arrangements for their medical condition have not been made. However, in line with Safeguarding duties, the school ensures that students' health is not put at unnecessary risk from, for example, infectious diseases.

### Aims and Objectives

#### Aims

To identify the First Aid needs in line with 'Supporting Students at School with Medical Conditions'

To make First Aid provision based on the school's internal Risk Assessment processes.

To ensure that First Aid provision is always available while children and staff are on school premises, and off the school premises whilst on school trips and extra-curricular activities; to include out of hours arrangements e.g for school performances/Parent's Evenings/Open Evenings.

#### Objectives

To appoint the appropriate number of suitably trained people as Appointed Person and First Aiders to meet the needs of the school.

To provide relevant training and ensure monitoring of the training needs of staff.

To provide sufficient and appropriate resources and facilities.

To make the School's First Aid Policy available for staff and parents via the school website and staff network drive.

To keep Accident Records and to report to the HSE as required under the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 1995.

## **Responsibilities**

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### **The Governors**

The Governors are responsible for the health and safety of their employees and anyone else on the premises. This includes the Headteacher and teaching staff, non-teaching staff, students and visitors (including contractors). The Governors must ensure that a Risk Assessment of the school is undertaken and that the appropriate training and resources for First Aid arrangements are appropriate and in place.

They should ensure that the insurance arrangements provide full cover for claims arising from actions of staff acting within the scope of their employ. Any complaints regarding First Aid or administering medications should be made by following the procedures for complaints as set out in the school's Complaints Policy, which can be found on the website.

### **Teachers and other staff**

Teacher's conditions of employment do include giving First Aid if they are trained appropriately. Teachers and other staff in charge of students are expected to always use their best endeavours particularly in emergencies, to secure the welfare of any child at the school, in the same way that parents might be expected to act towards their children. Teachers and other staff are expected to read and understand Individual Health Care Plans and Education Health Care Plans for SEND children, as identified by the SENDCO, for a child they teach and/or take out of school on trips and extra-curricular activities. Staff should do this by reading and understanding this policy, by referring concerns they might have about the health of a child to the school's Safeguarding team and by enabling any child or young person who reports as feeling unwell to be assessed by a First Aider.

### **Parent/Carers**

It is the parents/carers responsibility to send their child(ren) to school each day, and to make the decision as to whether their child is fit enough to attend school. They must also inform the appointed person, of any changes in relation to their child's medical condition when changes occur.

Parents/carers are asked to complete a Medical Form on induction, and yearly updates, including medical needs and contact numbers. Any changes to this information must be notified to the school immediately.

Where medication is supplied via the parent to the school for use at school (ie. EpiPens/Inhalers), parents/carers have responsibility to note expiry dates and to ensure that all medication kept in school is with in date. They must deal with the correct disposal and replenishment as necessary.

### **Child**

It is the individual child's responsibility that, where possible, each person will manage their own indicators of health, ensuring that they report to an adult in the school if they feel unwell by reporting to the First Aid/Medical Room, located within the Student Services Office.

Students are allowed to attend the First Aid Room if they have permission from a member of staff, unless they are feeling dizzy or faint, in which case staff are to call Student Services for a First Aider to attend the classroom to collect them.

## **The First Aider and First Aid Provision**

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All First Aiders hold a valid certificate of competence, issued by an organisation approved by HSE. The Medical Officer has a list of all staff with First Aid training. All staff in Student Services hold a 3 day training certificate, known as First Aid at Work. Other named school staff hold a one day First Aid certificate, known as Emergency First Aid at Work.

If a child is unwell, they must attend the First Aid room, located in the Student Services Office (C8), where they will be assessed and appropriate action taken.

First Aiders in school cannot diagnose medical conditions. They are trained to assess whether or not a child or young person is fit enough to attend lessons. If this is deemed not to be so, it is the parent/ carer's responsibility to take over immediate care of the child.

The appointed person will be known as The Medical Officer and will have undertaken emergency First Aid training approved by the HSE.

The appointed person will take charge of the emergency situation and delegated as necessary.

### **First Aider responsibilities**

- Assess children who present as feeling unwell and take appropriate action, which shall be recorded on Medical Tracker.
- Give immediate help to casualties with common injuries or illnesses and those arising from specific hazards at school.
- Where necessary, ensure that an Ambulance or other professional medical help is called. Refer to Appendix 1.
- A First Aider must be able to leave to go immediately to an emergency regardless of their normal duties.

A second First Aider will work under the management of the Appointed Person, as and when required and will not be hindered/forbidden in assisting by any other member of staff regardless of seniority. Other trained personnel will be available on occasion should an emergency arise.

In the case of any major injuries or incidents, clear communication & directions are key to managing such events in school

- All First Aid incidences are recorded on Medical Tracker and reported to parent/carer in a timely manner by telephone if it is more than a plaster.
- Email to be sent to parent for minor injuries, such as small cuts and grazes.
- Any incident where the child needs to go to hospital from the school site are to be reported to Derby City Council, by the Medical Officer.

### **First Aid Equipment**

The Medical Officer is responsible for the provision of first aid kits, with assistance from support/administration staff as necessary.

The kits will be checked monthly and the first aid kit spreadsheet updated accordingly.

Littleover Community School has 4 defibrillators, alongside a first aid kit and a Public Access Trauma Kit (PACT) in each of the following locations. These can be found in:

- Student's Services
- Reprographics
- The Sport facilities reception
- Main Reception

A PACT kit and first aid kit can be found in the Bungalow by the main entrance car park.

### **Medication – Supervision and Administration.**

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#### **Arrangements for Administering Medicines.**

- All medications are to be handed to Student's Services along with a consent to medicate form, signed by the parent/carer. They will then be stored in the medical room in a locked cupboard with the student's name clearly visible.
- Lifesaving medication such as insulin, asthma inhalers and EpiPens are to be carried by the individual student. Spares can be kept in the medical room.
- If the medication is not collected by the end date, the Medical Officer will ensure the disposal of it by a member of staff at a local pharmacy.
- All medication errors must be reported immediately to the Headteacher, the Medical Officer and parent. An investigation of the error will be conducted by the Medical Officer and reported to Derby City Council should the Headteacher feel it appropriate. All incidences must be logged on CPOMS immediately by the person/s involved.
- Members of staff are not permitted to give a student medication from their own personal supply.

Only staff trained in medication administration can assist with the administration of medication. If the drug is controlled, then two members of staff (one must be medicine management trained) will oversee the administration of the medication using the standard protocol and procedure of 'administering a controlled drug'. See APPENDIX.2.

### **Sun Protection**

There is a small supply of sun cream in Student's Services. Staff are to obtain parental consent before giving the student a supply of cream for the student to apply to themselves.

### **Hygiene / Infection Control**

Basic hygiene procedures must be followed by First Aiders. Single issue disposable gloves must be worn when treatment involves blood or other body fluids. Care should be taken when disposing of dressings or equipment.

Hand washing must be carried out before any task involving any activity that requires a First Aider to provide contact first aid e.g. wound cleaning, administering eye drops or eye washes.

Sharps (e.g. items that contain or are needles) must be disposed of in Yellow Sharps containers, which are located in the Medical Office.

Sharps containers are disposed of by contacting Street Pride Street Cleansing, Current contact email address is [Kayleigh.Richards@derby.gov.uk](mailto:Kayleigh.Richards@derby.gov.uk)

### **Accidents / injuries and illnesses**

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#### **Reporting Accidents**

Statutory requirements are followed under the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 1995 (RIDDOR), some accidents must be reported to the HSE.

The following accidents must be reported to the HSE:

Accidents resulting in death or major injury (including as a result of physical violence)

Accidents which prevent the injured person from doing their normal work for more than three days.

Accidents which involve a person going to hospital immediately after the accident and receiving treatment.

The Medical Officer will report serious accidents/incidences to the Headteacher, who will assist in the investigation.

The Medical Officer will fill in a F2508 and send it to [employee.healthandsafety@derby.gov.uk](mailto:employee.healthandsafety@derby.gov.uk)

#### **Record Keeping**

Littleover Community School use Medical Tracker to record all first aid incidences.

Any injuries of unknown origin will be recorded on Medical Tracker and reported on CPOMS.

Accident investigation forms are kept in Student's Services and a copy sent to the School Operations Manager and Senior Management Team (SMT) informed.

#### **Monitoring**

A termly report is sent to the Operations Manager by the Medical Officer, this report identifies incident trends, including type of incident, locations, likely causes and activities being completed at the time of incidents/accidents.



## **Medical Conditions**

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### **Treatment of long-term medical conditions**

Prior to admission the parents/carers of students will provide the school with relevant medical information, which is transferred to SIMs, by the Data Manager.

Medical conditions will be assessed by the Medical Officer and a health care plan (HCP) will be developed and placed on Go4Schools.

Students will carry their own emergency medication such as inhalers, EpiPens and diabetes equipment.

Staff can find further information on Medical Conditions can be on SIMs and on Go4Schools.

## **First Aid provision on School Trips**

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Please also refer to the policy for Educational Visits Policy and Guidance.

For students with a long-term medical condition- Parent/carers will be contacted to ensure the student is in possession of the correct lifesaving medication e.g. insulin and bronchodilators, has two EpiPen's and antihistamines for anaphylaxis for the visit, which are in date. The trip leader will ensure the lifesaving medication are in the possession of the student prior to boarding transport for departure. Failure to have the correct supplies may result in student being denied a place on the trip if the medication cannot be obtained from parent/carer in a timely manner.

All first aid provision will be provided for by a suitably trained First Aider and recorded on Medical Tracker as soon as possible.

Parents/carers/carers will be informed immediately. If there are issues with a phone signal, the First Aider will endeavour to speak to a parent/carer as soon as possible.

Care plans and risk assessments are to be taken on all school trips and signed by the trip leader.

The Medical Officer and Educational Visits Officer (EVO) are to be informed of any medical incidences which occur when on field trips

## **Emergency injury or illness**

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**Casualties with suspected fractures to back or neck injuries must not be moved unless ambulance personnel are present.**

An ambulance will be called after any accident if deemed appropriate by the Appointed Person and requires immediate medical intervention.

In the event this is deemed necessary, the parent/carer will be contacted after the ambulance has been called by an appropriate member of staff.

Students may be taken to hospital in the school minibus with two members of staff, one who is qualified to drive the minibus and one First Aider. The member of staff will stay with the student until a parent/carer arrives. In this event, the member of staff should take a 'Student detail's' sheet printed out from medical tracker so that relevant and up to date information can be given at the hospital.

## **EMERGENCY PROCEDURE FOR CALLING AN AMBULANCE**

Dial 999

Ambulance required at:

Pastures Hill,  
Littleover,  
Derby  
DE23 4BZ

Refer to appendix 1.

Give brief details of accident or incident and the consequent injury or problems

Give details of any treatment that has or is being administered

Inform them which entrance they should use and direct them as required.

Ensure that a person is available to meet the ambulance and take the personnel to the place where the person for who the ambulance has been called is situated.

## **Cuts and grazes**

All First Aiders will use latex free surgical gloves when treating any or potential open wounds. Wounds will be cleaned with water and/or alcohol-free wipes.

If plasters, adhesive dressing or gauze bandages are used, students who are judged to be competent will be asked whether they are allergic to plasters before administration. In the case that a student is not judged competent to answer the question, parent/carers will be contact before the plaster or item is administered and if necessary, the parent/carer will be advised to attend the school immediately to administer it.

## **Head Bump**

Any student who reports a bump to the head will be monitored in the First Aid room for a minimum of 20 minutes for any signs of concussion.

Parental permission is to be sought before the student returns to lessons by the First Aider. If there are further concerns parents/carers/carers will be contacted to collect their student immediately. At this point, advice will be given to the parent/carer to seek further professional medical advice. If the Medical Officer or First Aider deems the injury to be severe, an ambulance will be called.

## **Nausea/vomiting/diarrhoea**

Students who report nausea or vomiting or diarrhoea will be assessed by a First Aider for a minimum of 10 minutes. If no further symptoms occur, they will be returned to normal lessons and advised to return if they feel unwell again during the school day. If symptoms persist then the parent/carer will be called to collect their student and to seek further professional medical advice if necessary.

It is the school policy that when a student has either been physically sick, had diarrhoea, they must be kept at home for 48 hours following the end of sickness.

For other conditions please see appendix 3

## **Reporting of communicable illness to parents/carers/vulnerable staff members, expectant mothers and staff members who are immunocompromised.**

Please see appendix 3 and 4 for infectious illnesses.



### **Students vulnerable to infection**

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Some medical conditions make students vulnerable to infections that rarely be serious in most. The school will normally have been made aware of such vulnerable student by parent/carer. These students are particularly vulnerable to chickenpox, measles or slapped cheek disease (parvovirus B19) and, if exposed to either of these, the parent / carer will be informed promptly and further medical advice sought.

### **Exclusion periods for infectious diseases**

The school will follow recommended exclusion periods outlined by UK Health Security Agency, summarised in appendix 1.

In the event of an epidemic/pandemic, we will follow advice from UK Health Security Agency about the appropriate course of action.

### **Staff members who are immunocompromised (including expectant mothers)**

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The Medical Officer will email all staff with the disease details that has been reported and check timetables for vulnerable staff members to check if they have taught the student within the incubation period.

### **Associated policies**

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- Supporting Students with Medical Conditions
- Health and Safety Policy
- Attendance Policy
- Safeguarding and Child Protection Policy-Addendum Recording information
- All GDPR policies

## Appendix

### 1. Incident procedure.

- Medical Officer to contact a member of the SMT and the School Operations Manager regarding the incident. In most cases the appointed person is the Medical Officer unless otherwise stated.
- Appointed Person will appoint runners.
- Appointed Person to ask 1st runner to call for support e.g. an ambulance and/or other staff to obtain health information page to be printed and bring back to the area. It is best practice to use a headset or mobile for calling an ambulance to avoid unnecessary communication issues between the Appointed Person and the designated person calling the ambulance.
- The School Operations Manager, or another member will clear the area of students and staff who are not required for the incident.
- If Defib or additional equipment is needed the Appointed person will appoint a runner to fetch the equipment.
- If on site, the Security Officer will be made aware by the School Operations Manager to meet the ambulance and crew and guide them to the area. The Security Officer will also meet parents/carers and guide them to the area.
- Belongings of the student to be given to the ambulance crew or handed to parent/carer. SMT will facilitate a bag search should it be needed.

### 2. Controlled medication procedure

- Parent/carer to hand over the medication to a trained member of staff. The medication should be in a pharmacy labelled box or ideally in a purposely dispensed bottle from the pharmacy with only the correct number of tablets for the week.
- Medications to be logged in by two members of staff, one of which has medicines management training.
- The medication is to be stored in a double locked cabinet in the medical room
- Two staff members, one of which is trained in medicines management, are to be present to sign out medication for the student. Principles for identify the correct student are Right person, Right medication, Right dose, Right route, Right time.
- The student has the right to refuse to take the medication. It must be logged on medical tracker, CPOMS and parents/carers informed.



- All medication errors must be reported immediately to the Headteacher, the Medical Officer and parent. An investigation of the error will be conducted by the Medical Officer and reported to Derby City Council should the Headteacher feel it appropriate. All incidences must be logged on CPOMS immediately by the person/s involved.
- An email informing parents/carers it has been given is then sent via medical tracker.



## **Life threatening conditions management**

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### **ASTHMA**

Students are asked to always have their inhalers with them and especially when they are doing PE, Science or Design, and when they are on trips away from school. Spare inhalers are available in Student's Services for use during the day in school time.

Parents/carers are responsible for ensuring that inhaler medication is renewed well before the expiry date.

#### **WHAT TO DO IN THE EVENT OF AN ASTHMA ATTACK**

Keep calm

Let the student – sit down: do not make them lie down

Let the student take their usual treatment – normally a blue inhaler

Call Student's Services for First Aid assistance.

All incidences are to be recorded on Medical Tracker and parent/carer informed as soon as possible.

For any first aid incidences occurring on educational visits the Educational Visits Officer and the Medical Officer should also be made aware as soon as possible. The SMT on call for the visit should be informed as soon as possible after the incident by the trip leader.

### **EPILEPSY**

Epilepsy is a tendency to have seizures (convulsions or fits)

#### **WHAT TO DO IF A STUDENT HAS A SEIZURE**

- DO NOT PANIC. Ensure that the student is not in danger from hot or sharp objects, or electrical appliances. Preferably move the danger from the student or if this is not possible, move the student to safety.
- Let the seizure run its course
- Do not try to restrain convulsive movements
- Do not put anything in the student's mouth, especially your fingers.
- Do not give or try to give them anything to eat or drink.
- Loosen tight clothing especially round the neck
- Do not leave the student alone
- Remove all other students from the area and send for another First Aider for assistance
- If the student requires medication to be given whilst having the seizure, then the Appointed Person or trained member of staff can administer medication.
- As soon as possible and where practical the student should be put into the recovery position.
- The person caring for the student during the seizure should inform the parent/carer as they may need to go home and if not, a known epileptic they must be advised to seek medical advice.

- Refer to the individual's care plan for the preferred time before calling an ambulance as dictated by the parent/carer.

Seizures tend to be followed by a drowsy and confused period. Parents/carers should be called to discuss the best plan of action for the student following a seizure.

## **ANAPHYLACTIC SHOCK**

### **Anaphylaxis**

**See policy Support Students with Medical Conditions for comprehensive information.**

Anaphylaxis is an acute, severe reaction needing immediate medical attention. It can be triggered by a variety of allergens including food, the environment and insects or animals.

In its most severe form, the condition is life threatening,

Students who are prescribed EpiPen's should have 2 EpiPen's with them at all times and an antihistamine.

Spare EpiPen's are available in Student's Services, for emergency use.

Symptoms:

Itching or strange metallic taste in the mouth

Hives / skin rash anywhere on the body causing intense itching

Angioedema – swelling of lips/eyes/face

Swelling of throat and tongue – causing breathing difficulties / coughing / choking

Abdominal cramps and vomiting

Low blood pressure

Collapse and unconsciousness

## **WHAT TO DO AN THE EVENT OF AN ANAPHYLACTIC REACTION**

**See appendix 1.**

Stay with the student at all times and dial 999 for emergency services especially. A member of staff can be contacted by telephone or radio to bring the spare EpiPens to the student. Staff must not give an EpiPen to a student who has not been prescribed one by a health professional.

Treat the student according to their own protocol which will be found on Go4Schools.

Contact the parent / carer

Any used EpiPens must be kept for the ambulance.

## **DIABETES MELLITUS**

Diabetes mellitus is a condition where there is a disturbance in the way the body regulates the glucose concentration in the blood. Students with diabetes are nearly always insulin dependent.

## **HYPOGLYCAEMIC ATTACK**

(Low blood sugar levels)

A First Aider must be called to the student, and the student must not be moved or allowed to leave class or walk around the school site alone. Treatment will according to the student's health care plan, which can be found on Go4Schools on the student's profile.

Notify the parent/carer if the condition deteriorates, or the pupil is unresponsive then an ambulance must be called immediately.

#### HYPERGLYCAEMIC ATTACK (High blood sugar levels)

This may not be apparent as symptoms are not obvious. Aggression, hyperactivity, headache, and the need to urinate more, may present.

### 3. List of notifiable diseases

**Do not wait for laboratory confirmation of the disease. By law, you must report any suspicion of a notifiable disease.**

Notifiable disease	Whether likely to be routine or urgent
Acute encephalitis	Routine
Acute flaccid paralysis (AFP) or Acute flaccid myelitis (AFM)	Urgent
Acute infectious hepatitis (A/B/C)	Urgent
Acute meningitis	Urgent
Acute poliomyelitis	Urgent
Anthrax	Urgent
Botulism	Urgent
Brucellosis	Routine. Urgent if acquired in UK
Chickenpox (varicella)	Routine
Cholera	Urgent
Congenital syphilis	Routine
COVID-19	Routine
Creutzfeldt-Jakob disease (CJD)	Routine
Disseminated gonococcal infection (DGI)	Routine
Diphtheria	Urgent



Notifiable disease	Whether likely to be routine or urgent
Enteric fever (typhoid or paratyphoid fever)	Urgent
Food poisoning	Routine. Urgent if part of a cluster or outbreak
Haemolytic uraemic syndrome (HUS)	Urgent
Infectious bloody diarrhoea	Urgent
Influenza of zoonotic origin	Urgent
Invasive group A streptococcal disease	Urgent
Legionnaires' disease	Urgent
Leprosy	Routine
Malaria	Routine. Urgent if acquired in UK
Measles	Urgent
Meningococcal septicaemia	Urgent
Middle East respiratory syndrome (MERS)	Urgent
Mpox (previously known as monkeypox)	Urgent
Mumps	Routine
Neonatal herpes	Routine
Plague	Urgent
Rabies	Urgent
Rubella	Routine
Severe Acute Respiratory Syndrome (SARS)	Urgent
Scarlet fever	Routine

Notifiable disease	Whether likely to be routine or urgent
Smallpox	Urgent
Tetanus	Routine. Urgent if associated with injecting drug use
Tuberculosis	Routine. Urgent if healthcare worker, or suspected cluster or multi-drug resistant
Typhus	Routine
Viral haemorrhagic fever (VHF)	Urgent
Whooping cough	Urgent if diagnosed in acute phase. Routine in later diagnosis
Yellow fever	Routine. Urgent if acquired in UK

### Reporting of communicable diseases.

Contact

East Midland HPT

Telephone: 0344 2254 524 (option 1)

Out of hours for health professionals requesting urgent advice: 0344 2254 524

Email: [emhpt@ukhsa.gov.uk](mailto:emhpt@ukhsa.gov.uk)

Email for personal identifiable information (PII): [phe.emhpt@nhs.net](mailto:phe.emhpt@nhs.net)

### 4. Communicable illness and disease in school.

Infection or complaint	Recommended period to be kept away from school or nursery
<b>Athlete's foot</b>	None.
<b>Campylobacter</b>	Until 48 hours after symptoms have stopped.
<b>Chicken pox (shingles)</b>	<p>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 children return to nursery or school.</p> <p>A person with shingles is infectious to those who have not had chickenpox and should be excluded from school if the rash is weeping and cannot be covered or until the rash is dry and crusted over.</p>

<b>Cold sores</b>	None.
<b>Rubella (German measles)</b>	5 days from appearance of the rash.
<b>Hand, foot and mouth</b>	Children are safe to return to school or nursery as soon as they are feeling better, there is no need to stay off until the blisters have all healed.
<b>Impetigo</b>	Until lesions are crusted and healed, or 48 hours after starting antibiotic treatment.
<b>Measles</b>	Cases are infectious from 4 days before onset of rash to 4 days after so it is important to ensure cases are excluded from school during this period.
<b>Ringworm</b>	Exclusion not needed once treatment has started.
<b>Scabies</b>	The infected child or staff member should be excluded until after the first treatment has been carried out.
<b>Scarlet fever</b>	Children can return to school 24 hours after commencing appropriate antibiotic treatment. If no antibiotics have been administered the person will be infectious for 2 to 3 weeks. If there is an outbreak of scarlet fever at the school or nursery, the health protection team will assist with letters and factsheet to send to parents/carers or carers and staff.
<b>Slapped cheek syndrome, Parvovirus B19, Fifth's disease</b>	None (not infectious by the time the rash has developed).
<b>Bacillary Dysentery (Shigella)</b>	Microbiological clearance is required for some types of shigella species prior to the child or food handler returning to school.
<b>Diarrhoea and/or vomiting (Gastroenteritis)</b>	<p>Children and adults with diarrhoea 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 diarrhoea or vomiting for 48 hours after the course is completed.</p> <p>For some gastrointestinal infections, longer periods of exclusion from school are required and there may be a need to obtain microbiological clearance. For these groups, your local health protection team, school health advisor or environmental health officer will advise.</p> <p>If a child has been diagnosed with cryptosporidium, they should NOT go swimming for 2 weeks following the last episode of diarrhoea.</p>
<b>Cryptosporidiosis</b>	Until 48 hours after symptoms have stopped.

<b>E. coli (verocytotoxigenic or VTEC)</b>	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-school infants, food handlers, and care staff working with vulnerable people). The health protection team will advise in these instances.
<b>Food poisoning</b>	Until 48 hours from the last episode of vomiting and diarrhoea and they are well enough to return. Some infections may require longer periods (local health protection team will advise).
<b>Salmonella</b>	Until 48 hours after symptoms have stopped.
<b>Typhoid and Paratyphoid fever</b>	Seek advice from environmental health officers or the local health protection team.
<b>Flu (influenza)</b>	Until recovered.
<b>Tuberculosis (TB)</b>	Students and staff with infectious TB can return to school after 2 weeks of treatment if well enough to do so and as long as they have responded to anti-TB therapy. Students and staff with non-pulmonary TB do not require exclusion and can return to school as soon as they are well enough.
<b>Whooping cough (pertussis)</b>	A child or staff member should not return to school until they have had 48 hours of appropriate treatment with antibiotics, and they feel well enough to do so or 21 days from onset of illness if no antibiotic treatment.
<b>Conjunctivitis</b>	None.
<b>Giardia</b>	Until 48 hours after symptoms have stopped.
<b>Glandular fever</b>	None (can return once they feel well).
<b>Head lice</b>	None.
<b>Hepatitis A</b>	Exclude cases from school 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 children with good hygiene who will have been much more infectious prior to diagnosis.
<b>Hepatitis B</b>	Acute cases of hepatitis B will be too ill to attend school 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.
<b>Hepatitis C</b>	None.

<b>Meningococcal meningitis/ septicaemia</b>	If the child has been treated and has recovered, they can return to school.
<b>Meningitis</b>	Once the child has been treated (if necessary) and has recovered, they can return to school. No exclusion is needed.
<b>Meningitis viral</b>	None.
<b>MRSA (meticillin resistant Staphylococcus aureus)</b>	None.
<b>Mumps</b>	5 days after onset of swelling (if well).
<b>Threadworm</b>	None.
<b>Rotavirus</b>	Until 48 hours after symptoms have subsided.

## Covid Outbreaks

LCS will continue to follow Government, UK Health Security Agency and Derby City Council guidance in the event of COVID outbreaks.

## Cardiopulmonary Resuscitation

Refer to appendix 1.

- Recognise cardiac arrest by looking for the absence of signs of life and the absence of normal breathing. Do not listen or feel for breathing by placing your ear and cheek close to the patient's mouth. If you are in any doubt about confirming cardiac arrest, the default position is to start chest compressions until help arrives.
- Make sure an ambulance is on its way.
- In adults, if the First Aider is unable to perform rescue breaths or mouth-to-mouth ventilation e.g. facial trauma; perform chest compressions only. Compression-only CPR may be as effective as combined ventilation and compression in the first few minutes after non-asphyxia arrest (cardiac arrest not due to lack of oxygen).
- Cardiac arrest in children is more likely to be caused by a respiratory problem (asphyxia arrest); therefore, chest compressions alone are unlikely to be effective.
- If a decision is made to perform mouth-to-mouth ventilation in asphyxia arrest, use a resuscitation face shield where available.



## East Midlands HPT

This team covers:

- Derby City
- Derbyshire County
- Northamptonshire
- Nottingham City
- Nottinghamshire County
- Leicester City
- Leicestershire County
- Lincoln
- Lincolnshire County
- Rutland

## Contact

East Midland HPT

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