AVON HOUSE
PREPARATORY SCHOOL

CELEBRATING & SUPPORTING EVERY CHILD

Sickness and Medication Policy
(Whole School including EYFS)

This policy reflects the guidance given to schools by the Department for Education. Parents have the prime responsibility for their children's health and must provide the school with information about any relevant medical needs.

Section 1 – Sickness

Please take note of the following exclusions:

Condition	Action Required
Antibiotics	Antibiotics can be administered by the Welfare Administrator once the *'Record of Medicine Administered to an Individual Child'* form is completed and signed. Details of the reason for taking antibiotic, dosage and timing of administration and expiry date should all be checked by the office and welfare administrator before taking back the form.
Asthma	If your child has asthma we must be notified and they must have an inhaler in school together with an Asthma Healthcare Plan. We can give two puffs but if we are worried that this does not work we will contact you immediately. If the school has been unable to contact you and the episode/asthma attack progresses after the first 2 puffs, the school will administer 2 puffs every 2 minutes up to 10 puffs in this emergency situation. At any time before this event an ambulance can be called before 10 puffs have been reached. Following the Department of Health guidelines issued in September 2014, a Salbutamol inhaler is kept in the school office, permission from the parents can be granted so that the child can use this inhaler in emergencies. All parents are informed. Please note that if a child has more than three episodes in school requiring an inhaler they will be deemed as not managing their asthma and referred to a GP by their parent/carer.
Chicken Pox	Consult your doctor and advise the school of the diagnosis. Keep your child at home for a minimum of 5 days from the onset of the rash. Spots should be dry and your child should feel well again before returning to school.
Conjunctivitis	Children must be home until this is treated and they are free of all symptoms. There should be at least 48 hours of treatment before they return to school.
Coughs and colds	Although inevitable and not serious, young children can feel very poorly and will be unable to work. Coughs and colds spread rapidly so children should be kept at home until well enough to participate fully in activities.
COVID-19	Please use the guidance of the government's website for current information as the pandemic changes. The school may implement guidance for parents/carers to enhance safety of pupils from time to time via email; please ensure you can access all emails from the

	school.
Croup	Croup is usually fairly mild but can make children very unwell in some cases. Children must be kept at home until completely well. It usually lasts for 3 days but the cough can persist for a week or so.
Cuts	Deep cuts should receive medical attention. Tetanus vaccinations should be kept up to date in case of cuts from rusty metal, contamination from soil etc.
Flu	Keep children at home until fully recovered. NHS offer vaccinations to the School.
Fractures	We can have children in school with arms/legs in plaster provided that they can cope physically i.e. manage any stairs and take themselves to the toilet. This will require individual assessment as circumstances arise. Health & Safety Officer informed.
German Measles	Consult your doctor and advise school of the diagnosis. Children should be kept at home for a minimum of 3 to 4 days from the onset of the rash, and are infectious until the rash disappears.
Hand, Foot & Mouth Disease	Children should be kept at home until the blisters have gone. The illness is usually fairly mild but it can take 7 to 10 days for the blisters to disappear. Children are still infectious until the blisters have gone.
Head Lice	Hair should be treated appropriately and inspected again 7/10 days later. Your child will be sent home if head lice are noticed.
Impetigo	Children should be kept at home until the infection has cleared or until 48 hours of treatment has been given. If it is suspected that a child in school has impetigo, we will ask you to consult your doctor.
Measles	This is a notifiable disease. Consult your doctor and advise school of the diagnosis. Keep at home for a minimum of 4 days from the onset of the rash. Children are still infectious until the rash has disappeared.
Meningitis	This is variable depending upon the type. Consult your doctor and advise school of the diagnosis. Children must be certified well by their GP before returning to school.
Mumps	This is a notifiable disease. Consult your doctor and advise school of the diagnosis. Keep at home for a minimum of 5 days from the onset of the symptoms or until the swelling has totally subsided.
Rashes	If a rash appears please consult your doctor before sending your child to school and please advise the school of the diagnosis. If a rash appears during school time we will send the child home.
Ringworm	Children with ringworm do not need to stay off school. However, you should inform the school your child has the condition. In addition to the treatment your child should maintain a good level of personal hygiene to prevent the infection spreading. It should be covered for PE.
Scabies	Scabies treatment is usually recommended for members of the same household, particularly for those who have had prolonged skin-to-skin contact. You should consult your GP and children can usually return to school the day after treatment.

Scarlet Fever	Consult your doctor and advise school of the diagnosis. Children with scarlet fever must be kept away from school until they have been on a course of antibiotics for at least 48 hours.

Sickness and/or diarrhoea	Children MUST be kept at home for a full 48 hours following any sickness or diarrhea. This is to prevent the rapid and inevitable spread of infection and to allow them time to recover. If a child is sick or has a bout of diarrhoea they will be sent home.
Slapcheek (Human Parvovirus)	There is no need to keep your child at home, but you should consult your doctor and advise school of the diagnosis.
Temperatures	Children with a temperature should be kept at home. Calpol can only be administered in school as a mild pain relief and not as fever control.
Threadworm	This is easily remedied, and children can return to school once treated. Pharmacists can recommend appropriate medications.
Tonsillitis	This can be viral or bacterial. It can be spread easily so children need to be kept at home until symptoms ease to avoid passing on infection.
Tuberculosis	Consult your GP and advise school of diagnosis. Children should remain off school until declared free from infection.
Verrucae	Children should wear a protective sock whilst swimming or for PE, otherwise should not participate in barefoot activities until clear.
Whooping Cough	This is a notifiable disease. Consult your doctor and advise school of the diagnosis. Keep at home for a minimum of 21 days from onset of paroxysmal cough unless treated with antibiotic when child may return after minimum of 5 days' treatment and only if the child is well enough.

Section 2 – Medical Conditions and Medication

Introduction

Most children will need medication at some time in their school life. Although this will mainly be for short periods, (e.g., to finish a course of antibiotics), there are a number of pupils with chronic/allergic conditions, who may need regular medication throughout all/part of their school life. It is often possible for parents to arrange for medication to be taken outside school hours; however, there will be circumstances when it will be necessary for children attending school to be given medication during the school day.

There is no legal duty that requires staff to administer medicines and medicines should only be taken to school when essential. Staff have a duty of care to act like any reasonably prudent parent. This duty of care may lead to administering medicine and/or taking action in an emergency. It should be recognised that some children would be unable to attend unless such 'duty of care', i.e., medication, was made available during school hours.

Aim

The aim of this policy is to effectively support individual children with medical needs and to enable pupils to achieve regular attendance.

Overview

- Parents are encouraged to administer medicines to their children outside of the school day, e.g. antibiotics can be administered three times a day from home.
- Medicines will only be administered at school when there is no other alternative and when failure to do so may be of detriment to the child's health.
- Parents must complete the Request for School to Administer Medication Form before medicines are administered at school.
- Staff must keep a record of any medicines administered at school in the medicine log.
- Medicines will be kept in labelled containers in the Quiet Room in a locked refrigerator or locked cupboard
- Confidentiality - The school will not disclose details about a child's medical condition without the consent of the parents or the child him/herself. All parties should agree how much other children are told about a child's medical condition. Duty of Care and Assessment of Risk
- Staff administering medication on behalf of the school are deemed to be acting in 'loco parentis' in terms of their duty of care.
- Some children may suffer from conditions such as Diabetes or Anaphylaxis, and in some cases may require the administration of life saving medication in an emergency.
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- The school trains staff who may be required to administer medication in these life-threatening circumstances on a regular basis.
- With adequate training, the potential risks administering medication should be minimal compared with the risk to the child if medication is not given, or is delayed, in a life-threatening situation.
- If the school accepts a child with a rare, chronic or life-threatening condition, the parents must provide detailed information on how the condition can be managed in school. This will include:
  - advice from the child's GP and/or paediatrician.
  - procedure/s to be followed in an emergency.
  - medication / day to day and food management (where relevant).

Absence

Parents should not send a child to school if he/she is unwell. If a child is ill and not attending school, the parents must telephone the School Office on the first day of absence and keep the school informed on an ongoing basis. If a child has been given medication at home before they attend school, parents/carers should disclose this by email. The school must be advised of any infectious diseases that could be passed on to other pupils. If a child is signed off by their GP, parents should let the school know how long he/she will be away from school.

Training

The school recognises the need for staff required to administer medication by injection or invasive routes to receive adequate training. A record of all medical training will be kept. It is important that all staff likely to come into contact with a child who has a condition that may require urgent medical attention should receive sufficient information and/or awareness training to enable them to recognise symptoms of the condition and take appropriate action in the event of an emergency.

Staff have access to regular training on the use of epipens (adrenaline) in the event of severe allergic reactions. In the event of a child with specific medical needs joining, the school may seek advice on training needs from the local authority. Epipen awareness training will take place in school.

New members of staff are made aware of these procedures during their induction within the first term of employment. There are numerous first-aiders staff with varying qualifications and lists are published in the school.

Medication

Schools should only accept prescribed medicines if these are in-date, labelled, provided in the original container as dispensed by a pharmacist and include instructions for administration, dosage and storage. The exception to this is insulin, which must still be in date, but will generally be available to schools inside an insulin pen or a pump, rather than in its original container.

Non-prescribed 'ad-hoc' medicines

A supply of over the counter medications such as Calpol, Ibuprofen(nurophen) and Piriton are kept securely in the Quiet Room and given out when appropriate. Parental consent is always sought. Prescription medicines will be given by the member of staff who has the appropriate training, usually the School Nurse. Pupils' own medication can be brought in and kept with the School Nurse. Parents are asked to provide full written details of administration of the medication. Medication is stored in accordance with instructions. Medication is clearly labeled with the pupil's name, in the original container with the expiry date visible and prescriber's instructions for administration. Pupils with asthma pumps keep these in the classroom under the supervision of the staff in that classroom. In preparation for school residential trips parents sign a form if they consent to their son/daughter being given over the counter medication. Medication is reviewed regularly and at least annually. The School Nurse will meet with parents of children with asthma plans to check the right instructions have been given to school. All pupil medical records are reviewed at the start of the school year when new consent forms are issued.

Parents are encouraged to administer medicines to their children outside of the school day.

Staff administering medication on behalf of the school are deemed to be acting 'in loco parentis'.

The need to take medication during the school day

Staff will not give prescription medicines without the appropriate training.

The following pupils may require medication whilst at school:

- those who have suffered an acute medical condition but are regarded by a doctor as fit to return to school provided a prescribed medicine is taken
- those who suffer certain chronic or life-threatening conditions (e.g., anaphylaxis, asthma, diabetes) but can satisfactorily attend school provided they are given a regular dose of medicine, or medication is available in an emergency. Care plans will be put in place
- those children who suffer occasional discomfort, such as toothache/headache, who may require analgesics (i.e., pain relievers)

Procedures for managing prescription medicines that need to be taken during the school day

Parents are required to complete the *Request for School to Administer Medication Form* if they wish the school to administer medication. This details the medication, frequency, dosage and any other relevant information. Oral information from the child/parent cannot be acted upon.

The school will normally only accept medicines that have been prescribed by a doctor, dentist, nurse prescriber or pharmacist prescriber. Where possible, not more than one week's supply should be sent at any time.

Medicines must always be provided in the original container and include the prescriber's instructions for administration. The school will not accept medicines that have been taken out of the container as originally dispensed or make changes to dosages on parental instructions. The container should be clearly labelled with:

- the child's name
- the name of the medicine
- the method, dosage and timing of administration
- the issue date and expiry date.

The school will maintain records of all medicines received and returned to parents. A daily record of each dose given must be kept to avoid overdose. The record should be signed with:

- the name of the child
- the name of the medication
- the dosage administered
- the time the medication was given.

Medicines must be kept in a safe place and at the correct temperature, separate from the 'general' first aid box. They must be stored in strict accordance with the instructions on the original packaging. All emergency medicines, such as asthma inhalers and adrenaline pens, should be readily accessible to staff and children in the appropriately pre-agreed locations

and should not be locked away. Medicines no longer required must be handed back to the parent.

Where clinically appropriate, it is helpful if medicines are prescribed in dosages that enable them to be taken outside school hours. Medicines that need to be taken three times a day could be taken in the morning, after school hours and at bedtime.

Procedures for managing prescription medicines on trips

The school encourages children with medical needs to participate in educational trips, and will consider reasonable adjustments to enable all children to participate fully and safely. This might include writing risk assessments for specific children.

Staff supervising excursions will always be aware of any medical needs and relevant emergency procedures. Any health care plans and prescribed medication will be taken on school visits in case of emergency.

A member of staff who has received basic first aid training will always accompany any educational visit. First aid facilities will form part of the Risk Assessment conducted by the Visit Leader.

Procedures for managing prescription medicines during sporting activities

Any restrictions on a child's ability to participate in sport will be recorded in their Individual Health Care Plan. All adults will be aware of issues of privacy and dignity for children with particular needs.

Some children may need to take precautionary measures before or during exercise and some may need immediate access to specific medicines, such as inhalers. Sport staff need to be aware of individual Health Care Plans, and ensure that the appropriate medication is readily available during all lessons, whether in the hall, playground or off site.

Staff responsibilities for managing medicines

Medicine will only be administered by the school when essential; that is where it would be detrimental to a child's health if medicine were not administered during the school 'day'. If in any doubt, staff must check with the parent/s before taking further action, or discuss the concern with the School Nurse and/or Health & Safety Coordinator.

No child will be given medicines without a parent's written consent. Any member of staff giving medicines to a child must check:

- the child's name
- prescribed dose
- expiry date
- written instructions provided by the prescriber on the label or container

Staff administering the medication must:

- complete and sign the *Request for School to Administer Medication Form* (kept in the Quiet room) each time they administer medication

Parental responsibilities for managing their child's medical needs

Parents must inform the school about any particular needs before a child is admitted or when a child first develops a medical need.

Parents should make every effort to arrange for medicines to be administered outside of the school day, or to come into school and administer medicines themselves. If necessary, it must be a parent (or any person with parental responsibility) who gives consent for medicines to be administered by the school during the day. The permission form must be completed prior to any medicines being administered.

Parents are responsible for checking the expiry date of medication and replacing asthmatic inhalers and EpiPens as required.

If a child requires creams applied to his/her skin (e.g. for eczema cream or sunscreen) parents should administer them before school. The *Request for School to Administer Medication Form* should be completed if medicated cream is required to be applied during the school day for a specific reason.

Returning to school after an injury (broken bones, severe head injuries etc)

If a child is returning to school after an injury sustained outside of school and has been admitted to hospital, the discharge letter is required to be emailed to the school office or a copy needs to be handed to the school as soon as possible.

Where a child is known to be having an operation or procedure it is important that this is flagged to the Welfare Officer by both class staff and office staff so that liaison with parents/carers with regards to any follow up care needs. Where a child suffers an injury that requires a plaster cast a risk assessment must be carried out by School Risk Assessor and Welfare Administrator. It is the responsibility of all staff to ensure children are NOT dropped off in school and left without this having been done.

The Welfare Administrator will meet with the parent and child to consider if sufficient risk assessment has been taken before the pupil returns to school. A risk assessment will be carried out and then evaluated by the Headmistress, School Risk Assessor (SRA) and the Welfare Administrator to analyse if we can accommodate the pupil's return. Parents must inform the school **by email** about any particular injury or when a child first develops a condition that may need support, so we can arrange a face-to-face risk assessment meeting to arrange their child's return to school.

Assisting children with long-term or complex medical needs

Where a child has a long-term medical need, e.g., allergies or asthma, a written Health Care Plan will be drawn up between the School the parent/s and on the advice of health

professionals. An 'Allergies' register and an 'Asthma' register is kept in the School Office containing all the relevant details/information on each child's Health Care Plan. Copies are also kept by the pupils' class teachers and in the pupils' confidential files.

If your child has asthma and requires an inhaler to be held at school, please provide a spare pump so that we can hold it for use in any after school clubs that your child may attend. It is also then available as a replacement should the inhaler run out during use.

A salbutamol inhaler and 2 AAI are kept in the school office for those children with consent, for use in case of emergency.

Parents must inform the school about any particular needs before a child is admitted or when a child first develops a medical need.

Health Care Plan

Children requiring regular medication, such as for asthma, hay fever or allergies, must have a Health Care Plan. This should be completed and returned to the School Welfare Administrator without delay.

Record keeping

In all cases where medicine is to be administered by a member of staff, parents must complete and return the *Request for School to Administer Medication Form* to ensure that details of medicines are recorded. Staff should check that any details provided by parents, paediatricians or specialist nurses are consistent with the instructions on the medicine container.

The school will keep a record of any medicines administered by staff in the School Medical Register. This record will be completed by the member of staff administering the medicine.

Appendix 1

Parent/guardian consent to administer short term non-prescribed 'ad-hoc' medicines.

The Sickness and Medication Policy permits the school to administer the following non-prescription medication if your child develops the relevant symptoms during the school day. Pupils will be given a standard dose suitable to their age.

You will receive a telephone call by either the Welfare Administrator or a member of the admin team before we administer medication to your child.

If you have any questions or require additional clarification, please email or telephone the Welfare Administrator.

Pupils Name:

Date:

Name of medication:

Dosage:

Reason for administration medication:

Time:

Consent given by:

Signature_____

Welfare Administrator

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Guidance on infection control in schools and other childcare settings

HSC Public Health Agency

March 2017

Prevent the spread of infections by ensuring: routine immunisation, high standards of personal hygiene and practice, particularly handwashing, and maintaining a clean environment. Please contact the Public Health Agency **Health Protection Duty Room (Duty Room) on 0300 555 0119** or visit www.publichealth.hscni.net or www.gov.uk/government/organisations/Public-health-england if you would like any further advice or information, including the latest guidance. Children with rashes should be considered infectious and assessed by their doctor.

Rashes and skin infections	Recommended period to be kept away from school, nursery or childminders	Comments
Athlete's foot	None	Athlete's foot is not a serious condition. Treatment is recommended
Chickenpox*	Until all vesicles have crusted over	See: Vulnerable children and female staff – pregnancy
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 (as per "Green Book")	Preventable by immunisation (MMR x 2 doses). See: Female staff – pregnancy
Hand, foot and mouth	None	Contact the Duty Room 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 commencing antibiotic treatment	Antibiotic treatment speeds healing and reduces the infectious period
Measles*	Four days from onset of rash	Preventable by vaccination (MMR x 2). See: Vulnerable children and female staff – pregnancy
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 commencing appropriate antibiotic treatment	Antibiotic treatment recommended for the affected child. If more than one child has scarlet fever contact PHA Duty Room for further advice
Slapped cheek (fifth disease or parvovirus B19)	None once rash has developed	See: Vulnerable children and female staff – pregnancy
Shingles	Exclude only if rash is weeping and cannot be covered	Can cause chickenpox in those who are not immune i.e. have not had chickenpox. It is spread by very close contact and touch. If further information is required, contact the Duty Room. SEE: Vulnerable Children and Female Staff – Pregnancy
Warts and verrucae	None	Verrucae should be covered in swimming pools, gymnasiums and changing rooms

Diarrhoea and vomiting illness	Recommended period to be kept away from school, nursery or childminders	Comments
Diarrhoea and/or vomiting	48 hours from last episode of diarrhoea or vomiting	
E. coli O157 VTEC*	Should be excluded for 48 hours from the last episode of diarrhoea	Further exclusion is required for young children under five and those who have difficulty in adhering to hygiene practices
Typhoid* [and paratyphoid*] (enteric fever)	Further exclusion may be required for some children until they are no longer excreting	Children in these categories should be excluded until there is evidence of microbiological clearance. This guidance may also apply to some contacts of cases who may require microbiological clearance
Shigella* (dysentery)		Please consult the Duty Room 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	Recommended period to be kept away from school, nursery or childminders	Comments
Flu (influenza)	Until recovered	See: Vulnerable children
Tuberculosis*	Always consult the Duty Room	Requires prolonged close contact for spread
Whooping cough* (pertussis)	48 hours from commencing antibiotic treatment, or 21 days from onset of illness if no antibiotic treatment	Preventable by vaccination. After treatment, non-infectious coughing may continue for many weeks. The Duty Room will organise any contact tracing necessary

Other infections	Recommended period to be kept away from school, nursery or childminders	Comments
Conjunctivitis	None	If an outbreak/cluster occurs, consult the Duty Room
Diphtheria *	Exclusion is essential. Always consult with the Duty Room	Family contacts must be excluded until cleared to return by the Duty Room. Preventable by vaccination. The Duty Room 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)	The duty room will advise on any vaccination or other control measure that are needed for close contacts of a single case of hepatitis A and for suspected outbreaks.
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: Good Hygiene Practice
Meningococcal meningitis*/ septicaemia*	Until recovered	Some forms of meningococcal disease are preventable by vaccination (see immunisation schedule). 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 contacts. The Duty Room will advise on any action 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. The Duty Room 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 the Duty Room
Mumps*	Exclude child for five days after onset of swelling	Preventable by vaccination (MMR x 2 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. It is a statutory requirement that doctors report a notifiable disease to the Director of Public Health via the Duty Room.

Outbreaks: if a school, nursery or childminder suspects an outbreak of infectious disease, they should inform the Duty Room.

Good hygiene practice

Handwashing is one of the most important ways of controlling the spread of infections, especially those that cause diarrhoea and vomiting, and respiratory disease. The recommended method is the use of liquid soap, warm water and paper towels. Always wash hands after using the toilet, before eating or handling food, and after handling animals. Cover all cuts and abrasions with waterproof dressings.

Coughing and sneezing easily spread infections. Children and adults should be encouraged to cover their mouth and nose with a tissue. Wash hands after using or disposing of tissues. Spitting should be discouraged.

Personal protective equipment (PPE). Disposable non-powdered vinyl or latex-free CE-marked gloves and disposable plastic aprons must be worn where there is a risk of splashing or contamination with blood/body fluids (for example, nappy or pad changing). Goggles should also be available for use if there is a risk of splashing to the face. Correct PPE should be used when handling cleaning chemicals.

Cleaning of the environment, including toys and equipment, should be frequent, thorough and follow national guidance. For example, use colour-coded equipment, follow Control of Substances Hazardous to Health (COSHH) regulations and correct decontamination of cleaning equipment. Monitor cleaning contracts and ensure cleaners are appropriately trained with access to PPE.

Cleaning of blood and body fluid spillages. All spillages of blood, faeces, saliva, vomit, nasal and eye discharges should be cleaned up immediately (always wear PPE). When spillages occur, clean using a product that combines both a detergent and a disinfectant. Use as per manufacturer's instructions and ensure it is effective against bacteria and viruses and suitable for use on the affected surface. Never use mops for cleaning up blood and body fluid spillages – use disposable paper towels and discard clinical waste as described below. A spillage kit should be available for blood spills.

Laundry should be dealt with in a separate dedicated facility. Soiled linen should be washed separately at the hottest wash the fabric will tolerate. Wear PPE when handling soiled linen. Children's soiled clothing should be bagged to go home, never rinsed by hand.

Clinical waste. Always segregate domestic and clinical waste, in accordance with local policy. Used nappies/pads, gloves, aprons and soiled dressings should be stored in correct clinical waste bags in foot-operated bins. All clinical waste must be removed by a registered waste contractor. All clinical waste bags should be less than two-thirds full and stored in a dedicated, secure area while awaiting collection.

Sharps, eg needles, should be discarded straight into a sharps bin conforming to BS 7320 and UN 3291 standards. Sharps bins must be kept off the floor (preferably wall-mounted) and out of reach of children.

Sharps injuries and bites

If skin is broken as a result of a used needle injury or bite, encourage the wound to bleed/wash thoroughly using soap and water. Contact GP or occupational health or go to A&E immediately. Ensure local policy is in place for staff to follow. Contact the Duty Room for advice, if unsure.

Animals

Animals may carry infections, so wash hands after handling animals. Health and Safety Executive for Northern Ireland (HSENI) guidelines for protecting the health and safety of children should be followed.

Animals in school (permanent or visiting). Ensure animals' living quarters are kept clean and away from food areas. Waste should be disposed of regularly, and litter boxes not accessible to children. Children should not play with animals unsupervised. Hand-hygiene should be supervised after contact with animals and the area where visiting animals have been kept should be thoroughly cleaned after use. Veterinary advice should be sought on animal welfare and animal health issues and the suitability of the animal as a pet. Reptiles are not suitable as pets in schools and nurseries, as all species carry salmonella.

Visits to farms. For more information see https://www.hseni.gov.uk/publications/preventing-or-controlling-ill-health-animal-contact-visitor-attractions

Vulnerable children

Some medical conditions make children vulnerable to infections that would rarely be serious in most children, these include those being treated for leukaemia or other cancers, on high doses of steroids and with conditions that seriously reduce immunity. Schools and nurseries and childminders will normally have been made aware of such children. These children are particularly vulnerable to chickenpox, measles and parvovirus B19 and, if exposed to either of these, the parent/carer should be informed promptly and further medical advice sought. It may be advisable for these children to have additional immunisations, for example pneumococcal and influenza. This guidance is designed to give general advice to schools and childcare settings. Some vulnerable children may need further precautions to be taken, which should be discussed with the parent or carer in conjunction with their medical team and school health.

Female staff# – pregnancy

If a pregnant woman develops a rash or is in direct contact with someone with a potentially infectious rash, this should be investigated by a doctor who can contact the duty room for further advice. The greatest risk to pregnant women from such infections comes from their own child/children, rather than the workplace.

- Chickenpox can affect the pregnancy if a woman has not already had the infection. Report exposure to midwife and GP at any stage of pregnancy. The GP and antenatal carer will arrange a blood test to check for immunity. Shingles is caused by the same virus as chickenpox, so anyone who has not had chickenpox is potentially vulnerable to the infection if they have close contact with a case of shingles.
- German measles (rubella). If a pregnant woman comes into contact with german measles she should inform her GP and antenatal carer immediately to ensure investigation. The infection may affect the developing baby if the woman is not immune and is exposed in early pregnancy.
- Slapped cheek disease (fifth disease or parvovirus B19) can occasionally affect an unborn child. If exposed early in pregnancy (before 20 weeks), inform whoever is giving antenatal care as this must be investigated promptly.
- Measles during pregnancy can result in early delivery or even loss of the baby. If a pregnant woman is exposed she should immediately inform whoever is giving antenatal care to ensure investigation.
- All female staff born after 1970 working with young children are advised to ensure they have had two doses of MMR vaccine.

#The above advice also applies to pregnant students.

Immunisations

Immunisation status should always be checked at school entry and at the time of any vaccination. Parents should be encouraged to have their child immunised and any immunisation missed or further catch-up doses organised through the child's GP.

For the most up-to-date immunisation advice and current schedule visit www.publichealth.hscni.net or the school health service can advise on the latest national immunisation schedule.

When to immunise	Diseases vaccine protects against	How it is given
2 months old	Diphtheria, tetanus, pertussis (whooping cough), polio and Hib	One injection
	Pneumococcal infection	One injection
	Rotavirus	Orally
	Meningococcal B infection	One injection
3 months old	Diphtheria, tetanus, pertussis, polio and Hib	One injection
	Rotavirus	Orally
4 months old	Diphtheria, tetanus, pertussis, polio and Hib Pneumococcal	One injection One
	infection	injection
	Meningococcal B infection	One injection
Just after the first birthday	Measles, mumps and rubella Pneumococcal	One injection
	infection	One injection
	Hib and meningococcal C infection	One injection
	Meningococcal B infection	One injection
Every year from 2 years old up to P7	Influenza	Nasal spray or injection
3 years and 4 months old	Diphtheria, tetanus, pertussis and polio	One injection
	Measles, mumps and rubella	One injection
Girls 12 to 13 years old	Cervical cancer caused by human papillomavirus types 16 and 18 and genital warts caused by types 6 and 11	Two injections over six months
14 to 18 years old	Tetanus, diphtheria and polio	One injection
	Meningococcal infection ACWY	One injection

This is the Immunisation Schedule as of July 2016. Children who present with certain risk factors may require additional immunisations. Always consult the most updated version of the "Green Book" for the latest immunisation schedule on www.gov.uk/government/collections/immunisation-against-infectious-disease-the-green-book#the-green-book

From October 2017 children will receive hepatitis B vaccine at 2, 3, and 4 months of age in combination with the diphtheria, tetanus, pertussis, polio and Hib vaccine.

Staff immunisations. All staff should undergo a full occupational health check prior to employment; this includes ensuring they are up to date with immunisations, including two doses of MMR.

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