

First Aid, Illness and Accident Reporting Policy

To realise – in mind, body and spirit – the full potential of every member of the St Edmund's Family, through Catholic values, learning, service and leadership.

Avita Pro Fide

St Edmund's is committed to ensuring the welfare and protection of children in its care and this commitment is a fundamental part of the role of every person employed by St Edmund's

References

The Health & Safety (First Aid) Regulations 1981, (Revised 2013)

Approved Code of Practice (ACOP L74)

Health & Safety at Work Act 1974

DfE guidance: First aid in schools (updated 2014)

Health protection in schools and other childcare facilities: A practical guide for staff on managing cases of infectious diseases in schools and other childcare settings

National Minimum Standards for Boarding Schools

HSE guidance: RIDDOR - Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013

The Gillick competency and Fraser guidelines

Health and Safety; responsibilities and duties for schools (2018), (updated 2022)

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Other related documents

Health & Safety Policy

Health & Safety - Off-site Activities & Visits Policy

Medicines Policy

Risk Assessment Policy

1. Aim & Scope

It is the policy of St Edmund's College to:

- Provide 24-hour care for boarders with access to medical, dental and optical services.
- Provide an adequate provision of First Aid cover for employees, pupils and visitors on its premises at all times.
- Ensure compliance with all relevant legislation.
- Carry out Risk Assessments to establish the level of First Aid cover required for the College and assist staff, where required, in the preparation of Risk Assessments for events.

2. Responsibilities

- The responsibility for Health & Safety, which includes First Aid, rests with the Board of Governors.
- The Headmaster is responsible for achieving the objectives of this policy.
- The Health & Safety Committee will assist in ensuring that this policy is implemented correctly.
- Heads of Department, including but not limited to, the Director of Summer School, Educational Visits Co-Coordinator(s) and Event Co-Coordinator(s) will ensure that First Aid requirements are met.

All staff are responsible for ensuring that:

- pupils are aware of the Health Centre provision;
- pupils are either sent to the Health Centre (they should be accompanied if they do not feel

- well enough to go on their own.) if they are unwell or have been injured.
- responsible for notifying the Health Centre of pupils with injuries that may require a Personal Evacuation Plan (PEEP);
- an Accident Report Form is completed, where required.

The Health & Safety Officer is responsible for:

- assisting with the production and updating of Risk Assessments for the First Aid provision;
- reporting and investigating accidents under the Reporting of Injuries, Diseases and Dangerous Occurrences 1995 (RIDDOR) and keeping records;
- liaising with the Health Centre and checking the online reporting records.;
- Health & Safety staff induction;
- organising and keeping records of First Aid training for staff.

The Health Centre is responsible for:

- providing 24-hour high quality medical support for boarding pupils;
- providing First Aid for day pupils and staff during term time;
- liaising with the Health & Safety Officer on various matters including the reporting of accidents to RIDDOR and the creation of Personal Evacuation Plan's (PEEP's);
- maintaining medical records including the accident report records;
- ensuring the First Aid policy and Medicines policy are kept up-to-date.

3. Pupil Illness

Pupils (and staff) have access to 24 hour medical support during term time. This is provided through a combination of staff in the Health Centre or on call.

If a pupil is unwell or injured, it is the responsibility of the staff member to contact the parent(s) to collect the pupil or to send the pupil to the Health Centre (**extension 4234**). Pupils should be accompanied to the Health Centre if they are not well enough or unable to go alone.

Wheelchairs are available to assist in moving pupils.

Parents will be informed if a pupil is very unwell in the Health Centre and may be asked to collect their child.

The Health Centre have the facilities to accommodate a number of unwell Boarding pupils overnight and pupils that have contagious illnesses.

In the event of an emergency, any member of staff can call for an ambulance (**9-999**). The Health Centre (**extension 4234**) and Reception (**extension 0**) must be notified in order to assist the Emergency Services, if necessary.

If a child shows signs of an infectious disease, then exclusion times will apply. Further information can be found on www.gov.uk. Or the Health Centre can advise.

4. First Aid Provision

The Health & Safety Officer ensures that there are sufficient First Aid trained staff, including at least two pediatric First Aiders for the Prep school. The training is refreshed as required (usually every 3 years) and subject specific first aid training is provided, where necessary.

A list of First Aiders is maintained by the Health & Safety Officer and is displayed in the College and Prep Staff Rooms and Reception areas.

A First Aider will accompany pupils on educational visits and to sports events and will take appropriate first aid provisions.

First Aiders will give immediate medical care and contact the Health Centre or Emergency Services, where necessary.

First Aid kits are located throughout the site and are maintained by the Health Centre or the relevant Department. A list of locations can be found on Teams. First Aid signs clearly highlight where kits can be found.

The Bursar ensures that the Health Centre Manager has the qualifications to meet the standards of medical cover required. The Health Centre Manager ensures that their subordinates have the qualifications required.

In term time, when the Health Centre is open, staff can attend the Health Centre for First Aid. During the school holidays when the Health Centre is not open to staff, First Aid is administered by staff who have completed their First Aid training.

Any person witnessing an injury or illness deemed to require emergency treatment in the absence of Health Centre staff or First Aiders should call an ambulance. If there is any doubt about the severity of the injury or illness the ambulance should be called and can be stood down if necessary once assessed by Health Centre or First Aid trained staff.

In the event of any bodily fluid spillages, these should be safely cleaned up following the guidance set out in the infection control policy.

Any pupils taken to hospital by ambulance must be accompanied by a member of staff until a parent or guardian arrives.

5. Accident Reporting

All accidents, incidents and near misses are reported and followed up. It is not only necessary for an injury sustained by an individual – but also accidents where property or material damage occurs must also be recorded, as investigation of these incidents can help prevent injuries.

The Health Centre staff will complete the online accident report form if they witnessed or treated an injury sustained in said accident. If the Health Centre staff had no involvement in incident, staff or their line manager should complete their own form via the Accident Reporting Form on the Staff Forms area of VLE.

For staff, the staff member or their Line Manager, or the Health Centre Manager should complete an Accident Report Form as soon as possible.

In the event of a major injury or dangerous occurrence the Health & Safety Officer and Headmaster must be informed **immediately**.

Examples of major injuries that are reportable to RIDDOR are fractures, amputation and dislocations. It is the responsibility of the Health & Safety Officer to contact RIDDOR.

Each accident will be investigated to determine the cause and influencing factors and to identify where improvements can be made or see if procedures need to be reviewed.

The schools governing board are provided with a regular update on the number of accidents and any trends identified.

6. Medical Records

A Medical Questionnaire outlining significant medical problems, current and past treatment, allergies and dates/nature of all immunisations must be completed by a parent or guardian for every new pupil prior to entry to the school.

Written parental permission will be obtained on admission to the school for all pupils for the administration of first aid and appropriate non-prescription (otherwise known as over the counter or homely remedies). For boarders to also seek medical, dental or optical treatment when required. If parents do not complete the form, they will be followed up by the Health Centre managers. If the form is still not received it will be assumed that consent has been granted to treat their child in an emergency.

Parents will be asked annually if there are any changes to their child's health. If parents do not notify the health centre of any changes, it will be assumed that there is no change to the child's health and the previous information will be considered current.

On application to the school there should be full disclosure on the health form of any special medical or physical needs. These are brought to the attention of the Health Centre Manager. Parents also have a duty to disclose any food allergies or intolerances to allow the catering department to ensure meals are provided that are suitable.

7. Treatment

Boarders will be registered with the local GP surgery by the Health Centre (The Health Centre, Station Road, Puckeridge, Herts) and can book an appointment with a doctor when required. Contact with the doctor is private, however the pupil may choose to inform a staff member or request attendance at the appointment if they wish.

Full Boarders have the option to receive medical insurance through AXA PPP (organised through the College's insurance broker). St Edmund's College & Prep are not liable for private medical costs.

A pupil's ability to consent to or refuse medical or nursing treatment is acknowledged. This is based on competency and age. Extreme caution is exercised when assessing the competence of a minor to refuse treatment.

Links to outside professional services will be made as appropriate and required, for example, a counsellor.

In accordance with the nurse's professional obligations and in line with the NMC Code, medical information about pupils, regardless of their age, will remain confidential. However, with all medical and nursing matters having failed to persuade the pupil or their authorised representative to give consent to divulgence, the nurse considers that it is in the pupil's better interest or necessary for the protection of the wider school community, to breach confidence and pass information on to the relevant person or body.

Owner of policy:	Deputy Head Pastoral		
Reviewed by:	Bursar	Health & Safety Officer	Health Centre Manager
Frequency of review:	Annually		
Policy last reviewed:	Lent	2026	
Next review date:	Lent	2027	
Sub-Committee reviewed at:	Education Sub-Committee		

INFECTION CONTROL PROCEDURES

INTRODUCTION

When people live or work closely together they are at more risk from spreading disease. When a person has an infectious illness, strict precautions must be observed. Children are particularly susceptible because:

- they have immature immune systems
- have close contact with other children
- sometimes have no or incomplete vaccinations
- have a poor understanding of hygiene practices

AIMS AND OBJECTIVES

- To minimise the risk of spreading disease within the College and Prep School environments
- To train and inform staff so they are aware of any risks and the precautions to be taken to prevent the spread of infection
- To ensure staff adhere to the infection control procedures
- Provide preventative measures such as procedure, training and personal protective equipment (PPE)
- Record all incidents of infection
- Educate pupils on standard infection control procedures
- Report notifiable infections to the local enforcing authority (some outbreaks need to be reported)

INFECTION CONTROL PROCEDURES

The whole school community are encouraged to:

- Use hand sanitizers on entering boarding corridors, Health Centre and other areas of the College/Prep School where available
- Ensure effective, regular hand washing with soap
- Cover mouths when coughing/sneezing, use a tissue and where possible dispose of tissues by flushing away or into a rubbish bin. When you don't have a tissue, cough into your elbow
- Remember to wash/sanitize hands after coughing or sneezing
- Younger children may need support to manage good hygiene within school
- Any pupil/staff that have an infectious disease should follow the guidelines set out in the table in Appendix 2 with regard to exclusion time from school
- Staff should adhere to the sickness policy

INFECTIONS:

- Staff and pupils who become unwell at home should not attend school until they have recovered or have sought medical advice
- If a pupil becomes ill at school; an initial assessment by the school nurse will be made and a decision will be made as to whether the child is able to continue at school or not
- If the child is sent home the expectation would be that they would not return to school until they are recovered
- Any boarding pupil suspected of being infectious should be isolated and if possible sent home or to their guardian. Friends will be unable to visit during this infectious period
- Any day pupils suspected of being infectious should not be allowed to come to school
- If a more serious outbreak is suspected; such as Norovirus or 'flu epidemic then further steps will be taken. See appendix 3.

HOW INFECTIONS SPREAD

Infections are spread in many different ways but the most important of these are through:

- Respiratory spread: contact with cough or other secretions from an infected person, like influenza. This can happen by being near the infected person when they cough and then breathe in the organism; or by picking up the organism from an infected item, for example, a used tissue or on an object in the environment, and then touching your eyes, nose or mouth.
- Direct contact spread: By direct contact with the infecting organism, for example, contact with the skin during contact sports such as rugby and in gyms, like impetigo or staphylococcal infections.
- Gastrointestinal spread: Resulting from contact with contaminated food or water (hepatitis A), contact with infected faeces or unwashed hands after using the toilet (typhoid fever)
- Blood borne virus spread: By contact with infected blood or body fluids, for example, while attending to a bleeding person or injury with a used needle (hepatitis B). Human mouths are inhabited by a wide variety of organisms, some of which can be transmitted by bites. Human bites resulting in puncture or breaking of the skin are potential sources of exposure to blood borne infections, therefore, it is essential that they are managed promptly. There is a theoretical risk of transmission of hepatitis B from human bites, so the injured person should be offered vaccination. Although HIV can be detected in saliva of people who are HIV positive there is no documented evidence that the virus has been transmitted by bites.

STANDARD PROCEDURES

- All toilet seats, handles, hand basins and taps will be disinfected after use by an infected person by a member of domestic services
- All bedding and towels used during the infectious period should be washed at high temperature (minimum of 60C). Use of Alginate bags should be used if necessary. A deep clean by housekeeping may be required
- Staff are to wear disposable protective equipment (See PPE section)

- Reports of any incidences of fever, vomiting, diarrhoea or rashes are to be reported to the nurse in the Health Centre or Swan's Nest
- Infected staff should not return to work until at least 48 hours if vomiting and diarrhoea has occurred, or unless cleared by a GP
- Any notifiable diseases will be reported to the local health protection team
- Any cases of food poisoning or other related infections will be reported to the local health protection team
- In cases of spillages of blood or other bodily fluids, PPE must be worn and disposed of appropriately. See Appendix 1 for 'Procedure for the handling of body fluids within the school environment'

PREVENTION AND CONTROL

Exclusion

Prompt exclusion is essential to preventing the spread of infection in childhood settings. There should be a local policy for exclusion of staff and children while they are infectious and a procedure for contacting parents or carers when children become ill at school.

When pupils are suffering from infectious diseases, they should be excluded from school on medical grounds for the minimum period recommended.

Formal exclusion of pupils from school on medical grounds is enforceable by the Headmaster only, acting on behalf of the local authority or the managers or governors of a school.

In exceptional cases, when parents insist on the return of their child to school when the child still poses a risk to others, the local authority may, by serving notice on the child's parents or carers, require that they keep the child away from school until they no longer pose a risk to others.

Exposure to infectious disease is not normally a reason for medical exclusion. Epidemics or pandemics may be an exception to this.

Handwashing

Hand washing is one of the most important ways of controlling the spread of infections, especially those that cause diarrhoea and vomiting and respiratory disease. Liquid soap, warm water and paper towels are recommended.

Advise all staff and pupils to wash their hands after using the toilet, before eating or handling food and after touching animals.

Cover all cuts and abrasions with a waterproof dressing.

Coughing and sneezing

Coughs and sneezes spread diseases. Children and adults should be encouraged to cover their mouth and nose with a disposable tissue and wash hands after using or disposing of tissues. If no tissues available, cough into elbows. Spitting should be discouraged.

Personal protective equipment (PPE)

Wear disposable gloves, masks and plastic aprons if there is a risk of splashing or contamination with blood or body fluids during an activity. Gloves should be disposable, non-powdered vinyl or latex-free and CE marked. Wear goggles if there is a risk of splashing to the face.

Managing cuts, bites and nose bleeds

Staff should be aware of the school health and safety policy and manage situations such as cuts, bites and bleeds according to that policy. This includes the identification and training of nominated first aiders for the school.

If a bite does not break the skin:

Clean with soap and water. No further action is needed.

If a bite breaks the skin:

- Clean immediately with soap and running water.
- Record incident in accident book.
- Seek medical advice as soon as possible (on the same day):
 - to treat potential infection
 - to protect against hepatitis B
 - for reassurance about HIV

Managing needle stick injuries

Occasionally children or staff may injure themselves with discarded used hypodermic needles which they have found. Dispose of the needle safely to avoid the same thing happening to someone else. This can be done by either contacting the local authority or school nurse. If someone pricks or scratches themselves with a used hypodermic needle:

- Non-contaminated sharps injury (all sharps that have not been in contact with anyone else prior to injury)
 - Wash area with soap and water
 - Cover with a waterproof dressing
 - See the school nurse or your GP
 - Apply antibacterial spray and cover wound
 - All staff/ pupils must complete accident form promptly

- Contaminated Sharp Injury (all sharps that have previously been in contact with anyone else prior to injury)
 - If skin is broken wash area vigorously with soap and water
 - If wound is bleeding DO NOT SUCK, encourage wound to bleed out if only a minor bleed
 - Contact School Nurse, see GP or attend Accident and Emergency department for medical attention
 - Support and counselling should be sought if required
 - All staff/pupils must complete accident form promptly

Cleaning blood and body fluid spills

All spillages of blood, faeces, saliva, vomit, nasal and eye discharges should be cleaned up immediately, wearing PPE.

Clean spillages using a product which combines detergent and disinfectant (and ensure it is effective against both bacteria and viruses). Always follow the manufacturer's instructions. Use disposable paper towels or cloths to clean up blood and body fluid spills, and dispose of after use. A spillage kit should be available for bodily fluids like blood, vomit and urine.

Sanitary facilities

Good hygiene practices depend on adequate facilities. A hand wash basin with warm running water along with a mild liquid soap, preferably wall mounted with disposable cartridges, should be available. Bar soap should not be used.

Place disposable paper towels next to basins in wall mounted dispensers, together with a nearby foot-operated waste paper bin.

Toilet paper should be available in each cubicle (it is not acceptable for toilet paper to be given out on request). If schools or nurseries experience problems with over-use, they could consider installing paper dispensers to manage this.

Suitable sanitary disposal facilities should be provided where there are female staff and pupils aged 9 or over (junior and senior age groups).

Children with continence aids

Pupils who use continence aids (like continence pads, catheters) should be encouraged to be as independent as possible. The principles of basic hygiene should be applied by both pupils and staff involved in the management of these aids.

Continence pads should be changed in a designated area. Disposable powder-free non-sterile latex gloves and a disposable plastic apron should also be worn. Gloves and aprons should be changed after every pupil. Hand washing facilities should be readily available. Contact your school health team for further advice.

Laundry

There should be a designated area on site if there is a need for laundry facilities. This area should:

- be separate from any food preparation areas
- have appropriate hand washing facilities
- have a washing machine with a sluice or pre-wash cycle

Staff involved with laundry services should ensure that:

- manual sluicing of clothing is not carried out as this can subject the operator to inhale fine contaminated aerosol droplets; soiled articles of clothing should be rinsed through in the washing machine pre-wash cycle, prior to washing
- gloves and aprons are worn when handling soiled linen or clothing
- hands are thoroughly washed after removing gloves

Dealing with contaminated clothing

Clothing of either the child or the first-aider may become contaminated with blood or body fluids. Clothing should be removed as soon as possible and placed in a plastic bag and sent home with the child with advice for the parent on how to launder the contaminated clothing. The clothing should be washed separately in a washing machine, using a pre-wash cycle, on the hottest temperature that the clothes will tolerate.

CLINICAL WASTE

Refer to the Health Centre's Clinical Waste Protocol (attached as appendix 4).

VULNERABLE GROUPS AND THOSE AT RISK OF INFECTION

Some children and Adults have impaired immune defence mechanisms in their bodies (known as immuno-compromised) and hence will be more likely to acquire infections. Also, the consequence of infection in the immuno-compromised is likely to be significantly more serious than in those with a properly functioning immune system (known as immuno-competent).

Impaired immunity can be caused by certain treatments such as those for leukaemia or other cancers, like cytotoxic therapy and radiotherapy. Other treatments such as high doses of steroids, enteral feeding and others, may also have a similar effect. Children and carers will have been fully informed by their doctor.

There are also some rare diseases, which can reduce the ability of a person to fight off infection. Usually nurseries and schools are aware of such vulnerable children through information given by their parents or guardians.

If a vulnerable child or adult is thought to have been exposed to a communicable disease, chickenpox or measles in the school setting, parents or guardians of that child should be informed promptly so that they can seek further medical advice from their GP or specialist, as appropriate.

It is important that these children are also made known to the school nurse on entry to the school.

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 according to PHE (Public Health England) guidelines by a doctor.

There are a number of infections which can be harmful to the unborn baby. These include:

- Chicken Pox
- German Measles (Rubella)
- Slapped Cheek
- Measles

If a child has been at school when one of the above infections is present, parents will be informed and we advise that pregnant ladies see their GP/Midwife to check immunity and seek professional advice.

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. The most up-to-date immunisation advice see the NHS Choices website at www.nhs.uk or speak to the school nurses in the medical centre.

Clinical Staff Uniform guidelines in relation to infection control

- Clinical staff will be expected to wear the provided uniform to protect themselves and their patients
- Shoulder length hair or longer to be tied back
- Nails to be kept short
- Jewellery: Minimal rings with small stones or plain band, Wrist watches to be removed for clinical procedures. no large hooped earrings, small hoops and studs acceptable
- Uniform to be washed at minimum of 60°C

Epidemics, Outbreaks and Pandemics

An **epidemic** is defined by WHO as “**the occurrence in a community or region of cases of an illness, specific health-related behaviour, or other health-related events clearly in excess of normal expectancy**”.

This is very similar to the definition of an outbreak. In fact, some health organisations have the same definition for outbreak AND epidemic. However, ‘outbreak’ is usually used when diseases happen in a more limited geographic area. If an outbreak of a disease spreads quickly to more people than experts would expect and moves into a large geographic area, it is often then called an epidemic.

As you will have started to see, there aren’t always distinct rules. Some diseases have to have a specific number of cases in a given county to be defined as an outbreak or epidemic because we have lot of experience with them, but for new disease it takes an element of expert judgement.

According to the World Health Organization, a disease **outbreak** is when cases of a disease are in excess of what we would normally expect to see. The number of cases that would be classed as an outbreak varies according to what causes the disease and the size and type of previous and existing exposure to the cause.

A **pandemic** is defined as “**an epidemic occurring worldwide, or over a very wide area, crossing international boundaries and usually affecting a large number of people**”.

Note that the pandemic definition includes the word epidemic, but not vice versa. This tells us that an epidemic can be reclassified as a pandemic once it passes a critical point.

Applying these terms to St Edmund’s College and Prep School

St Edmund’s College and Prep School work closely with the Health and Safety Officer , in times of disease outbreaks, epidemics and pandemics.

A risk assessment specific to the situation is produced and distributed throughout the College and Prep School. All staff can use this as a point of reference to understand temporary measures that need to be put in place in order to keep students and staff as safe as possible during any disease/infectious outbreak, epidemic or pandemic.

The risk assessment is usually a “working document” by nature i.e. as learning evolves and develops around a new disease, the risk assessment will reflect this with all necessary changes, always following Government guidance and evidence based best practice where possible.

Appendix 1

Procedure for dealing with spillages of body fluids

Body fluids include blood, urine, vomit and faecal matter. All must be regarded as potentially infective and dealt with in a safe and effective manner.

There may be blood loss as a result of an accident, vomiting due to illness and spillage of urine or faecal matter through inadequate bladder or bowel control in young children.

Procedure

In the event of blood loss or vomiting the Health Centre should be informed immediately to provide the appropriate treatment to the affected person.

The area of the incident should be made safe by the first member of staff at the scene using warning signs if necessary. Where appropriate the spillage may be covered with disposable towels.

The Health Centre and Bursar should be notified.

Disposable personal protective equipment (PPE), such as gloves and aprons, are available from the Health Centre and the Sanitair is with the Domestic Assistants.

The spillage must be cleared at the earliest opportunity. The area should be covered using Sanitair available from the Domestic Assistants.

This should be sprinkled over the spillage ensuring absolute coverage.

Allow approximately 90 seconds before scooping debris into a suitable disposable bag – preferably an orange clinical waste bag.

The compound can be diluted to the manufacturer's instructions e.g. for carpets. Care should be taken with some floor coverings and soft furnishings which may not tolerate some disinfectant products. Where necessary bedding, loose covers etc can be sent directly to the laundry to be washed at a temperature as high as the fabric can stand.

Any paper towels or similar should be sealed in a plastic rubbish bag, together with any PPE used. Disposal of infected or potentially infected material is through the Health Centre and according to local authority guidelines.

Following cleaning with disinfectants the area may subsequently be washed in the normal manner, and left to dry, using warning signs where necessary.

Cleaning equipment must be washed after use and stored dry.

The College Domestic Services Manager , ext 4259

In the Domestic Services Manager's absence contact Technical Projects Director, ext 4368

Appendix 2

GUIDELINES FOR EXCLUSION TABLE

Rashes and skin infections

Infection or Complaint	Recommended period to be kept away from school	Comment
Athlete's foot	None	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	Preventable by immunisation (MMR). See: Female Staff-pregnancy
Hand, foot and mouth	None	Contact 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). See: Vulnerable children and female staff-pregnancy
Molluscum contagiosum	None	A self-limiting condition
Ringworm	Exclusion not usually required	Treatment is required
Roseola	None	None
Scabies	Child can return after first treatment	Household and close contacts require treatment
Scarlet fever*	Can return 24hours after starting antibiotic treatment	Antibiotic treatment is required
Slapped Cheek/fifth disease. Parvovirus B19	None (once rash has developed)	See: Vulnerable Children and female Staff-pregnancy
Shingles	Exclude only if rash is weeping and cannot be covered	Can cause chickenpox in those not immune. Spread by very close contact and touch. See: Vulnerable Children and Female Staff-pregnancy.
Warts and verrucae	None	Verucae should be covered in swimming pools, gymnasiums and changing rooms.

Diarrhoea and vomiting illness

Infection or complaint	Recommended period to be kept away from school	Comments
Diarrhoea and/or vomiting	48 hours from last episode of diarrhoea or vomiting	
E coli, Typhoid*, Enteric Fever, dysentery	48 hours from last episode of diarrhoea.	Further exclusion is required for younger children who will have difficulty in adhering to hygiene practices. Children in this category should be excluded until there is evidence of microbiological clearance.
Cryptosporidiosis	48 hours from last episode of diarrhoea	Exclusion from swimming is advisable for 2 weeks after the diarrhoea has settled.

Respiratory infections

Infection or complaint	Recommended period to be kept away from school	Comments
Flu	Until recovered	See: Vulnerable children
Tuberculosis*	Always consult your local PHE centre	Requires prolonged close contact for spread
Whooping cough*	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 be present for many weeks.

Other Infections

Infection or complaint	Recommended period to be kept away from school	Comments
Conjunctivitis	None	If an outbreak/cluster occurs, consult your local PHE centre
Diphtheria*	Exclusion is essential. Always consult with local HPT.	Family contacts must be excluded until cleared to return by local PHE centre. Preventable by vaccination. Local PHE centre will organise any contact tracing.
Glandular advice	None	
Head lice	None	Treatment required if live lice seen
Hepatitis A	Exclude until 7 days after onset of jaundice/treatment	In an outbreak of Hep A, your local PHE centre will advise on control measures
Hepatitis B*, C*, HIV/AIDS	None	Blood borne viruses not infectious through casual contact.

Meningococcal meningitis*/ septicaemia	Until recovered	Men C preventable by vaccination. No reason to exclude siblings or close contacts. Local PHE will give advice on action needed.
Meningitis* due to other bacteria	Until recovered	Hib and pneumococcal meningitis preventable by vaccination.
Meningitis viral*	None	Milder illness. No reason to exclude siblings. Contact tracing not required
MRSA	None	Good hygiene and environmental cleaning are important to minimise spread.
Mumps*	Exclude child for 5 days after onset of swelling	Preventable by vaccination (MMR)
Threadworms	None	Treatment recommended for child and household contacts
Tonsillitis	None	Many causes but most cases are viral and do not require antibiotics.

*denotes a notifiable disease. It is a statutory requirement that doctors report a notifiable disease to the proper officer of the local authority and their local PHE centre.

Outbreaks: if an outbreak of infectious disease is suspected; local PHE centre is to be contacted.

PHE East of England: Harlow 0300 303 8537 Out of

hours: 01245 444417

Appendix 3

Norovirus (Winter Vomiting Disease)

Norovirus is the most common cause of infectious gastroenteritis (diarrhoea & vomiting) in England and Wales and is easily spread from one person to another, with it being able to survive in the environment for many days. In addition, outbreaks can be difficult to control and long-lasting. As there are many different strains of norovirus, and immunity is short-lived, outbreaks tend to affect more than 50% of susceptible people. Any semi-closed environment where large numbers of people congregate for periods of several days (e.g. schools, care homes, hospitals) provides an ideal environment for the spread of the disease.

If norovirus was to affect pupils and/or staff at the school it may lead to the school's closure. A school closure has a knock on effect on the parents/carers. The following advice aims to support the school in preventing the spread of the virus and therefore increasing the likelihood of remaining open.

Incubation period

Usually 24 to 48 hours.

Symptoms

Symptoms will start with the sudden onset of nausea followed by projectile vomiting and watery diarrhoea. Some people may have a raised temperature, headaches and aching limbs. The illness is self-limiting and the symptoms will last for 12 to 60 hours. Most people make a full recovery within 1-2 days. However some people (usually the very young or elderly) may become very dehydrated and require hospital treatment.

Spread

Noroviruses are found in the stool and vomit of infected people. People can become infected with the virus in several ways:

- Eating food or drinking liquids that are contaminated with norovirus.
- Touching surfaces or objects contaminated with norovirus (e.g. toilets, taps, flush handles, door handles), and then placing their hand in their mouth.
- Having direct contact with another person who is infected and showing symptoms (for example, when caring for someone with illness, or sharing foods or eating utensils with someone who is ill).
- Illness can result from contact with a very small dose of virus e.g. invisible particles contaminating the area surrounding a vomiting incident.

Prevention of an outbreak

The same principles apply as for other diseases involving vomiting and/or diarrhoea:

- Good hygiene is the mainstay of the prevention as vomiting/diarrhoeal diseases can spread rapidly and it is not always easy to identify cases early enough to stop them spreading their illness to others. If cases of diarrhoea and/or vomiting occur in school it is important that meticulous attention is paid to hygiene. Vomiting causes widespread contamination of the surrounding area (clothing, furniture, flooring, doors and handles, items like pencils or other equipment nearby) through spraying of particles too small to be seen by the naked eye. Anything potentially contaminated needs thorough cleaning with hot soapy water.
- Children and staff should be informed about the importance of both personal hygiene and of hygienic practices when serving, preparing and eating food. Parents should also be informed about the need for good hygiene at home as these diseases also spread rapidly within the community.
- Both pupils and staff should wash their hands thoroughly with soap and hot water after every visit to the toilet and before handling or eating food, and should dry them on single use paper towels. Young children may need supervision to ensure that adequate hand washing takes place. An adequate supply of toilet paper, soap and paper towels should be available in school toilets at all times.
- Toilet bowls, seats and flush handles along with any other surfaces that may have been touched by contaminated hands (i.e. door handles, tap handles etc.) should be disinfected daily. A simple solution of a disinfectant at the correct dilution is all that is required.
- The wash hand basins in toilet blocks should not be used for drinking water and the use of communal drinking fountains should be discontinued.

An outbreak situation

The Health Centre should be made aware of the occurrence of more than one case of diarrhoea in any particular class/ boarding corridor. Depending upon the number of pupils in the College/Prep School, 3 or more cases could potentially be considered as an outbreak. It is important that any outbreak is responded to quickly.

It is the responsibility of the Health Centre to contact the relevant agencies if an outbreak is suspected. Health Centre nurses will liaise with the School Medical Officer to plan the best treatment. The nurses will ensure boarding staff and parents are informed as soon as possible.

Any day pupil/ flexi boarder with suspected Norovirus will need to be collected by parent/carer. They will not be able to go on school transport. Full boarders with suspected Norovirus will be kept in isolation in the Health Centre until they are able to go home. International students that are unable to go home will be looked after in the Health Centre until they are 48 hour symptom free.

Exclusion periods

Those who have been infected should be excluded for up to 48 hours after their symptoms have ceased.

Treatment

Like all viral infections, Norovirus does not respond to treatment with antibiotics. There is no specific treatment for Norovirus apart from letting the illness run its course. It is important to drink plenty of fluids to prevent dehydration.

For more information and advice please visit www.nhs.uk or PHE East of England Health Protection Team on 0300 303 8537.

Appendix 4

CLINICAL WASTE

There is a clinical waste, large, padlocked bin outside the back of the Health Centre. The key is stored in the key cabinet.

Clinical waste will be collected on an “as and when” basis by East Herts Council. We should contact them to arrange collection on:

Customer Services: 01279 655261

Prices for 2020 are as follows:

- £16.25 per collection from bin
- £10.41 per sharps bin
- £6.41 per yellow bag

All prices are excluding VAT.

There is no time limit for clinical waste to be collected as long as it is safely stored e.g. locked in the bin.

On a day to day basis, all clinical waste, namely;

- Human or animal tissue.
- Blood or other bodily fluids.
- Excretions.
- Drugs or other pharmaceutical products.
- Swabs or dressings.
- Syringes, needles or other sharp instruments.

will be disposed of appropriately in either the clinical waste bins situated in the Health Centre and Swan's Nest and then removed to the outdoor bin when full, or sharp bins provided.

If a student wishes to store their own sharps bin in the Health Centre or Prep School, these must go home with the student when full **and sealed** in order for them to dispose of in their usual way.

Yellow bio hazard bin bags are available on request from the Domestic Services Manager, ext 4259

Appendix 5

DOMESTIC TEAM CLEANING AND DISINFECTING PROCESSES AND AWARENESS CHECKLIST - V.2 UPDATED 9.6.2020

1) PLEASE ENSURE THAT YOU HAVE READ THE LATEST 'ST EDMUND'S COLLEGE AND PREP SCHOOL RISK ASSESSMENT' AND ASK IF YOU HAVE ANY QUESTIONS

2) PLEASE ENSURE THAT THE FOLLOWING INSTRUCTIONS ARE BEING FOLLOWED UNTIL FURTHER NOTICE:

AREA	ACTION REQUIRED	NEXT STEPS
SIGNING IN	OWN PENS TO BE USED WHEREVER POSSIBLE	IF UNAVAILABLE PLEASE ENSURE THAT YOU WASH YOUR HANDS AFTER SIGNING IN OR USE HAND SANITISER BEFORE REACHING WASHING FACILITIES
RECEIVING PARCELS	HANDS SHOULD BE WASHED FOR 20 SECONDS IMMEDIATELY AFTER HANDLING PARCELS	HAND SANITISER IS ALSO AVAILABLE FOR EMERGENCY USE
TOILETS:	FACE MASKS MUST BE WORN WHEN CLEANING TOILETS. INSTRUCTIONS FOR PUTTING ON AND REMOVING FACE MASKS HAVE BEEN MADE AVAILABLE	FACE MASKS TO BE DISPOSED OF IN THE BIO-HAZARD BAG IN THE SIGNING-IN ROOM OR IN A BIN BAG THAT IS BEING PUT OUT FOR BIFFA DISPOSAL
TOILETS AND OTHER AREAS: URINE SPILLAGES	PORTERS MUST BE CALLED AND WILL CLEAN WITH DETERGENT AND WATER FOLLOWED BY DISINFECTION USING ONE OF THE FOLLOWING: 'SUPER PROFESSIONAL ANTIVIRAL DISINFECTANT' OR 'SELGIENE ULTRA CLEANER SANITISER'. HARD FLOORS WILL BE CLEANED WITH EITHER BLEACH OR MILTON DISINFECTANT USING THE DILUTION RATIOS SHOWN BELOW GLOVES, FACE MASK, PLASTIC APRON, GOGGLES AND SHOE COVERS MUST BE WORN	1) ALL WASTE AND CLEANING MATERIALS/TOOLS TO BE PLACED IN A BIO-HAZARD BAG, DOUBLE-BAGGED THEN PLACED IN THE ALLOCATED BIN IN THE DOMESTIC TEAM STORAGE SHED 2) THIS SHOULD BE KEPT FOR 72 HOURS BEFORE DISPOSAL IN THE CENTRAL BIFFA BINS 3) AN ENTRY SHOULD BE MADE ON THE TRACKER
FAECES, VOMIT, OTHER BODILY FLUIDS	PORTERS MUST BE CALLED AND WILL CLEAN WITH DETERGENT AND WATER FOLLOWED BY DISINFECTION USING ONE OF THE FOLLOWING: 'SUPER PROFESSIONAL ANTIVIRAL DISINFECTANT' OR 'SELGIENE ULTRA CLEANER SANITISER'. HARD FLOORS WILL BE CLEANED WITH EITHER BLEACH OR MILTON DISINFECTANT USING THE DILUTION RATIOS SHOWN BELOW FULL PPE: BODY SUIT, FACE MASK, GLOVES, GOGGLES AND SHOE COVERS MUST BE WORN	1) ALL WASTE AND CLEANING MATERIALS/TOOLS TO BE PLACED IN A BIO-HAZARD BAG, DOUBLE-BAGGED THEN PLACED IN THE ALLOCATED BIN IN THE DOMESTIC TEAM STORAGE SHED 2) THIS SHOULD BE KEPT FOR 72 HOURS BEFORE DISPOSAL IN THE CENTRAL BIFFA BINS 3) AN ENTRY SHOULD BE MADE ON THE TRACKER
TOUCH POINTS AND ALL NON-POROUS SURFACES (INCLUDING TABLES, SINKS AND TOILETS)	VISIBLY DIRTY AREAS TO BE CLEANED WITH DETERGENT AND WATER, FOLLOWED BY DISINFECTION USING ONE OF THE FOLLOWING: 'SUPER PROFESSIONAL ANTIVIRAL DISINFECTANT' OR 'SELGIENE ULTRA CLEANER SANITISER' (OR 'JANGRO SPRAY & WIPE WITH BLEACH' IN THE COLLEGE) GLOVES SHOULD BE WORN	SPECIAL CARE TO BE TAKEN WITH ELECTRIC LIGHT SWITCHES: FOR SAFETY, SPRAY SOLUTION ONTO A CLOTH AND THEN WIPE
HARD FLOORS	FLOORS IN THE PREP SCHOOL TO BE MOPPED WITH DILUTED 'MILTON DISINFECTING FLUID' AND THEN MOPPED WITH CLEAR WATER AFTER 15 MINUTES - PLEASE FOLLOW INSTRUCTIONS CAREFULLY. KEEP MILTON FLUID IN A LOCKED CUPBOARD AT ALL TIMES AND DO NOT USE WITH ANY OTHER PRODUCTS	MILTON DILUTION RATIOS TO HELP FIGHT THE COVID-19: USE 2 CAP FULLS (60ML) PER 1 LITRE OF COLD TAP WATER (BASED ON OFFICIAL RECOMMENDATIONS OF HYGIENE FROM THE WORLD HEALTH ORGANISATION (WHO) AND THE CENTRE FOR DISEASE CONTROL (CDC)

	<p>FLOORS IN THE COLLEGE TO BE MOPPED WITH DILUTED BLEACH - PLEASE FOLLOW INSTRUCTIONS CAREFULLY. KEEP BLEACH IN A LOCKED CUPBOARD AT <u>ALL</u> TIMES AND <u>DO NOT</u> USE WITH ANY OTHER PRODUCTS</p>	<p>BLEACH DILUTION RATIOS: 1:99 = 10 ML OF BLEACH WITH 1 LITRE OF COLD WATER 1:49 10ML OF BLEACH WITH 0.5 LITRES OF COLD WATER TO DISINFECT SURFACES CONTAMINATED WITH VOMIT, EXCRETA, SECRETIONS OR BLOOD</p>
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PLEASE TURN OVER TO NEXT PAGE

DOMESTIC TEAM CLEANING AND DISINFECTING PROCESSES AND AWARENESS CHECKLIST - V.2 UPDATED 9.6.2020

1) PLEASE ENSURE THAT YOU HAVE READ THE LATEST 'ST EDMUND'S COLLEGE AND PREP SCHOOL RISK ASSESSMENT' AND ASK IF YOU HAVE ANY QUESTIONS

2) PLEASE ENSURE THAT THE FOLLOWING INSTRUCTIONS ARE BEING FOLLOWED UNTIL FURTHER NOTICE:

PAGE 2 OF 2

AREA	ACTION REQUIRED	NEXT STEPS
TOUCH POINTS IN THE PREP SCHOOL	ALL TOUCH POINTS INCLUDING HANDLES/DOOR PLATES, BANNISTERS, LIGHT SWITCHES, TOILETS & SINKS TO BE CLEANED/DISINFECTED TWICE PER DAY. (A.M. BY THE RELEVANT DOMESTIC ASSISTANT AND P.M. BY THE ALLOCATED PORTER)	SPECIAL CARE TO BE TAKEN WITH ELECTRIC LIGHT SWITCHES: FOR SAFETY, SPRAY SOLUTION ONTO A CLOTH AND THEN WIPE
TOUCH POINTS IN THE COLLEGE	ALL TOUCH POINTS (IN AREAS BEING USED) INCLUDING HANDLES/DOOR PLATES, BANNISTERS, LIGHT SWITCHES, TOILETS AND SINKS SHOULD BE CLEANED/DISINFECTED TWICE PER DAY. (A.M. BY THE RELEVANT DOMESTIC ASSISTANT & P.M. BY THE ALLOCATED PORTER)	SPECIAL CARE TO BE TAKEN WITH ELECTRIC LIGHT SWITCHES: FOR SAFETY, SPRAY SOLUTION ONTO A CLOTH AND THEN WIPE
INTERNAL TOYS IN THE PREP SCHOOL	TOYS TO BE STEAM CLEANED. LARGE COLOURED PLASTIC TUBS LABELLED WITH THE RELEVANT YEAR GROUP WILL BE PLACED UNDER THE WHITE TABLES IN THE CLEANING AREA READY FOR CLEANING. ONE TUB TO BE CLEANED AT A TIME TO ELIMINATE THE RISK OF TRANSFER OF TOYS FROM ONE TUB TO THE OTHER	ONCE CLEANED TUBS TO BE PLACED ON TOP OF THE WHITE TABLES OR WOODEN TABLE/BENCHES IN THE ALLOCATED CLEANING AREA (COURTYARD AT BACK OF TEA-TIME CLUB) READY FOR COLLECTION
EXTERNAL PLAY AREAS IN THE PREP SCHOOL	1) CLEANED DAILY: TABLE TENNIS TABLE 2) CLEANED TWICE-WEEKLY ON A MONDAY AND WEDNESDAY MORNING: (PIRATE SHIP, CLAMBERSTACK, TRIM TRAIL, AMPITHEATRE, EYFS PLAYGROUND, RECEPTION BIKES/TRIKES, Y6 PLAY ITEMS).	SPECIFIC INSTRUCTIONS WILL BE GIVEN TO THE PORTERS ALLOCATED TO EACH OF THE AREAS/PLAY ITEMS

DIRECTIONS FOR USE OF PRODUCTS : See product label - summary below

SUPER PROFESSIONAL ANTIVIRAL DISINFECTANT - SHOULD BE SPRAYED *DIRECTLY ONTO SURFACES , LEFT ON FOR 5 MINUTES AND THEN WIPED OFF WITH A DAMP CLOTH), (*ON A CLOTH FOR **SELGIENE ULTRA CLEANER SANITISER** - SHOULD BE SPRAYED *DIRECTLY ONTO SURFACES AND WIPED (*ON A CLOTH FOR ELECTRIC/ELECTRONIC ITEMS)

JANGRO SPRAY & WIPE WITH BLEACH - MAY BE USED IN THE COLLEGE - THIS SHOULD BE SPRAYED *DIRECTLY ONTO SURFACES, LEFT FOR 5 MINUTES AND WIPED WITH A DAMP CLOTH (*ON A CLOTH FOR

IF AT ANY TIME YOU HAVE ANY QUESTIONS OR CONCERNS THEN PLEASE DO NOT HESITATE TO CONTACT ME - MANY THANKS - DOMESTIC SERVICES MANAGER