

Infection and Communicable Diseases Policy

TRACKS is committed to the Health and Safety of all children and staff who play, learn and work at our centre.

Any child suffering from a doubtful rash, raised temperature, sore throat, discharge from the eyes or nose should be kept at home until they feel well enough to return to school.

If you are unsure we suggest contacting your GP Surgery or NHS Direct call 111 for further advice.

Sickness if, in the opinion of the Principal or Senior Leadership Team, a child is too sick to attend school, the school reserves the right to refuse to accept that child. Every effort will be made to contact the Parents/Carers. The school will require a nominated person to collect the child if symptoms of sickness or diarrhoea occur during the school day. Please ensure the school has up to date emergency contact details (especially if you have recently changed your mobile phone contract or moved house.)

The school also reserves the right to remove a child to hospital in the event of an emergency.

If your child is too ill to attend TRACKS, you should contact the school office between 8.00am and 9.00am at the latest on the first day of absence and on subsequent days thereafter (either by phone or email). This is to maximise security and safety measures.

If any infectious or communicable disease is detected on the premises, we will inform parents/carers personally in writing as soon as possible. TRACKS is committed to sharing as much information as possible about the source of the disease and the steps being taken to remove it. Ofsted, and in severe cases, the Health and Safety Executive will also be informed of any infectious or communicable disease discovered on the premises.

TO MINIMISE THE RISK OF TRANSMISSION OF INFECTION TO OTHER CHILDREN AND STAFF, THE FOLLOWING GUIDELINES ARE SUGGESTED REGARDING HOW LONG A PUPIL COULD REMAIN ABSENT FROM SCHOOL

Medical Condition

Diarrhoea & Vomiting Until there has been no diarrhoea or vomiting for 48 hours (two clear days)

Head lice

When a case of head lice is discovered, the situation will be handled carefully and safely. The child concerned will not be isolated from other children and there is no need for them to be excluded from sessions.

When the child concerned is collected, their parent/carer will be informed as quickly as possible in writing/email, including advice and guidance on treating head lice.

Meningitis

Child may return to school once they feel well enough and the Doctor has confirmed the child is well enough to take part in activities.

Asthma

Child must have an in date inhaler with a prescription label attached to both the inhaler and spacer if appropriate. Please ensure you have asked the dispensing pharmacist to include clear directions on the prescription label for administration. If the Asthma attack is severe the school may choose to request an ambulance for assistance. Parents and Carers will be informed immediately.

Mumps

5 days from onset of swollen glands and child feels well.

Impetigo

Once the spots have crusted or healed and the child feels well.

Scabies

Child can return to school once treatment has been completed.

Threadworm (known as worms)

Child may return day after treatment Ringworm.

Chickenpox & Shingles

Once all of the spots have dried up and crusted over, it is no longer contagious and the child may return to school.

Conjunctivitis

The eyes may have yellow discharge as well as appearing bloodshot or itchy. A child should remain at home until treated and/or eye(s) appear normal again.

COVID

If child is showing symptoms (persistent cough, temperature, loss of taste or smell), please keep off school until well.

German Measles (Rubella) or Measles

5 days from onset of rash and until child feels well

Scarlet Fever

When child feels well, usually after about 5 days

Whooping Cough

5 days from commencing antibiotics or 21 days without treatment.

Slapped Cheek

Child may return to school once they feel well enough to take part in activities.

Scabies

Child may return to school after one course of treatment is completed.

Cold sores

Child may return to school after the sore has dried and crusted over.

Croup

Mild croup, if child feels well enough they may attend school. Severe croup please keep child home and seek medical advice. Child can return to school when feeling better.

Hand, Foot and Mouth

Child may return once they feel better, ready to take part in activities

Scarlet fever and Strep Throat

Child may return to school 24 hours after treatment started.

Anaphylaxis/Severe Allergy

Child must have named epi-pen at TRACKS whenever they attend a session. Staff are trained to administer epi-pens when on first aid training. If administered parents and carers will be immediately informed. If needed, an ambulance will be called.

Verruca

Verruca's must be covered either with a sock or gel.

Parental consent form

Once completed this will give permission for a member of staff to administer / supervise your child having medication. If a child is on a long-term medication you will be asked to complete one of these forms on a yearly basis, or if the prescription changes mid year.

To manage the different medicines in school, each child requiring medicine is assigned a clear sealable plastic wallet/box. This is clearly named and includes their medicine and the relevant medical forms kept inside. These will be kept in a drawer in the office.

Prescribed Medicines

To ensure that we are administering the correct medication to a child we can only accept medication that is clearly labelled from a pharmacist and dated. In the event of any prescribed medication coming into school that is not labelled, it will not be given.

Bought over the counter medication – will need to be clearly named and in date for this to be administered and agreed with the same parental permission form completed.

Out of date medication: The following measures are put in place to ensure out of date medication is NOT administered to any children.

Medical Data form

The School will also ask Parents/Carers to complete a Medical Data form at least once a year or more frequently if required should new medical diagnosis happen during the school year.

Pregnant staff

It is important to inform the school if your child is diagnosed with specific conditions that could affect our staff should they be pregnant. Examples include measles, chicken pox, slap cheek. Please seek advice from your GP if unsure.

Waste Disposal and Soiled Cloths

Gloves will be worn at all times when dealing with bodily fluids, soiled and wet nappies.

Handwashing and Hygiene

Handwashing is the best form of prevention and handwash and sanitisers will be available for all staff and children to use at all times.

Blood Borne Viruses and Immunisations

The Principal will ensure that risk assessments are undertaken to ascertain where activities/events might place staff at significant risk of contamination. They must also ensure that all staff should understand that vaccination has been recommended. Whilst blood borne viruses can be transmitted from human bites, it is rare transmission occurs via this route. However, where a child's behaviour is likely to give rise to potential exposure on a regular basis the Principal should offer immunisation to staff for Hepatitis B. However, it should be remembered that safe working practices are the first line of defence against blood borne viruses. Hepatitis B vaccines are available from GPs, some of whom may charge for the cost of the vaccination.

First Aid Involving External Bleeding

In any situation requiring first aid, precautions must always be followed during treatment of bleeding wounds to reduce the risk of transmitting blood borne infections such as hepatitis and HIV. It must be assumed that all blood products and bodily fluids are potentially infectious thus the following procedures should always be applied:-

- Always cover open wounds on your own hands with a waterproof adhesive dressing.
- Normal first-aid procedures should be followed.
- Dressing, disposable gloves etc must be disposed of safely.

Direct contact with another person's blood or other body fluids occurs, the area should be washed as soon as possible with soap and water.

If contact is made with the lips, mouth, tongue, eyes or broken skin, these should be washed out thoroughly with clean cold tap water. Where running water is unavailable, saline should be provided to wash out the eyes.

Hands should be washed using liquid soap, water and dried using paper towels. If a cut or puncture wound is sustained (eg by hypodermic needle or bite) the wound should be squeezed to encourage bleeding, washed with soap and water and covered with a dressing.

Any incident in which another's blood may have entered a person's bloodstream eg through a cut, abrasion, splashing in the mouth or eyes should be reported as soon as possible to their GP or the local accident and emergency department.

Accidents or injuries should be reported in the normal way using the accident forms. These include:



Accident forms to be signed by staff and parents.

Existing injuries forms to be completed at drop off.

Head injuries must have an icepack applied, accident form completed and parents informed immediately by telephone, that a head injury has occurred.