



**Responding to Illness Policy & Guidance
(including EYFS)**

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Appendix 1

- Guidance on Infection Control in Schools and other Childcare Settings
https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/522337/Guidance_on_infection_control_in_schools.pdf

Appendix 2

- Communicable Disease Outbreak Management PHE 2014
https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/343723/12_8_2014_CD_Outbreak_Guidance_REandCT_2_2_.pdf

Appendix 3

- Good Hygiene Advice (PHE)

1 Introduction

The purpose of this policy is to ensure that Ascent Academies' Trust has appropriate preventative and supportive procedures in place with regards to infection control and pupil illness. Illness in this policy is defined as an episodic event that is not caused by injury or a result of an identified special need.

With regards to procedures for responding to illness the Trust has a duty under the Statutory Framework for Early Years Foundation Stage to protect children and act in their best interests.

This policy should be read in conjunction with the following Trust policies and with individual academy procedures as appropriate.

- First aid policy
- Supporting pupils with medical conditions
- Health and Safety

Relevant Legislation and Guidance

- Public Health England Guidance on Infection Control in Schools and Other Childcare Settings – March 2017
- Communicable Disease Outbreak Management - Operational guidance. Public Health England – August 2014
- The Education (Schools Premises) Regulations 1996
- Preventing or controlling ill health from animal contact at visitor attractions. The Countryside Trust – June 2015
- Statutory framework for the early years foundation stage – September 21

This policy will be regularly reviewed and amendments can only be made following the approval of the Chief Executive Officer (CEO).

This policy applies to the Trust and to all individual academies. This policy should be read by all staff involved in Chief Executive Officer (CEO).

Instances of non-compliance with this policy will be reviewed by the Head of Academy and may be reported to Board or Trustees or the CEO.

2 Illness and Infection control overview

The purpose of this document is to help us ensure a safe and healthy environment for all pupils within our Academies. At Ascent Academies' Trust, to reduce the risk of infections we:

- Provide protective clothing and equipment for staff in accordance with company procedures and during the pandemic, government guidance re Covid19. <https://www.gov.uk/government/publications/covid-19-decontamination-in-non-healthcare-settings/covid-19-decontamination-in-non-healthcare-settings>
- Have daily, weekly and monthly routine sterilising processes in place.

- Clean all premises daily.
- If an outbreak of any illness occurs a deep clean is completed in the appropriate area/s by Academy staff and contract cleaners as appropriate.
- It is a fact that we all, at times get ill. By following the guidelines in this policy we will reduce unnecessary exposure to illnesses and ensure infections are managed effectively, creating a healthy environment for all.

The Statutory framework for the early years foundation stage (EYFS), states that “Providers must ensure there are suitable hygienic changing facilities for changing any children who are in nappies and providers should ensure that an adequate supply of clean bedding, towels, spare clothes and any other necessary items is always available”. The Trust will follow this guidance across its academies and within all age ranges to help to prevent illness and infections spreading.

3 Illness of a pupil whilst attending an Academy

If a pupil becomes ill at any of our academies his/her condition is brought to the attention of one of the senior members of staff within a department. A decision will then taken, by a First Aider, based upon the symptoms including any visible signs and the pupil’s body temperature as to whether parents/ carers are immediately informed or whether continued support /monitoring of the pupil should occur.

Should a child’s condition continue and or deteriorate senior member of staff should identify the most appropriate course of action. This could include administering of medicines, moving the pupil to an appropriate place or collection of the pupil by parents / carers.

During the pandemic

No adult or child displaying symptoms of Covid19 should attend school.

If a child or adult in school is showing symptoms of Covid19 they should be sent home. If a child is awaiting collection, they should be moved, if possible, to a room where they can be isolated behind a closed door, depending on the age and needs of the child, with appropriate adult supervision if required. Ideally, a window should be opened for ventilation. If it is not possible to isolate them, move them to an area which is at least 2 metres away from other people.

If they need to go to the bathroom while waiting to be collected, they should use a separate bathroom if possible. The bathroom must be cleaned and disinfected using standard cleaning products before being used by anyone else.

A face mask and gloves must be worn by staff caring for the child while they await collection if a distance of 2 metres cannot be maintained (such as for a

very young child or a child with complex needs). Please refer to the latest Government Guidance on managing Covid in special schools.

4 Illness of pupils that prevents attendance

Depending upon the symptoms a pupil may be able to attend the Academy in accordance with guidelines from the Health Protection Agency (HPA) -Public Health England. (See appendix 1)

Parents / carers are required to notify the Academy of any illness that has occurred. This ensures our staff team is able to monitor for any signs of reoccurrence or for unusual child behaviour. In extreme cases this will also ensure any symptoms of infectious diseases are picked up early and managed effectively.

We adhere to the HPA guidance with regards to the minimum amount of time a child should be absent from school due to certain rashes, infections and illnesses (See appendix 1).

Some examples include:

No Exclusion

- Head Lice
- Conjunctivitis
- Tonsillitis
- Roseola
- Slapped Cheek
- Threadworms
- Hand, Foot and Mouth

48 Hours Exclusion

- Vomiting – after last symptom
- Diarrhoea – after last symptom

During the pandemic

If anyone in the school becomes unwell with a new and persistent cough or a high temperature, or has a loss of or change in, their normal sense of taste or smell (anosmia), they must be sent home and advised to follow the most up to date DFE Guidance.

Staff should also be aware of symptoms connected to the delta and omicron variants which are slightly different; headaches, sore throats, runny noses and fever.

5 Notifiable Diseases

The Trust will report serious accidents, outbreaks of disease or dangerous incidents to Ofsted and the HSE according to their guidance and with support from the local Health Protection Team (HPT) and Public health England (PHE) as appropriate (Statutory framework for the early years foundation stage states that “Registered providers must notify Ofsted or the childminder agency with

which they are registered of any serious accident, illness or injury to, or death of, any child while in their care, and of the action taken. Notification must be made as soon as is reasonably practicable, but in any event within 14 days of the incident occurring”.

In these cases, we work closely with parents and the local Health Protection Team (HPT) to ensure we follow any additional advice that may be given. (See appendix 2)

The Trust will inform the local Health Protection Team (HPT) if they suspect a pupil has a notifiable disease that may have not been reported by a Doctor. In addition, we will seek advice from the HPT if we believe we may have an ‘outbreak or incident’ that is notifiable.

An outbreak or incident may be defined as:

- an incident in which two or more people experiencing a similar illness are linked in time or place
- a greater than expected rate of infection compared with the usual background rate for the place and time where the outbreak has occurred
- a single case for certain rare diseases such as diphtheria, botulism, rabies, viral haemorrhagic fever or polio
- a suspected, anticipated or actual event involving microbial or chemical contamination of food or water.

6 Support for those who are pregnant

There are a number of infections which can be harmful to the unborn baby. If a pregnant woman develops a rash or is in direct contact with someone with a potentially infectious rash, they should consult their own doctor immediately.

Some specific risks are;

- Chicken Pox
- German Measles (Rubella)
- Slapped Cheek
- Measles
- Covid19

If one of the above infections is present within the Academy, or your work place we advise you to see your GP/Midwife to check if you are immune and seek their professional medical advice. Pregnant staff members should also discuss any concerns with regards to infection control, with their line manager.

During the Pandemic

Guidance for pregnant women is to be found here;

<https://www.gov.uk/government/publications/coronavirus-covid-19-advice-for-pregnant-employees/coronavirus-covid-19-advice-for-pregnant-employees>

Pregnant women are generally advised to follow the above advice, which applies to all staff in schools. Employers should conduct a risk assessment for pregnant women in line with the Management of Health and Safety at Work Regulations 1999 (MHSW).

The Royal College of Obstetrics and Gynaecology (RCOG) has published [occupational health advice for employers and pregnant women](#). This document includes advice for women from 28 weeks gestation or with underlying health conditions who may be at greater risk. We advise employers and pregnant women to follow this advice and to continue to monitor for future updates to it.

7 Routine Childhood Immunisation

In line with advice from the Health Protection Agency, we recommend that all children follow the 'Routine childhood immunisation programme', wherever possible and urge parents to discuss any issues they may have with regards to this with their GP or Paediatrician.

Where immunisation is possible, it reduces the risk of exposure to children in our care of infectious diseases, however, we are aware that a small number of our pupils may not be able to have all immunisations and that the immunisation programme is not legislative.

8 Medical accommodation

The Education (Schools Premises) Regulations 1996 requires every school to have a suitable room that can be used for the medical or dental treatment when required and for the care of pupil during school hours. The room identified for this in each academy is published in the academies' front office.

This rooms will;

- Have a wash basin
- Be reasonably close to a WC
- Be appropriate for medical care
- Be readily available for use when needed
- Need not be solely used for medical care

9 Vulnerable children and adults

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. These children are particularly vulnerable to chickenpox, measles or parvovirus B19 and, if exposed to either of these, the Head of Academy must inform their parents/carers promptly and further medical advice sought.

During the pandemic

Staff and students who are clinically extremely vulnerable (CEV) or clinically vulnerable (CV) returned to school in the autumn term 2020. The expectation is that they follow or are protected by the system of controls outlined in this policy, each academy's risk assessment and government set of controls. Indeed, those staff who are CEV should have an individualised risk assessment and where all the Government's controls cannot be adhered to, working from home may be considered.

10 Animals in school and Farm Visits

The Trust recognises the value to children of working with animals. However, animals may carry infections, so hands must be washed after handling any animals or coming in to contact with animal habitats/waste. Guidelines for protecting the health and safety of children should be followed. (See Preventing or controlling ill health from animal contact at visitor attractions – with supplement for teachers' and others who organise visits for children) <http://www.visitmyfarm.org/component/k2/item/339-industry-code-of-practice>

Reptiles may present a risk of human salmonella outbreak. They should not be touched by any child under 5 years old. Salmonella germs can cause a diarrhoeal illness in people that can be mild, severe, or even life threatening. Amphibians and reptiles can carry Salmonella germs and still appear healthy and clean. Salmonella germs are shed in their droppings and can easily contaminate their bodies and anything in areas where these animals live. therefore, it is highly important that staff ensure students wash hands thoroughly with soap and hot water after touching reptiles or their habitats.

Tanks, feed or water containers, and any other equipment or materials used when raising or caring for amphibians and reptiles should be cleaned outside the classroom. Be aware that the equipment and materials, including the tanks water can be contaminated with salmonella and other germs. If classroom sink areas are used for cleaning reptiles, they should be thoroughly cleaned afterward. Staff should use bleach to disinfect a tub or other place where reptile or amphibian habitats are cleaned.

If working with animals in school (permanent or visiting) the responsible member of staff must work within the following guidelines

- 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.
- 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 primary schools and nurseries, as all species carry salmonella.

11 Roles and responsibilities:

All staff;

- Adhere to the guidance in this policy and especially with regards to good hygiene advice and infection control

Staff working with pupils;

- Be fully aware of the health of the pupils in your care and observe for any changes
- Notify line managers and/or parents (depending on contractual agreements) of any concerns with regards to the health of the children
- Teach children about 'good hygiene' and ensure they follow practices wherever possible

Head of Academy;

- Ensure any notifiable diseases are reported to the HSE or PHE
- Ensure that parents of vulnerable children (see above) are informed promptly of any conditions that could cause their child further health issues

Parents;

- Inform the individual academy of any changes to your child's health, any rashes or any concerns about their welfare
- To give proper consideration to following the 'Routine childhood immunisation programme'.

12 Good hygiene guidance

The Trust promotes high standards of personal hygiene, especially hand washing and the maintenance of clean environments. All staff and visitors are expected to follow guidance with regards to good hygiene (see appendix 3).

In addition, some pupils may have health conditions which require specific hygiene procedures. In these cases, staff working with the pupil must be aware of and follow the guidance in their individual care plan.

Staff who work with pupils should help them to follow good hygiene practices.

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Appendix 3

Good Hygiene Advice (PHE)

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

Cleaning of the environment, including toys and equipment, should be frequent, thorough and follow national guidance. For example, use colour-coded equipment, COSHH 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 disposal

Sharps 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, 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 your local HPT for advice, if unsure.