



First Aid Policy

Policy Author	Mr K Hopkins	Date of Approval	29.09.25
Policy Approval	Full Governing Board	Next Review Date	September 2026

1. Aims

The aims of our first aid policy are to:

- Ensure the health and safety of all staff, pupils and visitors
- Ensure that staff and governors are aware of their responsibilities with regards to health and safety
- Provide a framework for responding to an incident and recording and reporting the outcomes

2. Legislation and Guidance

This policy is based on the [Statutory Framework for the Early Years Foundation Stage](#), advice from the Department for Education on [first aid in schools](#), [AED Guidance Document](#) and [health and safety in schools](#), and the following legislation:

- [The Health and Safety \(First Aid\) Regulations 1981](#), which state that employers must provide adequate and appropriate equipment and facilities to enable first aid to be administered to employees, and qualified first aid personnel
- [The Management of Health and Safety at Work Regulations 1992](#), which require employers to make an assessment of the risks to the health and safety of their employees
- [The Management of Health and Safety at Work Regulations 1999](#), which require employers to carry out risk assessments, make arrangements to implement necessary measures, and arrange for appropriate information and training
- [The Reporting of Injuries, Diseases and Dangerous Occurrences Regulations \(RIDDOR\) 2013](#), which state that some accidents must be reported to the Health and Safety Executive (HSE), and set out the timeframe for this and how long records of such accidents must be kept
- [Social Security \(Claims and Payments\) Regulations 1979](#), which set out rules on the retention of accident records
- [The School Premises \(England\) Regulations 2012](#), which require that suitable space is provided to cater for the medical and therapy needs of pupils

3. Roles and Responsibilities

3.1 Appointed person(s) and first aiders (Appendix 1)

Oldbrook First School and Nursery has 5 trained EYFS paediatric first aiders.

Name	Date of expiry of certificate
Kirstie Carrington	October 2027
Alison Blake	June 2027
Annette Unger	June 2027
Karen Graves	March 2028
Amber Birdseye	September 2026
Amanda Botello	March 2027
Nussarat Siddiq	August 2028
Jade Carter	August 2026
Zsuzsanna Csipak	November 2027
Sis fa Siu	November 2028

They are
for:

responsible

- Taking charge when someone is injured or becomes ill
- Acting as first responders to any incidents; they will assess the situation where there is an injured or ill person, and provide immediate and appropriate treatment
- Sending pupils home to recover, where necessary
- Filling in a pupil accident report on the same day as the incident and notify the class teacher so that parent/carer can be informed.
- Filling in an accident report on the same day, or as soon as is reasonably practicable, after an incident (located in School Office)
- Ensuring there is an adequate supply of medical materials in first aid kits, and replenishing the contents of these kits
- Ensuring that an ambulance or other professional medical help is summoned when appropriate
- Liaising and supporting parents/carers to complete medical consent forms.
- Administering medication to pupils following parental/carer consent
- Keeping their contact details up to date

The following first aiders are trained in emergency aid at work and in school.

Name	Date of expiry of certificate
Kirk Hopkins	September 2028
Rachael Dunkley	September 2028
Sam Manser	September 2028
Stephanie Haig	September 2028
Amy Ruocco	September 2028
Maria Gonzalez	September 2028
Molly Skinner	September 2028
Veronica Maldonado	September 2028
Sis fa Siu	September 2028
Susan Fraser	September 2028

Magaly Betts-Murphy	September 2028
Jan Brinson	September 2028
Amanda Birdseye	September 2028
Emese Friedrich	September 2028
Jess Allen	September 2028
Sam Roy	September 2028
Asma Said	September 2028
Sonia Aftab	September 2028
Tsu Chow	September 2028
Santa Pozzuto	September 2028

First aiders are trained and qualified to carry out the role and are responsible for:

- Acting as first responders to any incidents; they will assess the situation where there is an injured or ill person, and provide immediate and appropriate treatment. They will call for a paediatric first aiders if the injury or incident is significant.
- Sending pupils home to recover, where necessary
- Filling in a pupil accident report on the same day as the incident and notify the class teacher so that parent/carer can be informed.
- Filling in an accident report on the same day, or as soon as is reasonably practicable, after an incident (located in School Office)
- Keeping their contact details up to date

All first aiders are listed in appendix 1. Their names will also be displayed prominently on the entrance notice board, the medial room and in the nursery.

3.2 The Local Authority and Governing Board

Milton Keynes Local Authority has ultimate responsibility for health and safety matters in the school, but delegates responsibility for the strategic management of such matters to the school's governing board.

The governing board delegates operational matters and day-to-day tasks to the Headteacher and staff members.

3.3 The Headteacher

The Headteacher is responsible for the implementation of this policy, including:

- Ensuring that an appropriate number of trained first aid personnel are present in the school and nursery at all times
- Ensuring that first aiders have an appropriate qualification, keep training up to date and remain competent to perform their role
- Ensuring all staff are aware of first aid procedures
- Ensuring appropriate risk assessments are completed and appropriate measures are put in place

- Undertaking, or ensuring that managers undertake risk assessments, as appropriate, and that appropriate measures are put in place
- Ensuring that adequate space is available for catering to the medical needs of pupils
- Reporting specified incidents to the HSE when necessary (see section 6)

3.4 Staff

School staff are responsible for:

- Ensuring they follow first aid procedures
- Ensuring they know who the first aiders in school are
- Completing accident reports for all incidents they attend to where a first aider is not called (Appendix 2 or 3)
- Informing the Headteacher of any specific health conditions or first aid needs

4. First Aid Procedures

4.1 In the event of an accident resulting in injury:

- The closest member of staff present will assess the seriousness of the injury and seek the assistance of a qualified first aider, if appropriate, who will provide the required first aid treatment by undertaking a primary and secondary survey (Appendix 2).
- During morning play and lunchtimes, a named first aider will deal with any minor injuries on the playground. Serious incidents must be dealt with by a paediatric first aider.
- The first aider, if called, will assess the injury and decide if further assistance is needed from a colleague or the emergency services. They will remain on scene until help arrives
- Vinyl gloves should always be worn. All equipment used must be placed in the clinical waste bin.
- The first aider will also decide whether the injured person should be moved or placed in a recovery position
- If the first aider judges that a pupil is too unwell to remain in school, parents/carers will be contacted and asked to collect their child. Upon their arrival, the first aider will recommend next steps to the parents/carers.
- If emergency services are called, the Headteacher or if not available the School Business Manager will contact parents/carers
- If parents/carers are unavailable the Headteacher will accompany the pupil to hospital with the emergency services. Attempts to contact the parent/carer will continue.
- The relevant member of staff will complete an accident report form (Appendix 2) on the same day or as soon as is reasonably practical after an incident resulting in an injury.
- Any adult obtaining an injury or suffering a serious incident must complete a HSE accident record form located in the main school office (Appendix 3)
- Head injuries should be treated with caution. Parents/Carers will always be informed by telephone for series head injuries and via the accident report slip (Appendix 2) for serious and minor head injuries. Children will also receive a bumped head sticker which must be worn.
- Please note that staff should not attempt such procedures as taking out splinters or the removal and replacing of earrings.

4.2 Illness

If a pupil becomes ill during the teaching session a first aider will attend to the child. If the child needs to go home, the parents/carer (or emergency contact) will be contacted by the member of staff. If this is not possible, then the child will be made comfortable at school. The Headteacher should be informed. Guidance will be sought from the School Nursing Team or advice from Public Health England 'Guidance on Infection Control in Schools and other Childcare Settings' (Appendix 4).

4.3 Medication

A trained first aider will administer all prescribed medication at appropriate and convenient times; they will record this in the Medicines Log. This must be accompanied by detailed written instructions from the parent/guardian (Parental Agreement to Administer Medication - Form located in Supporting Pupils with Medical Conditions Policy). Prescribed medications must have the pharmacy label on the medication. First aiders can administer non-prescribed medication in consultation with parents. This must be accompanied by detailed written instructions from the parent/guardian (Parental Agreement to Administer Medication Form - Form located in Supporting Pupils with Medical Conditions Policy). All non-prescribed medication must be in the original container with instructions and have been purchased in the UK. We do not permit children to carry medication. Asthma inhalers will be administered in accordance with the Asthma Policy.

4.4 Administration of Diabetic Medication

All trained members of staff will carry out the correct procedures to administer medication for children with diabetes in accordance with the child's medical care plan and will follow the Supporting Pupils with Medical Conditions policy. All medical administration must be recorded on the signed parental agreement to administer medication form and stored in the pupil's diabetic folder. All medication must be locked in the medicine's cupboard. All clinical waste must be disposed of in the clinical waste bin. Sharps must be disposed of in the correct hazard waste sharps container. Blood sugar levels must be shared with parents/carers daily if an electronic device is not in use.

4.5 Administration of Medication for Allergies

All trained members of staff will undertake the correct procedures and administration of medications for children with allergies in accordance with the child's medical care plan and will follow the Supporting Pupils with Medical Conditions policy. This must be recorded on the signed parental agreement to administer medication (appendix 5) form. All medication must be locked in the medicine's cupboard. All clinical waste must be disposed of in the clinical waste bin. Sharps must be disposed of in the correct hazard waste sharps container.

4.6 Defibrillators

All First Aiders are trained on how to operate a defibrillator as part of their First Aid training. The school has one defibrillator on site which is located in the staff room and guidance is taken from [DfE AED Guidance for Schools](#) and the associated risk assessment.

5. Off-site procedures

When taking pupils off the school premises, staff will ensure they always have the following:

- A mobile phone
- A portable first aid kit
- Information about the specific medical needs of pupils
- Access to parents' contact details

Risk assessments will be completed by the lead member of staff prior to any educational visit that necessitates taking pupils off school premises and will be recorded on EVOLVE.

There will always be at least one first aider with a current paediatric first aid certificate on school trips and visits, as required by the statutory framework for the Early Years Foundation Stage. There will always be at least one first aider with a current paediatric first aid certificate on school trips and visits for KS1.

6. First Aid Equipment

A typical first aid kit in our school will include the following:

- A leaflet with general first aid advice
- Regular and large bandages
- Eye pad bandages
- Triangular bandages
- Adhesive tape
- Safety pins
- Disposable gloves
- Antiseptic wipes
- Plasters of assorted sizes
- Scissors
- Cold compresses and burns dressings

No medication is kept in first aid kits.

First aid kits are stored in:

- The medical room
- Year group wet area cupboards
- Nursery
- The main office

7. Record Keeping and Reporting

7.1 First Aid and Accident Record Book

- An accident report form (Appendix 3) is completed for any pupil that has an injury and requires first aid throughout the school day. Class teachers are to be notified so that parents/carers can be informed at the end of the school day. Accidents should be recorded in year group accident books at all times.
- For more serious incidents/injuries the first aider should telephone the parent/carer to inform them e.g., large laceration, serious head injury etc.

- For pupils obtaining a head injury, parents/carers must be informed by telephone for serious head injuries and via the accident report slip (Appendix 3) for minor head injuries. Children will receive a bumped head band (Appendix 4) to be worn on the child's wrist so that all staff are aware. The number on the band must be recorded on the accident slip.
- A HSE accident reporting record form (Appendix 5) should be completed by the First Aider for serious incidents/injuries requiring hospital or medical treatment.
- Any adult obtaining an injury or suffering a serious incident must complete a HSE accident record form located in the main school office (Appendix 5)
- As much detail as possible should be supplied when reporting an accident.
- A copy of the accident report form will be kept in the duplication book. Completed books must be given to the School Business Manager or Business Support for record keeping.
- Records held in the first aid and accident book will be retained by the school for a minimum of 3 years, in accordance with regulation 25 of the Social Security (Claims and Payments) Regulations 1979, an AIRS 1 form will be kept until the child is 21 years old.

7.2 Reporting to the HSE

The Headteacher will keep a record of any accident which results in a reportable injury, disease, or dangerous occurrence as defined in the RIDDOR 2013 legislation (regulations 4, 5, 6 and 7).

The Headteacher will report these to the Health and Safety Executive as soon as is reasonably practicable and in any event within 10 days of the incident.

Reportable injuries, diseases or dangerous occurrences include:

- Death
- Specified injuries, which are:
 - Fractures, other than to fingers, thumbs and toes
 - Amputations
 - Any injury likely to lead to permanent loss of sight or reduction in sight
 - Any crush injury to the head or torso causing damage to the brain or internal organs
 - Serious burns (including scalding)
 - Any scalping requiring hospital treatment
 - Any loss of consciousness caused by head injury or asphyxia
 - Any other injury arising from working in an enclosed space which leads to hypothermia or heat-induced illness, or requires resuscitation or admittance to hospital for more than 24 hours
- Injuries where an employee is away from work or unable to perform their normal work duties for more than 7 consecutive days (not including the day of the incident)
- Where an accident leads to someone being taken to hospital
- Near-miss events that do not result in an injury, but could have done. Examples of near-miss events relevant to schools include, but are not limited to:
 - The collapse or failure of load-bearing parts of lifts and lifting equipment
 - The accidental release of a biological agent likely to cause severe human illness

- The accidental release or escape of any substance that may cause a serious injury or damage to health
- An electrical short circuit or overload causing a fire or explosion

Information on how to make a RIDDOR report is available here:

[How to make a RIDDOR report, HSE](#)

7.3 Notifying Parents/Carers

The class teacher or teaching assistant will inform parents of any accident or injury sustained by a pupil, and any first aid treatment given, on the same day, or as soon as reasonably practicable. Parents/Carers will be informed via telephone of a more serious accident or injury sustained by a pupil.

7.4 Reporting to Ofsted and Child Protection Agencies

The Headteacher will notify Ofsted of any serious accident, illness or injury to, or death of, a pupil while in the school's care. This will happen as soon as is reasonably practicable, and no later than 14 days after the incident.

The Headteacher will also notify the Local Authority and child protection agencies (MASH) of any serious accident or injury to, or the death of, a pupil while in the school's care.

8. Training

All school staff are able to undertake first aid training if they would like to.

All first aiders must have completed a training course, and must hold a valid certificate of competence to show this. The school will keep a register of all trained first aiders, what training they have received and when this is valid until (see appendix 1). Staff are encouraged to renew their first aid training when it is no longer valid.

At all times, at least 1 staff member will have a current paediatric first aid (PFA) certificate which meets the requirements set out in the Early Years Foundation Stage statutory framework and is updated at least every 3 years. **Members of staff working in the school nursery hold a paediatric first aid certificate.**

9. Monitoring Arrangements

This policy will be reviewed by the Head teacher in conjunction with the Health & Safety Governing committee every 2 years. At every review, the policy will be approved by the full governing board.

10. Links with other Policies

This first aid policy is linked to the

- Health and Safety Policy
- Risk Assessments
- Supporting pupils with Medical Conditions Policy
- Asthma Policy
- Appendix 6 – NHS Guidance



The following employees have been trained to EYFS Paediatric First Aid Level

Name	Date of expiry of certificate
Kirstie Carrington	October 2027
Alison Blake	June 2027
Annette Unger	June 2027
Karen Graves	March 2028
Amber Birdseye	September 2026
Amanda Botello	March 2027
Nussarat Siddiq	August 2028
Jade Carter	August 2026
Zsuzsanna Csipak	November 2027
Sis fa Siu	November 2028

The following employees have been trained to Emergency Aid at work and in Schools' level

Name	Date of expiry of certificate
Kirk Hopkins	September 2028
Rachael Dunkley	September 2028
Sam Manser	September 2028
Stephanie Haig	September 2028
Amy Ruocco	September 2028
Maria Gonzalez	September 2028
Molly Skinner	September 2028
Veronica Maldonado	September 2028
Sis fa Siu	September 2028
Susan Fraser	September 2028
Magaly Betts-Murphy	September 2028
Jan Brinson	September 2028
Amanda Birdseye	September 2028
Emese Friedrich	September 2028
Jess Allen	September 2028
Sam Roy	September 2028
Asma Said	September 2028
Sonia Aftab	September 2028
Tsu Chow	September 2028
Santa Pozzuto	September 2028

Appendix 2 – Basic First Aid Advice



Basic First Aid Advice

This leaflet provides first aid guidance on the following:

- 01. Assessing the casualty in an emergency
- 02. Unresponsiveness
- 03. Wounds and bleeding
- 04. Minor injuries
- 05. Suspected broken bones
- 06. Burns
- 07. Eye injuries
- 08. Special hazards
- 09. Illness
- 10. Record keeping

Basic First Aid Advice

About this leaflet

This leaflet contains basic first aid guidance for untrained people to use in an emergency. It is not a substitute for certified training. First aid is a skill requiring training and practice. When giving first aid it is vital that you assess the situation and that you:

- ✦ Take care not to become a casualty yourself while administering first aid (use protective clothing and equipment where necessary).
- ✦ Send for help where necessary. Don't delay!

01. Assessing the casualty in an emergency

The following steps are known as the Primary Survey.

Danger
Check for danger to yourself and then your casualty before approaching the scene.

Response
Check whether the casualty is responsive by gently shaking their shoulders and calling their name. If there is no response the casualty may be unresponsive.

Airway
Clear the mouth - Check the mouth for any obvious obstructions, tilt to one side and remove with your fingertips.
Open the airway - Tilt the head back and lift the chin up.




Breathing
Look, listen & feel - For any breathing from the casualty's chest area and mouth. Take no longer than **10 seconds** to perform this check. If casualty **is breathing** normally, check circulation. If there is no severe bleeding, treat as for an unresponsive casualty. If casualty **is not breathing** normally, call EMS (emergency services). Then commence CPR ASAP.
Ask for a defibrillator if available.

Circulation
Check for severe bleeding as this leads to shock. If present, treat and call EMS.

Call for help
If alone, use a mobile phone to call EMS by dialling 999/122. If a bystander is present ask them to call the EMS once the casualty's airway and breathing has been checked.

CPR (Adults):

01. To commence CPR, ensure the casualty is on their back on a firm, flat surface.
02. Place hands in the centre of the casualty's chest as pictured.
03. Compress the chest (up to a maximum depth of approximately 5-6cm) 30 times at a rate of 100-120 compressions per minute. The compressions and releases should take an equal amount of time.
04. After 30 compressions, open the airway again using head tilt/chin lift.
05. Seal the nostrils with your thumb and forefinger.
06. Blow steadily into the mouth for 1 second.
07. Remove your mouth to the side and take some fresh air.
08. Repeat so you have given 2 attempted rescue breaths in total within 10 seconds.
09. Repeat this cycle of 30 chest compressions followed by 2 rescue breaths.




Continue with CPR until:

- The casualty shows signs of recovery.
- Emergency services arrive.
- You become exhausted and unable to continue.
- The situation changes and you are now in immediate danger.

Defibrillation
Use an AED (Automated External Defibrillator) if available and follow prompts.

02. Unresponsiveness

With any unresponsive casualty, it is vital to keep the airway open. To keep the airway open in an unresponsive casualty, turn them onto their side into the recovery position.



03. Wounds and bleeding

01. Sit the casualty down and expose the wound by removing or cutting off clothing.
02. Inspect the wound for foreign bodies.
03. Apply direct pressure onto the bleeding wound.
04. Cover the wound with a dressing and tie firmly into place.
05. If bleeding continues place another dressing on top of the first.
06. If bleeding still continues, remove both dressings, properly locate the bleeding point and reapply a dressing using firmer pressure.
07. Seek appropriate help - Call EMS by dialling 999/112.

Note: when dealing with blood the rescuer should always prevent cross-infection by wearing gloves.

04. Minor injuries

Minor injuries can be treated by the casualty themselves using the contents of the first aid box. The casualty should wash their hands, clean the wound and use an appropriate dressing to protect the wound from infection. In the workplace special metal detectable and/or coloured or waterproof dressings may be supplied according to the circumstances. Wounds should be kept dry and clean.

05. Suspected broken bones


If a broken bone is suspected **do not move the casualty** unless they are in a position that exposes them to immediate danger. **Obtain expert help** - Call EMS

06. Burns

Cool the part of the body affected with cool, clean running water until the pain is relieved. Thorough cooling may take 20 minutes or more, but this must not delay taking the casualty to hospital. **Cover** the affected area with a **sterile dressing** (ideally, kitchen film, a clean plastic bag or a clean, non-fluffy dressing). Burns can be serious. If in doubt **seek medical help**. For chemical burns, flood the affected area with water for 20 minutes. Whilst doing so, carefully remove any contaminated clothing that is not stuck to the skin. Make sure that you **avoid contaminating yourself** with the chemical. Collect as much information on the chemical as possible to give to EMS. This can be in the form of labelling, product instructions or COSHH data sheets. **All chemical burns require hospital treatment.**

07. Eye injuries

All eye injuries are potentially serious. The casualty may experience intense pain in the affected eye with spasms of the eyelids. Before attempting to treat, **wash your hands**. If there is a foreign object in the eye, irrigate the eye with clean, cool water or sterile eye wash from a sealed container to remove loose material. **Do not attempt to remove anything that is embedded in the eye.** If chemicals are involved, remove contact lenses if worn, open and flush the contaminated eye copiously with water or sterile eye wash for at least 20 minutes. Do not delay getting the casualty to hospital. Continue flushing on the way to the hospital if necessary. Call EMS if necessary.



08. Special hazards

Put safety first - Electrical and chemical accidents can occur in the workplace. You must assess the danger to yourself and not attempt assistance until you are sure it is safe to do so. PPE or special equipment may be necessary.

09. Illness

Many everyday ailments can arise at work. Giving medicines is not within the scope of first aid at work. Application of common sense and reassurance to the patient is the most valuable help that you can give. If in doubt about the seriousness of the condition, expert help should be sought. If the patient has his or her own pain relief tablets they may be taken as appropriate. People assisting should not offer medication of their own or belonging to others.

10. Record keeping

It is required by law that any injuries or illnesses due to accidents in the workplace are recorded, usually in an Accident Book compliant with Data Protection Act 2018. Write down the:


- Date, time and place of incident or treatment.
- Name and job title of injured or ill person.
- Details of the injury / illness and the treatment given.
- What happened to the person immediately afterwards (e.g. went home, went back to work, went to hospital).
- Name and signature of person providing treatment.

This kind of information can help identify accident trends and possible areas for improvement in the control of health and safety risks.

First aid materials
Used items from the first aid box should be replaced as soon as possible.

First aid tips

- Take care not to become a casualty yourself while administering first aid.
- Use protective clothing and equipment where necessary.
- If you need help, send for it immediately.
- If an ambulance is needed, it should be directed to the scene without delay.



The information contained in this leaflet is for guidance only and should not be used as a substitute for recognised training.
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Appendix 3 – Accident Report Form

School Accident / Illness Report Slip

Report Issued by:	Pupil's Name:
	Date:
	Time:
	Class:

Location and details of accident/incident/illness

<input type="checkbox"/> Head injury	<input type="checkbox"/> Vomiting/Nausea	<input type="checkbox"/> TLC applied
<input type="checkbox"/> Asthma	<input type="checkbox"/> Sprain/Twist	<input type="checkbox"/> Collected from school
<input type="checkbox"/> Bump/Bruise	<input type="checkbox"/> Nosebleed	<input type="checkbox"/> Parent/Carer contacted
<input type="checkbox"/> Cut/Graze	<input type="checkbox"/> Stomach pain/Upset tummy	<input type="checkbox"/> Unable to contact parent
<input type="checkbox"/> Headache/High temperature	<input type="checkbox"/> Mouth injury/Toothache/Loose or missing tooth	<input type="checkbox"/> Well enough to stay in school after first aid

Details of treatment and additional comments:

Authorised signature:

IMPORTANT: Please consult your doctor or local hospital if your child suffers any drowsiness, vomiting, impaired vision or excessive pain after returning home.

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Appendix 4 - HSE Accident Reporting Form



Appendix 5 - HSE Accident Reporting Form

Accident record

1 About the person who had the accident

Name _____
Address _____
Postcode _____
Occupation _____

2 About you, the person filling in this record

i If you did not have the accident write your address and occupation.

Name _____
Address _____
Postcode _____
Occupation _____

3 About the accident

i Continue on the back of this form if you need to.

When it happened, Date _____ Time _____
Where it happened, State room or place _____
How the accident happened, Give the cause if you can _____
If the person who had the accident suffered an injury, say what it was _____

Please sign the record and date it. Signature _____ Date _____

4 For the employee only

By ticking this box I give my consent to my employer to disclose my personal information and details of the accident which appear on this form to safety representatives and representative of employee safety for them to carry out the health and safety functions given to them by law.

Signature _____ Date _____

5 For the employer only

Complete this box if the accident is reportable under the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR). To report, go to page 4 of this book or go to <http://www.hse.gov.uk/riddor/report.htm>

Please sign the record and date it. Signature _____ Date _____

Appendix 6 – NHS Guidance

Rashes and Skin Conditions (NHS Guidance)

Infection or complaint	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	<i>See: Vulnerable Children and Female Staff – Pregnancy</i>
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 x2 doses). <i>See: Female Staff – Pregnancy</i>
Hand, foot and mouth	None	Contact your 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 x2). <i>See: Vulnerable Children and Female Staff – Pregnancy</i>
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 starting appropriate antibiotic treatment	Antibiotic treatment is recommended for the affected child

Slapped cheek/fifth disease. Parvovirus B19	None (once rash has developed)	<i>See: Vulnerable Children and Female Staff – Pregnancy</i>
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 your local PHE centre. <i>See: Vulnerable Children and Female Staff – Pregnancy</i>
Warts and verrucae	None	Verrucae should be covered in pools, gymnasiums and changing rooms

Diarrhea and vomiting illness

Infection or complaint	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	
<i>E. coli</i> O157 VTEC Typhoid* [and paratyphoid*] (enteric fever) Shigella (dysentery)	Should be excluded for 48 hours from the last episode of diarrhoea. Further exclusion may be required for some children until they are no longer excreting	Further exclusion is required for children aged five years or younger and those who have difficulty in adhering to hygiene practices. Children in these categories should be excluded until there is evidence of microbiological clearance. This guidance may also apply to some contacts who may also require microbiological clearance. Please consult your local PHE centre 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

Infection or complaint	Recommended period to be kept away from school, nursery or childminders	Comments
Flu (influenza)	Until recovered	<i>See: Vulnerable Children</i>
Tuberculosis*	Always consult your local PHE centre	Requires prolonged close contact for spread
Whooping cough* (pertussis)	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 continue for many weeks. Your local PHE centre will organise any contact tracing necessary

Other Infections

Infection or complaint	Recommended period to be kept away from school, nursery or child minders	Comments
Conjunctivitis	None	If an outbreak/cluster occurs, consult your local PHE centre

Diphtheria *	Exclusion is essential. Always consult with your local HPT	Family contacts must be excluded until cleared to return by your local PHE centre. Preventable by vaccination. Your local PHE centre 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)	In an outbreak of hepatitis A, your local PHE centre will advise on control measures

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: <i>Good Hygiene Practice</i>
Meningococcal meningitis*/septicaemia*	Until recovered	Meningitis C is preventable by vaccination 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 school contacts. Your local PHE centre will advise on any action is 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. Your local PHE centre 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 your local PHE centre
Mumps*	Exclude child for five days after onset of swelling	Preventable by vaccination (MMR x2 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

