

FIRST AID

Policy applies from EYFS to Sixth Form and to all Staff	
Date policy reviewed:	30.11.2022
Date of next review:	30.11.2023
Version:	07.23 v1
Author:	Mr Chris Collins

Version	Date	Paragraph	Material change	Approval
11.22 v1	30.11.2022	All 3 10 and Appendix G	General update of the policy, including the insertion of references to when Operoo is used. Paragraph re. Year 7 interviews deleted. Section dealing with concussion removed. Head injuries with suspected concussion to now be dealt with under the Concussion policy.	Mr Luke Goodman
03.23 v1	01.03.2023	Appendix C	Updated.	Mr Luke Goodman
05.23 v1	15.05.2023	N/a	No material amendments.	Mr Luke Goodman
07.23	05.07.2023	16.1	Paragraph updated re. the location of pupil's adrenaline auto injectors. Appendices D, E and F deleted.	Mr Luke Goodman

Clifton High School is committed to child protection and safeguarding children and young people and expects all staff, visitors, and volunteers to share this commitment.

Related Policies

- Admissions
- All Child Protection and Safeguarding policies
- Data Protection



- Data Retention
- Educational Visits
- EYFS First Aid
- Head Injury and Concussion
- Mental Health

Clifton High School takes its responsibility for the health and well-being of its pupils, staff, visitors, and volunteers very seriously. It is an inclusive community that aims to support and welcome all pupils, including those with any known medical condition, health problem or allergy. It ensures that all First Aid is administered in a timely and competent manner regarding the Health and Safety Executive regulations (HSE, 1981).

1. Aims

The aim of this policy are to ensure that:

- All staff understand their duty of care to pupils and all accidents are dealt with safely and appropriately.
- Sick pupils are cared for appropriately until well enough either to return to lessons or released to the care of their parents.
- Staff are suitably trained to deal with any first aid problems that they may encounter in their working day and understand the seriousness and management of certain medical conditions that affect the pupils at this school.
- The School community understands the importance of medication being taken as prescribed.

2. Policy success and review

The success of this policy will be monitored by the Deputy Head, Pastoral and the Medical Team in the first instance, and also by the Senior Leadership Team.

The Deputy Head, Pastoral will regularly review the School's first aid needs, normally annually, and particularly after any new legislation is passed, to ensure that the School's provision is adequate. Where minimum numbers of trained first aiders are set, these will be monitored by the Medical Team who have overall responsibility for managing training to ensure that these standards are being met.

3. Procedure

3.1 The Medical Room and "Appointed Person"

- The Medical Room is situated in the basement of Woods House with a well-stocked treatment room and a two-bedded rest area, including a sink and toilet.



- The Medical Room is staffed by a member of the Medical Team, Monday to Friday during the school day.
- The Medical Team assume the role of 'Appointed Person' for the School and will take charge when someone is injured or ill and ensure that an ambulance or medical help is called when appropriate.
- If a member of the Medical Team is unavailable during School hours, pupils are directed to the School Office where a First Aider can be called to take on the role of the 'Appointed Person'.
- Out of office hours, the member of SLT on Duty is responsible for First Aid.

3.2 Training

- A member of the Medical Team ensures that all members of the Team's First Aid training is kept current.
- Selected staff are enrolled on a recognised basic First Aid in Schools course. A further select number of staff are trained to a higher level completing a more in depth First Aid at Work or Paediatric Training Course. The School's EYFS setting is required to have at least one Paediatric First Aid Course trained member of staff in the setting and available at all times. Those staff requiring more specialised training relevant to their area of activity (e.g., Physical Education or Duke of Edinburgh) will be enrolled on a more specialised course. The full list of qualified first aiders is held on the School Information Management System (SIMS) and updated after every training course. The Medical Team are responsible for informing staff and booking the relevant courses in agreement with the Deputy Head, Pastoral.
- Green Emergency First Aid posters list staff members who are first aid trained. This poster is displayed on noticeboards in each room and is updated by the Medical Team and the School Office yearly.

3.3 Information

- Parents of all pupils are required to complete a paper medical form on entry to the School, and update the information on Operoo when medical information changes. A member of the Medical Team inputs the information from the forms into SIMS and Operoo automatically syncs with SIMS.
- The Medical Team notifies class teachers/tutors and the Executive Chef by email of any pupils with serious medical conditions such as anaphylaxis.
- The Medical Team will provide staff with advice and information on such issues as the use of an Adrenaline Auto Injector, and the correct procedures for dealing with specific medical conditions such as asthma, diabetes, and epilepsy, particular to the needs of the pupils in their care.
- If a pupil has suffered an injury outside of school or has been given paracetamol, ibuprofen or any other medication that morning which the School has not previously

been informed of, then their parents must notify the School prior to their child arriving at School by emailing medical@cliftonhigh.co.uk.

4. First Aid Kits

- First Aid boxes are supplied and equipped to HSE standards (Appendix A). They are placed at various points locations throughout the School (Appendix B) and within the school minibuses. The boxes are checked and restocked by the Medical team once a term.
- First Aid kits for Adventure club (3 bright orange backpacks) are kept in the Gate House (Appendix B). These are kept to HSE standards (Appendix A) and checked and restocked by the Medical Team once a term.
- First Aid kits are provided by the Medical Team and taken by a member of staff on any off-site visits including day and residential trips.
- PE staff keep and maintain their own First Aid kits which they take with them to offsite sports facilities and to fixtures. These are re-stocked by the Medical Team on request, and the Medical Team check each kit once a term.
- If supervising staff members use items from these kits, they should notify the Medical Team in a timely manner so that stock can be replenished in between the termly checks.

5. Defibrillator

- There is an Automated External Defibrillator (**AED**) in the School Office and in the lobby area of the Sports Centre. The AED closest to the person in cardiac arrest should be collected and taken to them.

6. Body Spills

- All spillage of body fluid (blood, vomit, urine, excrement, saliva, nasal, and eye discharge) and materials used in cleaning the area should be treated as “clinical waste” and disposed of appropriately.
- The janitor is trained in the cleaning of all body fluid spills and is on call throughout the School day, and is contactable on a School mobile phone, to carry out specific cleaning of a body fluid spill.
- Body spills kits are provided alongside first aid kits by the Medical Team to be taken on day and residential trips.

7. Illness at School - dealing with pupils who feel unwell

- Parents are encouraged not to send their children into School if they are unwell.
- If a pupil becomes unwell during the School day, the following procedure will be followed:
 - Infant School pupils will be taken to the Medical Room by a supervising adult. Year 3 – Sixth Form pupils can make their own way there if they are well enough.
 - The Medical Team will care for the pupil in School or will contact the parents and arrange for the pupil to go home.

- The School Office will be informed if a pupil is resting in the Medical Room for any length of time (unless accompanied by their teacher or teaching assistant) and when the pupil either returns to class or goes home.
- If the pupil needs further medical attention, the Medical Team will arrange this. Parents will be contacted as soon as possible. If contact cannot be made, the pupil will be accompanied by a member of staff who will act in 'loco parentis'.
- The Medical Team keeps a record of any visit to the Medical Room and logs each visit on SIMS. That information can then be used to see any recurring patterns or trends.
- If the pupil goes home, the parents are informed of any medication or treatment given.

8. Common infectious illnesses and diseases and public health

- Parents and staff should consult the exclusion table (Appendix C) provided by the UK Health Security Agency (2022) for advice on exclusion from school for pupils with common infectious illnesses/diseases.
- Pupils and staff with diarrhoea or vomiting should be excluded until 48 hours after symptoms have stopped and they are well enough to return. If medication is prescribed, ensure that the full course is completed and there is no further diarrhoea or vomiting for 48 hours after the course is completed.
- The Medical Team will report any case of infectious disease in a pupil or staff member to the local Health Protection Team (HPT) as soon as possible.
- The school will follow government guidelines for national or Global Illness, endemic, epidemic or pandemic.
- Further information relating to specific health issues can be communicated to parents via the Parents' Bulletin.

9. Pupils with particular Medical Conditions

- Parents of a child with an identified medical condition should contact the Medical Team at the time of diagnosis or on entrance to the School to arrange a meeting to discuss the child's specific needs.
- A child centred individual health care plan (IHP) will then be drawn up, in collaboration with the Medical Team, parents and class teacher/tutor. It is the parent's responsibility to inform the Medical Team directly should there be any change to the child's condition.
- Medical alert posters detailing pupils with a serious medical condition are displayed in both staff rooms, the Medical Room, the School Office, ASAC and the Dining Hall.
- Teachers of pupils with medical conditions are briefed and IHP's are shared with them. Teachers are trained in the care of those pupils as appropriate.
- Pupil's IHP's are reviewed and updated yearly or earlier if alerted to changes.

10. Statutory Vaccinations

- Standard childhood immunisations and vaccinations are given via pupil's General Practitioner (GP)/Primary Care Team in the community. However, it is Government policy that the following immunisations are offered via the Department of Health within School:
 - all pupils in Year 8 are offered the HPV vaccination (2 vaccinations 6-24 months apart) against the human papillomavirus;
 - all Year 9 pupils are offered a Meningitis ACWY and Diphtheria, Tetanus and Polio (DTP) immunisation; and
 - the flu immunisation is offered annually for children in the Infant School the Junior School and Year 7-9, this may be subject to change according to the local Community Health Team.
- The Medical Team liaises with nurses in the local Community Health Team who come into School to administer the vaccinations, which are given as per the recommended guidelines. The Medical Team will host and co-ordinate these vaccinations.

11. Administration, Storage and Disposal of Medication

- All medication is held in lockable cupboards or fridge within the medical centre (except for pupils' emergency medication which is always kept accessible).
- Out of date medication will be sent home at the end of each term.
- Parents must provide the Medical Team with any prescribed medication, which must be in its original packaging stating the pupil's name, prescriber's instructions, (dosage and frequency), and expiry date. Prescription medicines will not be administered unless they have been prescribed for a pupil.
- The parent should fill in and sign a Consent for the Administration of Prescribed Medication Form on Operoo and the Medical Team will then administer and record the medication both on the Medication Record Card and in the daybook at the requested time of day. Should a pupil refuse the medication, this will be recorded, and the parent informed as soon as possible.
- Occasionally pupils may be allowed to self-medicate but parents must complete and sign the Consent for Self-Medication Form via Operoo.
- Consent for the Medical Team to give paracetamol, ibuprofen, antihistamine, deep heat, bonjella, antacids, throat lozenges, cough linctus and emergency treatment if the need arises is obtained from all parents on the admission medical form.
- If a pupil in nursery to Year 11 is given medication by the Medical Team a note will be given to the pupil and an email sent or telephone call to parents. Students in sixth form will only be given a note documenting what was given, dosage and time.

12. Dealing with Accidents

- Anyone who suffers minor accidents (scrapes, bumps, minor burns, etc.) should be given suitable First Aid on the spot and if necessary then sent to the Medical Room as quickly as possible for treatment.
- If the accident is more serious, First Aid should be commenced on the spot by a trained First Aider and the Medical Team should be called immediately. Emergency services will be called by the Medical Team. The School Office will be informed so that a member of staff can be sent to direct the ambulance to the correct entrance and to the casualty.
- Parents of the pupil will be informed as soon as reasonably practicable. Should a parent not be able to arrive before the ambulance leaves, then the pupil will be accompanied in the ambulance by a member of staff who will act in “loco parentis”.
- If it is believed that an ill or injured pupil/staff member can travel to the Emergency Department more quickly than waiting for an ambulance or parent and it would be appropriate for the ill or injured person to do so, a member of the Medical Team or a member of staff, acting in loco parentis, can transport them using their own vehicle. The member of staff would be covered under the School’s occasional use insurance provision. On the day the emergency occurs, the Finance Department should be notified.
- Support must be given to staff and those who have dealt with a serious accident.
- The Medical Team will report all serious accidents internally, drawing upon statements of any staff who witnessed the accident, using the School’s accident form. Copies of this will be stored on the medical section of SharePoint and the Estate and Operations Director will be notified as soon as possible. If the incident involves a maintenance issue, then a copy is also sent to the Maintenance Department.
- The Estate and Operations Director will report any major injuries, diseases or dangerous occurrences to the Health & Safety Advisor who will report to RIDDOR. In the absence of The Estate and Operations Director, the Medical Team will report incidents directly to the Health and Safety Advisor.
- The Medical Team will collate the records of all accidents in school, produce accident statistics and present these to the Health and Safety Committee each term.

13. Head Injuries

- All children who suffer a head injury at school should initially be seen by the Medical Team or a first aider.
- The Medical Team should refer to the Head Injury and Concussion policy if appropriate.
- After any head injury, regardless of severity, the pupil’s parents are to be informed. When serious signs and symptoms are present and further medical help is needed, the parents will be contacted as soon as possible. Where none of the more serious signs are present, parents will be informed via a Bumped Head Letter and email, which contain NHS guidance on concussion. A member of the Medical Team will inform the pupil’s teacher or tutor of the head injury, if deemed necessary to do so.

- If a member of The Medical Team believes that a pupil needs closer supervision, the pupil's parents will be contacted to collect the pupil from school and will be advised to seek medical advice.

14. Overdose or poisoning

- In the event of a suspected overdose or poisoning, the Medical Team should be called to the location of the pupil immediately.
- The decision to call an ambulance depends on the initial assessment of the pupil by the Medical Team.
- In all circumstances, it is important to establish what substance was taken, how much and when. This can be done by asking the casualty but if unable to answer, by asking friends or anyone present.
- The parents should be contacted as soon as practicable.
- An ambulance should be called in emergency situations, where the pupil has collapsed and is unresponsive. There is an Automated External Defibrillator (**AED**) in the School Office and in the Sports Centre. The AED closest to the pupil should be collected and taken to the casualty.
- In a non-emergency situation, the student should be escorted to the Medical Room, or a member of the Medical Team will come to the pupils' location with the first aid kit. An assessment of the pupil should be made and monitored for any deterioration of condition. Arrangements should be made for transport to the pupil to the Emergency Department.
- All pupils should be seen in hospital by a healthcare professional after a poisoning episode or overdose.
- Pupils who are suspected of taking a paracetamol overdose should be taken to hospital, as people who have ingested paracetamol are frequently asymptomatic. Private transport to hospital may suffice, rather than calling an ambulance, but each situation should be assessed on an individual basis.

15. Alcohol and Drugs

- If a pupil is suspected of being under the influence of drugs or alcohol on school premises, the School must prioritise the safety of the young person and those around them.
- In all circumstances, the Medical Team should be contacted. If necessary, it should be dealt with as a medical emergency, administering First Aid, and summoning appropriate support.
- Parents will be contacted and depending on the circumstances, the police may need to be contacted.
- If the pupil is felt to be at risk the Child Protection Safeguarding policy will come into effect and social services may need to be contacted.

16. Guidance on specific medical conditions

16.1 Anaphylaxis

- Should a pupil with Anaphylaxis join the School, the Medical Team will arrange a phone call to discuss an individual care plan. All pupils with anaphylaxis should have an Allergy Action Plan completed by their healthcare provider, which is shared with the Medical Team and is located with their adrenaline auto injector in the medical room.
- If a member of staff with anaphylaxis joins the School, they are asked to notify the Medical Team of their condition and the Medical Team will then discuss an individual health care plan with that member of staff.
- Pupils at risk of anaphylaxis are prescribed an adrenaline auto injector (**AAI**) (Epipen, Emerade or Jext). Each pupil should have two AAIs in school. In the Senior School, both AAI's should be kept on the pupil along with antihistamines and a reliever inhaler if required. Pupils in the Infant and Junior School should keep both AAI's and if required, antihistamines and a reliever inhaler (for asthma symptoms) with their teacher. Parents must ensure that their child still has access to an AAI when travelling to and from school. Following Department of Health guidelines (2017), the School will hold spare AAIs in a clearly labelled, unlocked cupboard within the Medical Room, to be available in case a second dose is needed or if the pupils own is not in school, expired or broken. Pupils on the anaphylaxis register must have parental consent in their Allergy Action Plan for the emergency AAI to be used. Spare AAIs are kept in the Medical Room, the School Office, the dining hall and at Coombe Dingle. These are all in an accessible and clearly marked location.
- A confidential medical alert list with photographs of pupils and members of staff who carry AAI's, the likely triggers for their allergic reaction, signs and symptoms and a course of action are displayed in the Medical Room, School Office, dining hall, ASAC and in each staff room. The medical alert list is kept up to date by the Medical Team.
- If school trips are planned, it is the responsibility of the teacher to check if any pupils are on the anaphylaxis register. The second AAI must be collected by the teacher from the Medical Room and taken with the pupil in addition to the one carried with them. This should be signed out and signed back in immediately upon return to school.
- All teachers of pupils with anaphylaxis are offered an online training course on how to use the AAI's and training devices are available within the Medical Room for hands on training. A record of which members of staff have undertaken the training is logged by Operoo. It is imperative that there is no delay in the administration of the Auto Injector if a member of staff notices any of the symptoms. If the pupil is unable to administer the auto injector, it may be administered without the presence of a member of the Medical Team, however the Medical Team should be called as soon as possible.
- An ambulance should be called as soon as symptoms develop either by a member of the Medical Team or by the member of staff with the pupil. The School Office should be



notified and will be able to assist directing the ambulance to the correct location using what3words.

- Clifton High School asks that the whole school community assists in providing a safe environment for pupil's who have a nut allergy by not bringing any nut-based products into School. It is important to check the ingredients list of food products as it is not always apparent that products contain nuts. If a pupil has an anaphylactic allergy to food product other than nuts, the Medical Team would put in place similar measures to those used for nut allergies.

16.2 Asthma

- Should a pupil with Asthma join the school, parents are required to complete an Operoo form detailing their asthma plan. Parents must update Operoo if there be any changes to this plan.
- All pupils with asthma are advised to always carry their reliever inhaler with them. Dependent on the child's age and competence, the inhaler can be kept on them or with their teacher in the classroom. It is suggested that pupils keep a spare named inhaler in the Medical Room, stored in a clearly labelled unlocked cupboard. Each pupil with a spare has their own labelled medication bag within the medical room, containing their asthma medication. An updated list of pupils with asthma is kept in each staff room, the Medical Room and the School Office. The pupil's Asthma Card is kept with this list in the Medical Room
- In accordance with the Human Medicines regulations (2014), a spare Salbutamol inhaler is kept in the Medical Room and School Office to be used in an emergency. It is clearly marked and kept in an unlocked cupboard for easy access. This can only be used for a pupil who is on the asthma register and who has signed parental consent on their School Asthma card. If the emergency inhaler is used, a record of the pupil's name, time and date of usage and the circumstances in which it was needed should be taken so a member of the Medical Team can inform the parents. A spare Salbutamol inhaler is also kept within first aid kits for use by the Sports Department when offsite. A check list of 'How to recognise an asthma attack and what to do in the event of an asthma attack' is posted in each location beside the asthma register.
- If school trips are planned or sports at Coombe Dingle, it is the responsibility of the teacher or trip leader to check if any pupils are on the asthma register using Operoo. The teacher in charge should ensure that the pupil has their asthma medication with them for the duration of the trip. If it is not available, a spare must be collected by the teacher from the Medical Room and taken with the pupil. This should be signed out and signed back in immediately upon return to school.

16.3 Epilepsy

- Should a pupil with Epilepsy join the school, a member of the Medical Team will arrange a phone call with the parents to discuss the individual care plan. The care plan will outline if medication is needed, and a discussion will be had to decide the most appropriate location to store the medication. This will be communicated to relevant staff and training will be given, which will be reviewed annually. Parents must update the Medical Team with any changes to this care plan.
- If a member of staff with epilepsy joins the School, they are asked to notify the Medical Team of their condition and the Medical Team will then discuss an individual health care plan with that member of staff.
- If school trips are planned or sports at Coombe Dingle, it is the responsibility of the teacher or trip leader in the case of school trips to check if any pupils are on the epilepsy register via Operoo and communicate with the Medical Team to arrange collection of the child's medication. This should be signed out and signed back in immediately upon return to school.

16.4 Diabetes

- Should a pupil with diabetes join the School, a member of the Medical Team will arrange a phone call with the parents to discuss the individual care plan. Parents must update the Medical Team if there are any changes to this plan.
- If a member of staff with diabetes joins the School, they are asked to notify the Medical Team of their condition and the Medical Team will then discuss an individual health care plan with that member of staff.
- The Medical Room can be made available as a private place for injecting insulin or testing blood sugar levels if required and as a safe place for storage of and disposal of insulin and sharps.
- The catering staff will be informed and will arrange any special dietary requirements in consultation with parents.
- Training on ways of recognising signs and symptoms of low or high blood sugar levels and action to be taken will be given to those staff involved with the pupil.
- Pupils with type 1 diabetes will carry hypo kits provided by parents containing foods to treat a hypo (low blood sugar level). Spare hypo kits will be held in the Medical Room, at Coombe Dingle, the School Office and in BG2 classroom.
- If school trips are planned or sports at Coombe Dingle, it is the responsibility of the teacher or trip leader in the case of school trips to check if any pupils are on the diabetes register and communicate with the Medical Team to arrange collection of the child's hypo kit. This should be signed out and signed back in immediately upon return to school.



Appendix A

First Aid Box Contents

- Leaflet giving general advice on First Aid
- 20 assorted individually wrapped plasters
- 2 large and 2 medium individually wrapped sterile wound dressings
- 1 x adhesive tape
- 1 x individually wrapped triangular bandage
- Nonsterile gauze
- 8 x Sterile wipes
- 4 x Sterowash
- 2 x bandages (small and large)
- 1 x resuscitation face shield
- Accident record sheet
- Disposable gloves and yellow bag for waste
- Cold compress
- Tissues
- Sanitary Pads

Other contents added as needed for trips

- Body Spills kit
- Sickness bags
- Cool Pack (single use)



Map of location of first aid boxes

Appendix B

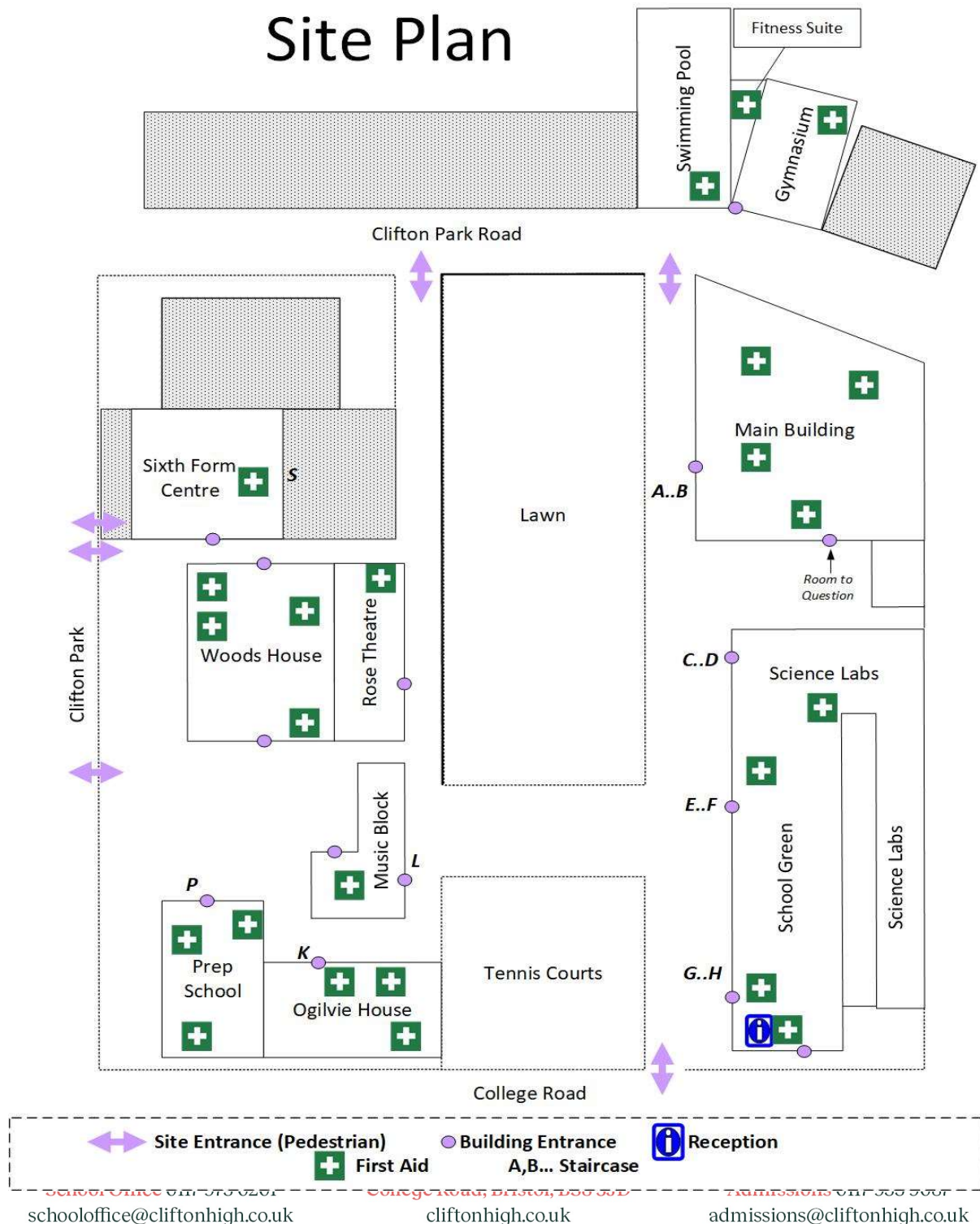
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Site Plan



Exclusion table

Appendix C

Infection	Exclusion period	Comments
Athlete's foot	None	Athlete's foot is not a serious condition. Treatment is recommended. Children should not be barefoot at their setting (for example in changing areas) and should not share towels, socks or shoes with others.
Chicken pox	At least five days from onset of rash and until all blisters have crusted over	Pregnant staff contacts should consult with their GP or midwife
Cold sores (herpes simplex)	None	Avoid kissing and contact with the sores. Cold sores are generally mild and heal without treatment
Conjunctivitis	None	If an outbreak/cluster occurs, consult your local health protection team (HPT)
Respiratory infections including COVID-19	Children and young people should not attend if they have a high temperature and are unwell. Children and young people who have a positive test result for COVID-19 should not attend the setting for 3 days after the day of the test.	Children with mild symptoms such as runny nose, and headache who are otherwise well can continue to attend their setting.
Diarrhoea and vomiting	Staff and pupils can return 48 hours after the last symptoms.	See section in chapter 9
Diphtheria *	Exclusion is essential. Always consult with your local HPT	Preventable by vaccination. Family contacts must be excluded until cleared to return by your local HPT
Flu (influenza)	Until recovered	Report outbreaks to your local HPT.
Glandular fever	None	
Hand foot and mouth	None	Contact your local HPT if many children are affected. Exclusion may be considered in some circumstances.
Head lice	None	Treatment recommended only when live lice seen

Hepatitis A*	Exclude until seven days after onset of jaundice (or 7 days after symptom onset if no jaundice)	In an outbreak of Hepatitis A, your local HPT will advise on control measures
Hepatitis B*, C*, HIV	None	Hepatitis B and C and HIV are blood borne viruses that are not infectious through casual contact. Contact your local HPT for more advice.
Impetigo	Until lesions are crusted /healed, or 48 hours after starting antibiotic treatment	Antibiotic treatment speeds healing and reduces the infectious period.
Measles*	Four days from onset of rash and recovered	Preventable by vaccination (2 doses of MMR). Promote MMR for all pupils and staff. Pregnant staff contacts should seek prompt advice from their GP or midwife
Meningococcal meningitis*/ septicaemia*	Until recovered	Meningitis ACWY and B are preventable by vaccination (see national schedule @ www.nhs.uk). Your local HPT will advise on any action needed
Meningitis* due to other bacteria	Until recovered	Hib and pneumococcal meningitis are preventable by vaccination (see national schedule @ www.nhs.uk) Your local HPT will advise on any action needed
Meningitis viral*	None	Milder illness than bacterial meningitis. Siblings and other close contacts of a case need not be excluded.
MRSA	None	Good hygiene, in particular handwashing and environmental cleaning, are important to minimise spread. Contact your local HPT for more information.
Mumps*	Five days after onset of swelling.	Preventable by vaccination with 2 doses of MMR (see national schedule @ www.nhs.uk). Promote MMR for all pupils and staff.
Ringworm	Not usually required.	Treatment is needed.
Rubella (German measles)	Four days from onset of rash	Preventable by vaccination with 2 doses of MMR (see national schedule @ www.nhs.uk). Promote MMR for all pupils and staff. Pregnant staff contacts should seek prompt advice from their GP or midwife.
Scarlet fever	Exclude until 24hrs of appropriate antibiotic treatment completed	A person is infectious for 2-3 weeks if antibiotics are not administered. In the event of two or more suspected cases, please contact local health protection.

Scabies	Can return after first treatment	Household and close contacts require treatment at the same time.
Slapped cheek /Fifth disease/Parvo virus B19	None (once rash has developed)	Pregnant contacts of case should consult with their GP or midwife.
Threadworms	None	Treatment recommended for child and household
Tonsillitis	None	There are many causes, but most cases are due to viruses and do not need an antibiotic treatment
Tuberculosis (TB)	Until at least 2 weeks after the start of effective antibiotic treatment (if pulmonary TB). Exclusion not required for non-pulmonary or latent TB infection). Always consult your local HPT BEFORE disseminating information to staff/parents/carers	Only pulmonary (lung) TB is infectious to others. Needs close, prolonged contact to spread
Warts and verrucae	None	Verrucae should be covered in swimming pools, gyms and changing rooms
Whooping cough (pertussis)*	Two days from starting antibiotic treatment, or 21 days from onset of symptoms if no antibiotics	Preventable by vaccination. After treatment, non-infectious coughing may continue for many weeks. Your local HPT will organise any contact tracing

***denotes a notifiable disease. It is a statutory requirement that doctors report a notifiable disease to the proper officer of the local authority (usually a consultant in communicable disease control).**

Health Protection Agency (2010) Guidance on Infection Control in Schools and other Child Care Settings. HPA: London.



Additional support resources for Clifton High Pupils and Parents are linked below

CAMHS - www.camhs-resources.co.uk

This site was created for young people, pooling together lots of helpful resources that are available to help support their mental health and wellbeing.

OFF THE RECORD - <https://otrbristol.org.uk>

Off the Record (aimed at 11-17-year olds) is continuing to provide online support sessions to help young people navigate through the coronavirus outbreak.

YOUNG MINDS - <https://youngminds.org.uk>

Young Minds now have a section on their website dedicated to coronavirus and mental health support for young people and their families at this time. This includes blogs on coping with OCD during the pandemic, looking after mental health whilst self-isolating and talking to your child about the coronavirus.

KOOTH - <https://kooth.com>

An online counselling service for 11-19-year olds, with qualified counsellors available for 1:1 sessions.

GRIEF ENCOUNTER - <https://griefencounter.org.uk>

Supporting bereaved children & young people deals with ways of how to deal with young people if they have lost a family member, and how to say goodbye if attendance at a funeral is not possible.