

# Medicines and Supporting Pupils with Medical Conditions Policy

Reviewed Spring 2022  
Ratified by FGB on 31/03/2022  
To be reviewed Spring 2025

## **Why does this policy exist?**

Section 100 of the Children and Families Act 2014 places a duty on the Governing Body and Leadership Team to make arrangements for supporting pupils at the Academy with medical conditions.

The aim is to ensure that all children with medical conditions, in terms of both their physical and mental health, are supported at the Academy so they can play a full and active role in Academy life, remain healthy and achieve their academic potential. Pupils with special medical needs have the same right of admission to the Academy as other children and cannot be refused admission or excluded from the Academy on medical grounds alone. Teachers and other Academy staff in charge of pupils have a common law duty to act in loco parentis and may need to take swift action in an emergency. This duty also extends to teachers leading activities taking place off the Academy site. This could extend to a need to administer medicine.

Pupils with medical conditions need to be supported so they have full access to education (including academy trips and physical education) and may also need to be supported with any social and emotional implications associated with their condition. They may additionally require support to ensure they are able to reintegrate with their class if they have been off as a result of their condition and do not fall behind when they are unable to attend.

Some children with medical conditions may be disabled. Where this is the case the Governing Body and Leadership team must also comply with their duties under the Equality Act 2010. Some may have special educational needs (SEN) and may have a statement, or Education, Health and Care (EHC) plan which brings together health and social care needs, as well their special educational need provision. For children with SEN, this policy should also be read in conjunction with the SEN policy.

This policy has been developed in line with the Department for Education's guidance released in April 2014 – "Supporting pupils at school with medical conditions" and will be regularly reviewed and readily accessible to parent/carers on the Academy website and to Academy staff.

### **DEFINITION OF MEDICAL NEEDS**

Pupils' medical needs may be broadly summarised as being of two types:

- (a) Short-term affecting their participation in Academy activities, which they are on a course of medication.
- (b) Long-term potentially limiting their access to education and requiring extra care and support (deemed special medical needs).

### **DEFINITION OF MEDICATION**

- "Medication" is defined as any prescribed or over the counter medicine.
- "Prescription medication" is defined as any drug or device prescribed mainly by a medical professional

## **Who does this policy apply to?**

This policy is for pupils, parents and staff.

## **Accountabilities**

### **The Local Authority (LA) is responsible for:**

- Promoting cooperation between relevant partners and stakeholders regarding supporting pupils with medical conditions.
- Providing support, advice and guidance to academies and their staff.
- Making alternative arrangements for the education of pupils who need to be out of the Academy for fifteen days or more due to a medical condition (whether consecutive or cumulative across the academic year)
- Providing suitable training to Academy staff in supporting pupils with medical conditions to ensure that Individual Healthcare Plans can be delivered effectively.

### **The Governing Body is responsible for:**

- The overall implementation of the Supporting Pupils with Medical Conditions Policy and procedures of The Fritch Green Academy.
- Ensuring that the Supporting Pupils with Medical Conditions Policy, as written, does not discriminate on any grounds including, but not limited to: ethnicity/national origin, culture, religion, gender, disability or sexual orientation.
- Handling complaints regarding this policy as outlined in the Academy's Complaints Policy.
- Ensuring that all pupils with medical conditions are able to participate fully in all aspects of Academy life.
- Ensuring that relevant training provided is delivered to staff members who take on responsibility to support children with medical conditions.
- Guaranteeing that information and teaching support materials regarding supporting pupils with medical conditions are available to members of staff with responsibilities under this policy.
- Keeping written records of any and all medicines administered to individual pupils and across the Academy population.
- Ensuring the level of insurance in place reflects the level of risk.

### **The Principal is responsible for:**

- The day-to-day implementation and management of the Supporting Pupils with Medical Conditions Policy and procedures of The Fritch Green Academy.
- Ensuring the policy is developed effectively with partner agencies.
- Making staff aware of this policy.
- Liaising with healthcare professionals regarding the training required for staff.
- Making staff who need to know aware of a child's medical condition.
- Developing Individual Healthcare Plans (IHCPs).

- Ensuring a sufficient number of trained members of staff are available to implement the policy and deliver IHCPs in normal, contingency and emergency situations.
- If necessary, facilitating the recruitment of a member of staff for the purpose of delivering the promises made in this policy.
- Ensuring the correct level of insurance is in place for teachers who support pupils in line with this policy.
- Contacting the school nursing service in the case of any child who has a medical condition.

**Staff members are responsible for:**

- Taking appropriate steps to support children with medical conditions.
- Where necessary, making reasonable adjustments to include pupils with medical conditions into lessons.
- Administering medication, if they have agreed to undertake that responsibility.
- Undertaking training to achieve the necessary competency for supporting pupils with medical conditions, if they have agreed to undertake that responsibility.
- Familiarising themselves with procedures detailing how to respond when they become aware that a pupil with a medical condition needs help.
- Any medicines brought into the Academy by the staff e.g. headache tablets, inhalers for personal use should be stored in an appropriate place and kept out of the reach of the pupils. Any staff medicine is the responsibility of the individual concerned and not the Academy.

**School Nurses are responsible for:**

- Notifying the Academy when a child has been identified with requiring support in the Academy due to a medical condition.
- Providing the Academy with background information on the condition.
- Liaising locally with lead clinicians on appropriate support.
- Being the first point of contact to arrange support and training on the administration of any medicines.
- Working with the Academy, parents and pupil and the development of the Individual Healthcare Plan (IHCP) and a Care Plan if required.

**Parents and Carers are responsible for:**

- Keeping the Academy informed about any changes to their child/children's health.
- Completing a parental agreement form for Academy staff to administer medicine, before bringing medication into the Academy.
- Providing the Academy with the medication their child requires and keeping it up to date.
- Medication is to be provided daily in the dose required (not full bottles or packets), and labelled with the child's name, class and date, along with the necessary consent form. (Where prescribed medication is required daily on an ongoing basis, this can be stored in the main school office. Only one month's worth of prescribed medication can be stored at any one time. It is the parents responsibility to ensure medication is replenished).
- Collecting any leftover medicine at the end of the course or year.

- Discussing medications with their child/children prior to requesting that a staff member administers the medication and explaining the importance of compliance to their child.
- Notifying the Academy if their child's medication changes or is discontinued, or the dose or administration method changes.
- Where necessary, developing an Individual Healthcare Plan (IHCP) for their child in collaboration with the Principal, other staff members and healthcare professionals.
- Ensuring they or another nominated adult are contactable at all times in case of medical emergencies.

### **Pupils**

- Pupils with medical conditions should be fully involved in discussions about their medical support needs and contribute as much as is possible or appropriate to the development of, and comply with, their individual healthcare plan.
- Where possible and considered appropriate, pupils will be given responsibility for administering their own medicines under the supervision of Academy staff.
- Pupils are responsible for administering their own Asthma inhalers. Inhalers should be kept in class and made readily available for pupils should they require them.

## **Our Policy**

### **1. STAFF SUPPORT AND TRAINING**

The Academy is responsible for ensuring that staff have appropriate training to support children with medical needs.

- All staff are aware that there is no legal or contractual duty for any member of staff to administer medication or supervise a pupil taking medication unless they have been specifically contracted to do so.
- Many other members of staff are happy to take on the voluntary role of administering medication. For medication where no specific training is necessary, any member of staff may administer prescribed and non-prescribed medication to pupils under the age of 16, but only with the written consent of the pupil's parent.
- No staff member may administer drugs by injection.
- All staff attending off-site visits are aware of any pupils with medical conditions on the visit. They receive information about the type of condition, what to do in an emergency and any other additional support necessary, including any additional medication or equipment needed.
- Specific training and staff awareness sessions will be held for children with highly individual needs prior to the child joining the Academy or transitioning to a new class and arrangements are made with appropriate agency (e.g. School Health) to update staff training on a regular basis.
- Records will be kept of training (see Appendix 5) and will also be listed on the Academy's MIS system.
- Training is given to all staff members who agree to administer medication to pupils, where specific training is needed.

## **2. SPECIFIC ARRANGEMENTS FOR PUPILS WITH MEDICAL NEEDS**

### **Educational Visits**

Every effort is made to encourage children with medical needs to participate in safely managed visits. C Each trip is risk assessed and consideration is always given to the adjustments, which need to be made to enable children with medical needs to participate fully and safely on visits. Staff supervising excursions should always be aware of any medical needs, and relevant emergency procedures. A copy of individual health care plans should be taken on visits in the event of the information being needed in an emergency. Arrangements for taking any necessary medicines will need to be made and if necessary an additional member of the support staff, a parent or another volunteer might be needed to accompany a particular child.

*If there is any concern about whether the Academy is able to provide for a child's safety, or the safety of other children on a visit, then parents will be consulted and medical advice sought from the school health service or the child's GP.*

### **Residential Trips**

Parents of children participating in residential trips will need to complete a consent form (see appendix) giving details of all medical/dietary needs. All medication which needs to be administered during the course of the visit should be handed directly to the Class Teacher in accordance with the Academy's guidelines before leaving site at the start of the trip.

### **Sporting Activities**

All children with medical conditions will be encouraged to participate as fully as possible in physical activities and extra-curricular sport. For many, physical activity can benefit their overall social, mental and physical health and well-being. Staff will be sensitive to their individual needs and sufficient flexibility will be incorporated into the lesson planning for all children to be included in ways appropriate to their own abilities.

Any restrictions on a child's ability to participate in PE will be recorded in their individual health care plan. This will include a reference to any issues of privacy and dignity for children with particular needs.

*Some children may need to take precautionary measures before or during exercise, and may also need to be allowed immediate access to their medicines such as asthma inhalers.*

### **Reintegration After Absence**

Where a child has been absent for a significant period, the Academy will work with parents and health care professionals where required to support the smooth integration back into class. This will be done on an individual basis.

### **3. INDIVIDUAL HEALTHCARE PLANS (IHCPs)**

Where a child has a medical need, which will impact on their condition and on their participation in academy activities, their access to education or require the Academy to administer emergency or life threatening medication, parents/carers need to alert the Academy immediately.

When staff become aware of a child or young person who is absent from the Academy for fifteen working days or more due to illness linked either to physical or mental ill health, which is either potentially long term or frequent recurring periods of chronic ill health, consideration should be given to referral to the Vulnerable Children Service under the Education Act 1996.

It may be beneficial for the academy to hold a ‘team around the child’ meeting to include any relevant professionals, the child or young person if feasible and the parent/carer, to discuss if there are ways that pupils can be supported from Academy resources.

Where necessary, an *Individual Healthcare Plan* (IHCP) will be developed in collaboration with the pupil, parents/carers, Principal, SENCo and medical professionals. See Appendix 1.

- IHCPs will be easily accessible whilst preserving confidentiality.
- IHCPs will be reviewed at least annually or when a child’s medical circumstances change, whichever is sooner.
- Where a pupil has an Education, Health and Care plan the IHCP will be linked to it or become part of it.
- Where a child is returning from a period of hospital education or alternative provision or home tuition, the Academy will work with the LA and education provider to ensure that the IHCP identifies the support the child needs to reintegrate.

Copies of the Health Care Plan will be kept in the main office in the appropriate class folder so it is available for teaching and non-teaching staff in the event of an emergency. In addition, if the medical condition has the potential to be immediately life-threatening, a copy of the care plan will be issued to all necessary staff.

### **4. ADMINISTRATION OF MEDICINES**

- Any prescribed medicine required by a child should be brought in daily in the dose required for that day only (i.e. a measured syringe full, a tablet or sachet). The Academy will not accept bottles or packs of medicine. The only exception to this rule is if the child has a long-term prescription from a Doctor or other health professional.
- Medicines prescribed for 1/2/3 times a day must be administered at home (i.e. before school, after school and in the evening). If this is not possible (e.g. your child attends after school club until 5:30pm), then the previous point should be followed.
- No child will be given prescription medicines without written parental consent. Parents/carers of the child must complete and sign a parental agreement for the Academy to administer prescribed

medicine. A *Parental Agreement to Administer Medicine* form (Appendix 3) must be completed and signed for each medicine provided.

- Paracetamol or Nurofen will only be administered by staff if it has been prescribed by a medical professional.
- All prescribed medicines MUST be in date, labelled with the child's name and class, and provided in the original container (except in the case of insulin and Epi-pens, which may come in a pen or pump) with dosage instructions. Medicines, which do not meet these criteria will not be administered.
- Pupils should not bring in their own medicine. This should be brought into the Academy office by the parent.
- Controlled drugs may only be brought on to the Academy premises by the parent/carer of the individual to whom they have been prescribed. Passing such drugs to others is an offence, which will be dealt with under our Drug and Alcohol Policy.
- Medications, where appropriate, will be stored in the Medicine Fridge in the Academy office.
- Any medications left over at the end of the course or the end of the academic year will be returned to the child's parents.
- Written records will be kept of any medication administered to children.
- The Flitch Green Academy cannot be held responsible for side effects that occur when medication is taken correctly.
- Staff are not authorised to administer medication by injection unless for the purpose of saving life in an emergency. Invasive procedures will only be undertaken if included in the Individual Health Care Plan and suitable training has been given to the agreed members of staff.
- Inhalers will be kept in the pupil's classroom and will be readily available for use. Pupils are to administer their own inhalers.

#### **METHOD FOR ADMINISTRATION OF MEDICINE**

When administering the medicine, the named person should:

- Confirm the identity of the child, dosage required and time to be administered as guided by the note on the medication
- Check the Academy medicine record to ensure no other doses have been given recently
- Check the name of the medicine against the name of the Academy record

#### **DISPOSAL**

Medicines should not be allowed to accumulate. They should be returned to the parent/carer for disposal. No medicine should be used after its expiry date. Some medicines e.g insulin, eye drops and eye ointments have to be discarded 4 weeks after opening. The date of opening must always be recorded on the container for these preparations.

#### **REFUSAL TO TAKE MEDICINE**

If a child refuses to take medicine, staff will not force them to do so, but will note this in the records and inform the parents of the refusal on the same day. If a refusal to take medicines results in an emergency, then the usual emergency procedures should be followed.

## **5. INFORMATION SHARING**

### **Class Teachers**

It is vital that class teachers are informed at the start of the academic year of any medical conditions and food allergies (inc. dietary requirements) of the children in their class. The Academy office will be responsible for ensuring a class list is handed out at the start of the academic year and updated as new information comes to light or new children with special requirements join the class. Class Teachers will be given copies of care plans for any children in their class for them to store securely. Individual risk assessments will also be undertaken where special evacuation procedures may be required in the event of an emergency or special care arrangements are required for the children moving around the building.

### **Other Teachers/Coaches**

Anyone who will be teaching the class without the class teacher also needs to be provided with information about pupils with medical conditions. This includes, sports coaches, drama teachers, after school club co-ordinators etc. The Academy office staff will be responsible for providing this information. Members of staff who are taking the class should also take responsibility for requesting this information if it has not been provided. Staff will be informed at staff briefings of any children with serious conditions that they need to watch out for and a copy of the Care Plan shared on Google Docs as a reminder.

### **Midday Supervisor/Catering Team**

It is vital that the kitchen are informed of any children with food allergies. This information should be passed on to the Midday Supervisor by the main office as soon as a new child starts so a photo of the child can be put up in the kitchen.

### **Supply Staff**

Supply staff must be fully informed by the Principal of any children in their class with medical conditions

### **Work Experience Students**

It is the responsibility of the Principal and work placement organiser to ensure the placement is suitable for a pupil with medical conditions and / or the placement will not endanger any Academy pupils with medical conditions.

## **6. EMERGENCIES**

Medical emergencies will be dealt with under the Academy's emergency procedures. Where an Individual Healthcare Plan (IHCP) or Care Plan is in place, it should detail:-

- What constitutes an emergency.
- What to do in an emergency.

Pupils will be informed in general terms of what to do in an emergency - such as telling a teacher.

If a pupil needs to be taken to hospital, a member of staff will remain with the child until their parents arrive.

## **7. AVOIDING UNACCEPTABLE PRACTICE**

The Flitch Green Academy understands that the following behaviour is unacceptable:-

- Assuming that pupils with the same condition require the same treatment.
- Ignoring the views of the pupil and/or their parents.
- Ignoring medical evidence or opinion.
- Frequently preventing children from taking part in activities at the Academy unless this is specified in their IHCP.
- Sending the pupil to the Academy office alone if they become ill.
- Penalising pupils with medical conditions for their attendance record where the absences relate to their condition.
- Making parents feel obliged or forcing parents to attend the Academy to administer medication or provide medical support, including toilet issues.
- Creating barriers to children participating in Academy life, including external trips or sporting activities.
- Refusing to allow pupils to eat, drink or use the toilet when they need to in order to manage their condition.

## **8. INSURANCE**

Staff who undertake responsibilities within this policy are covered by the Academy's insurance. Full written insurance policy documents are available to be viewed by members of staff who are providing support to pupils with medical conditions. Those who wish to see the documents should contact the Principal.

## **9. COMPLAINTS**

The full details of how to make a complaint can be found in the Complaints Policy which is available on the website or from the Academy office.

## APPENDIX 1 - INDIVIDUAL HEALTHCARE PLAN IMPLEMENTATION PROCEDURE

- 1 Parent or healthcare professional informs the Academy that the child has a medical condition or is due to return from long-term absence, or that needs have changed
- 2 Principal co-ordinates meeting to discuss child's medical needs and identifies member(s) of Academy staff who will provide support to the pupil.
- 3 Meeting to discuss and agree on the need for IHCP to include key Academy staff, child, parent and relevant healthcare professionals
- 4 Develop IHCP in partnership with healthcare professionals, child, parents/carers and academy staff, agree deadline dates and who will take the lead.
- 5 Academy staff training needs identified.
- 6 Training delivered to staff & review date agreed
- 7 IHCP implemented and circulated to relevant staff
- 8 IHCP reviewed annually or when condition changes. Parent/carer or healthcare professional to initiate. (Back to 3.)

## APPENDIX 2 – INDIVIDUAL HEALTHCARE PLAN TEMPLATE

### THE FLITCH GREEN ACADEMY INDIVIDUAL HEALTH CARE PLAN

|                                |  |
|--------------------------------|--|
| Child's name                   |  |
| Class                          |  |
| Date of Birth                  |  |
| Medical diagnosis or condition |  |
| Date                           |  |
| Review date                    |  |

#### Family Contact Information

|                       |  |
|-----------------------|--|
| Name                  |  |
| Relationship to child |  |
| Phone no. (work)      |  |
| Phone no. (home)      |  |
| Mobile                |  |
| Name                  |  |
| Relationship to child |  |
| Phone no. (work)      |  |
| Phone no. (home)      |  |
| Mobile                |  |

#### Clinic / Hospital Contact

|           |  |
|-----------|--|
| Name      |  |
| Position  |  |
| Phone no. |  |

#### GP

|           |  |
|-----------|--|
| Name      |  |
| Phone no. |  |

Who is responsible for providing support in the Academy

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Describe medical needs and give details of child's symptoms, triggers, signs, treatments, facilities, equipment or devices, environmental issues etc

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|--|

Name of medication, dose, method of administration, when to be taken, side effects, contra-indications, administered by / self-administered with/without supervision

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Daily care requirements

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|  |
|--|

Specific support required for the pupil's education, social and emotional needs

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|--|
|  |
|--|

Arrangements for Academy trips / visits

Other information

Describe what constitutes an emergency, and what action to take if this occurs

Who is responsible in an emergency (state if different for off-site activities)

Plan developed with

Staff training needed/undertaken - who, what, when

Form copied to

**APPENDIX 3 –  
REQUEST FOR ACADEMY TO ADMINISTER PRESCRIBED MEDICATION**

Pupil's Name: \_\_\_\_\_ Class: \_\_\_\_\_

Condition/Illness: \_\_\_\_\_

Name/Type of Medication: \_\_\_\_\_

Dosage: \_\_\_\_\_ Time: \_\_\_\_\_

Additional Instructions: \_\_\_\_\_

Pupil's Doctor: \_\_\_\_\_

I understand that I must deliver the medicine personally to the academy office staff and collect any remaining medication at the end of the day or when the course is complete. I understand that the academy staff have a right to refuse to administer medication.

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Signed: \_\_\_\_\_

Relationship to Pupil: \_\_\_\_\_

Emergency contact details (if different from those already supplied to the academy): \_\_\_\_\_

## **APPENDIX 4 - MODEL LETTER INVITING PARENTS TO CONTRIBUTE TO INDIVIDUAL HEALTHCARE PLAN DEVELOPMENT**

Dear Parent,

RE: DEVELOPING AN INDIVIDUAL HEALTHCARE PLAN FOR YOUR CHILD

Thank you for informing us of your child's medical condition. I enclose a copy of the Academy's policy for supporting pupils at the Academy with medical conditions for your information.

A central requirement of the policy is for an individual healthcare plan to be prepared, setting out what support each pupil needs and how this will be provided. Individual healthcare plans are developed in partnership with the Academy, parents/carers, pupils, and the relevant healthcare professional who can advise on your child's case. The aim is to ensure that we know how to support your child effectively and to provide clarity about what needs to be done, when and by whom. Although individual healthcare plans are likely to be helpful in the majority of cases, it is possible that not all children will require one. We will need to make judgments about how your child's medical condition impacts their ability to participate fully in Academy life, and the level of detail within plans will depend on the complexity of their condition and the degree of support needed.

A meeting to start the process of developing your child's individual health care plan has been scheduled for (insert date) at (insert time). I hope that this is convenient for you and would be grateful if you could confirm whether you are able to attend. The meeting will include (add details of team). Please let us know if you would like us to invite another medical practitioner, healthcare professional or specialist and provide any other evidence you would like us to consider at the meeting as soon as possible.

If you are unable to attend, it would be helpful if you could complete the attached individual healthcare plan template and return it, together with any relevant evidence, for consideration at the meeting. I (or add name of other staff lead) would be happy for you contact me [them] by email or to speak by phone if this would be helpful.

Yours sincerely,

Name of Principal

## APPENDIX 5 - COMMUNICABLE DISEASES

We work within the recommendations of Public Health England and their 'Guidance on infection control in schools and other childcare settings' document:

\* Denotes a notifiable disease. It is a statutory requirement that doctors report a notifiable disease to the proper officer of the local authority.

| Infection of Complaint      | Exclusion Period   | Comments   |
|-----------------------------|--|--|
| Athlete's Foot              | None   | Athlete's foot is not a serious condition. Treatment is recommended.                               |
| Chicken Pox                 | Until all vesicles have crusted over   | Notify pregnant staff and parents of vulnerable children   |
| Cold Sores (Herpes Simplex) | None   | Avoid contact with sores   |
| Conjunctivitis              | None   | Will require treatment to prevent spread   |
| Diarrhea and/or vomiting    | 48 hours from last episode of diarrhea or vomiting                                   |  |
| Diphtheria                  | Exclusion is essential. Always consult with your local HPT                           | Family contacts must be excluded.  |
| Flu                         | Until recovered  |  |
| Glandular Fever             | None   |  |
| Hand, Foot and Mouth        | None   | Contact LA if a large number of children are affected at any one time                              |
| Head lice                   | None   | Treatment only recommended when live lice have been seen   |
| *Hepatitis A                | For 7 days from onset of jaundice  | Local PHE centre will advise on control measures   |
| Impetigo                    | Until lesions are crusted or healed, or 48 hours after starting antibiotic treatment | Avoid contact with infected area   |
| *Measles                    | For 4 days from onset of rash  | Preventable by immunization (2XMMR Dose), Notify pregnant staff and parents of vulnerable children |
| *Meningitis (all strains)   | Until recovered  | Preventable by vaccination   |
| Molluscum Contagiosum       | None   | Self limiting  |
| MRSA                        | None   | Good hygiene, in particular hand washing and environmental cleaning.                               |
| *Mumps                      | For 5 days from onset of swollen glands  | Preventable by vaccination (2xMMR Dose)  |
| Ringworm                    | Do not exclude but ensure treatment by a GP  | Household and close contacts require treatment   |
| Roseola (infantum)          | None   | None   |
| *Rubella (German Measles)   | For 4 days from onset of rash  | Preventable by immunization (2XMMR Dose), Notify pregnant staff                                    |

|  |  |  |
|--|--|--|
| Scabies                                    | Until day after treatment has commenced  | Household and close contacts require treatment   |
| *Scarlet Fever                             | Child can return 24 hours after starting appropriate antibiotic treatment                                    | Inform class parents   |
| Slapped cheek/fifth disease.<br>Parvovirus | None (once rash has developed)   | Notify pregnant staff and parents of vulnerable children   |
| Shingles                                   | Excluded only if rash is weeping and cannot be covered   | Can cause chickenpox in those who are not immune, ie have not had chickenpox. It is spread by very close contact and touch. Notify pregnant staff and parents of vulnerable children |
| Threadworms                                | None   | Treatment is recommended for the child and household contacts  |
| Tonsillitis                                | None   | Usually viral, so do not need antibiotics  |
| *Tuberculosis                              | For two weeks after treatment has started, inform local PHE centre.  | Requires prolonged close contact for spread  |
| Warts and verrucae                         | None   | Verrucae should be covered in swimming pools and changing rooms  |
| *Whooping Cough                            | For 5 days from commencing antibiotic treatment or 21 days from onset of illness if no antibiotic treatment. | Preventable by vaccination   |