PENNTHORPE

# FIRST AID AND MEDICAL POLICY

## THIS POLICY INCLUDES THE EARLY YEARS FOUNDATION STAGE

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| **ISI Code:** | 13a First Aid and Medical Policy |
| **Policy Author:** | School Matron<br>Kirsty Harries |
| **Date Reviewed by Author:** | August 2024 |
| **Next Review Date:** | August 2025 |

## 1. INTRODUCTION:

In accordance with the Health and Safety at Work Act 1974, Pennthorpe School has produced this First Aid and Medical Policy to set out the policies, procedures and arrangements which are used in the School and on offsite visits and trips. This includes ensuring that the School has adequate and appropriate equipment and facilities, and suitably qualified staff. It applies to the whole School but contains specific sections relating to the EYFS.

The policy aims to ensure the timely and competent administration of first aid within the School. It also contains advice to ensure that implementation of this policy is regularly monitored and annually reviewed.

## 2. LEGISLATION, COMPLIANCE AND GUIDANCE:

- Pennthorpe recognises its duty under the Health and Safety (First Aid) Regulations 1981 to ensure that there is adequate first aid provision for employees who become ill, or who are injured at work.
- Pennthorpe complies with the Health and Safety (First Aid) Regulations 1981 in its provision of first aid trained staff and 'designated First Aiders / Appointed Persons' for all of our employees, and also provides more than adequate provision for pupils.
- In addition, the Childcare Act 2006 places a specific legal requirement relating to first aid through the Early Years Foundation Stage Statutory Framework (March 2014) which specifies that '*at least one person who has a current paediatric first aid certificate must be on the premises at all times when children are present and must accompany children on outings*'. These requirements apply to all children up to the age of five, and the Matron, all Honeypot, Beehive and Reception Staff are all trained appropriately in paediatric first aid.
- As required by the Education (School Premises) Regulations 2012, Pennthorpe has a dedicated medical room with adequate space for medical care. The area is adjacent to a WC and close to a washroom and shower area. Everyone in the School, including EYFS children, has access to the medical room. Pennthorpe also complies with the regulations by keeping detailed records of illnesses, accidents, and injuries, together with an account of any first aid treatment or medication given to a pupil.

In addition, Pennthorpe acknowledges the following guidance in bringing together this policy and all its First Aid procedures and arrangements:

- Medical Officers of Schools Association (MOSA) "First Aid Provision and training in Schools"
- DfE Health and Safety: Advice on legal duties and powers
- DfE Guidance on First Aid for Schools: a good practice guide
- HSE Education Information Sheet: Incident reporting in schools (EDIS1rev 3)

The First Aid and Medical Policy is available to all staff.

## 3. RESPONSIBILITIES, QUALIFICATIONS AND TRAINING:

The internal management responsibility for First Aid is delegated to the Head of Pastoral Care & Wellbeing, The Head of Estates and in turn to the Matron.

**The Head Pastoral Care and Wellbeing** is responsible for:
- Regularly keeping the Head and Governing Body informed of the implementation of this Policy;

**The Head of Estates** is responsible for:
- Ensuring the Matron carries out appropriate Risk Assessments;
- Ensuring that the number of First Aiders / Appointed Persons meets the assessed need;
- Ensuring that new staff receive information on how to deal with accidents as part of their induction;
- Ensuring the equipment and facilities are fit for purpose;
- Ensuring appropriate insurance arrangements are in place.

**The Matron** is responsible for:
- First Aid and the administration of medicines;
- Taking charge when someone is injured or becomes ill;
- Reporting and recording of accidents/injuries, diseases and dangerous occurrences (RIDDOR);
- Carrying out appropriate risk assessments in liaison with the Head of Estates;
- Ensuring that staff and parents are aware of the School's First Aid and Medical Policy;
- Ensuring that new pupils receive information on how to deal with accidents as part of their induction;
- Ensuring that first aid provision and equipment is adequate and appropriate;
- Developing detailed procedures.
- Ensuring all information on a child ready for collection by a parent or guardian includes any medication issued, hospital form if appropriate etc. is up to date and available for the collecting parent or guardian;
- Ensuring that staff receive regular training in first aid and refresher training on specific aspects of this policy through INSET.

**Designated Staff** provide both assistance and cover for Matron, all of whom have a recognised first aid qualifications.

A record of all staff members who hold current first aid certificates together with dates of training and retraining is kept by Matron in the Medical Room and on the school database. Training is updated every three years.

**The Staff** are responsible for:
- Updating their training. The School endeavors to ensure that as many staff as possible have received training on a first aid course recognised by the Health and Safety Executive for work places and all staff are offered an Emergency First Aid for Appointed Persons course or a Paediatric or Specialist First Aid course depending on where in the School they work.

- All EYFS staff have attended a Paediatric training course and hold a current Paediatric and General First Aid Certificate. At least one member of EYFS staff is on School grounds at all times that EYFS pupils are present, and at least one member of EYFS staff will accompany any offsite activities/trips for EYFS pupils.
- The Matron has received training to enable them to take charge when someone is ill or injured, to look after the First Aid equipment and to ensure that medical help is called when necessary.
- Members of SLT have undertaken the First Aid at Work qualification, as appropriate.

## 4. RISK ASSESSMENTS:

The Matron works with the Head of Estates to carry out detailed risk assessments to determine any extra provision required over and above the minimum provision, and to cover the needs of individual pupils with particular medical conditions or disabilities, and the risks to staff and any visitors who may come into School.

## 5. FIRST AID KITS:

First Aid kits are placed in various areas of the School. Whilst there is no mandatory list of items for a First Aid kit, the Matron is responsible for ensuring that the kits are at least equipped to the recommended minimum as outlined in the HSE guidance. Further contents as appropriate to the area/activity are also added. The contents of the kit are replenished as soon as possible after use in order to ensure an adequate supply of all materials. Anyone using supplies should notify the Matron immediately.

First Aid Kits are marked with a white cross on a green background. The location of First Aid Kits are:

- School Office:
- Medical Room;
- Pre-Prep Work Room (outside Head of Pre-Prep's Office);
- Woodland kits;
- Beehive;
- Honeypot;
- Kitchen;
- Science Lab (plus Eyewash station).
- Each School Minibus is also equipped with a First Aid Kit.
- Each Year group has a first aid kit to facilitate any outdoor learning and there are additional woodland play kits

At least one additional kit is taken on every Educational Visit/Offsite Activity. Games Staff have their own First Aid Kits to take to matches. These kits are collected from the Matron prior to departure and returned to the Medical Room on return to school.

## 6. GENERAL ADVICE FOR DEALING WITH AN ACCIDENT:

Further advice on specific conditions is provided later in the document.

**STAY CALM:**

- Remove other people from the area – i.e. other children
- Find out what has happened – best way is to ask the injured person, but also ask someone else who was there

- Look at the child and assess the injuries
- REASSURE child that all will be ok
- Decide on appropriate action – i.e. immediate treatment / call for help / call an ambulance

**TREATMENT:**

- If minor injuries i.e. cuts and grazes, send to Matron with at least one other child to accompany
- If a suspected head injury, then the child should be escorted to the Matron and inform her of the head injury
- If there are lower limb injuries and it is suspected that it may be serious, leave the child where they are, make them comfortable and send a runner to Matron WITH INFORMATION ABOUT THE INJURIES. DO NOT TRY TO MOVE THE CHILD
- If there are arm or shoulder injuries, assess the injuries and judge if the arm can comfortably be moved and supported. If anything is pointing in the wrong direction or poking out, leave alone and call for Matron
- If it is a back or a neck injury and the child is complaining of pain, DO NOT MOVE THE CHILD. Send for Matron.

**GOLDEN RULES:**

- **DO NOT PANIC**
- **IF IN DOUBT, DO NOT MOVE THE CHILD**
- **DO NOT ALLOW CHILDREN TO CARRY ANOTHER CHILD TO MATRON**
- **DO NOT BE AFRAID TO ASK ANOTHER ADULT FOR HELP OR A SECOND OPINION.**

## 7. CONTACTING PARENTS/GUARDIANS:

A pupil information form is completed by all parents/guardians of every child entering the School. The form asks for contact details for the parents/guardians and other points of contact (if parents/guardians are not available). Contact details of the child's GP are also requested.

Parents/guardians will be contacted verbally or in writing by the Matron or Class Teacher in all cases where accident or illness is deemed to be more than trivial. The age of the pupil will be taken into account when considering the necessity of making contact.

Where medical assistance is thought necessary, Parents/Guardians will be asked if they are able to collect their child and specifically how long it will take for them to arrive.

However, should no parent be available, or, after asking, the parent may be delayed, medical assistance may be sought by the School and the child will be accompanied to the doctor/hospital by an appropriate member of staff.

Further advice on contacting parents of children in the EYFS is provided later in this document.

## 8. CALLING AN AMBULANCE:

If someone at the School has an accident, first aid trained staff and appointed persons have received guidance on when to summon help. The Matron is normally responsible for summoning an ambulance, and for escorting the casualty to hospital if required, but all first aid trained and appointed person trained staff are aware that if the Matron is unavailable, they should summon an ambulance themselves**. If an ambulance is summoned, the Head and/or the Head of Estates must be informed immediately.**

- Find a member of staff to drive. The First Aider must always sit with the child in the back of the car. In an emergency situation, an Ambulance must be called.
- An Ambulance should be called when the First Aider feels it is necessary, when shock is suspected or when no other adult is available to travel alongside the driver and casualty.
- Inform the Head or member of SLT that you need to leave the School.
- Tell the School Office where you are going and ask them to keep trying to contact the parents. The First Aider is to keep a mobile phone with them. A suitable phone can be provided by the School Office.
- Take address and phone number of child, also the confidential health report, as the hospital will need this information.
- Stay with the child in hospital until the parents arrive or treatment is finished.
- Complete the accident report book in the School Office on return to School.

**Dial 999 or 112 for an ambulance.**

## 9. ACCIDENT RECORD KEEPING:

We keep records of all treatment and medicines that have been administered to pupils until the pupil is 18 years of age, after which records are destroyed. Access to such records is restricted to the Matron and the Senior Leadership Team.

### INJURY TO A PUPIL:

Any accident or injury must be recorded by the member of staff first on the scene even if further treatment is then given by the Matron. Details of the accident are logged on the school's MIS system, Engage by Matron.

The details must include:

- The date, time and place of incident
- The name of the injured person
- Details of their injury/illness and what First Aid was given
- What happened to the pupil immediately afterwards
- Name and signature of the first aider or person dealing with the incident.

### INJURY TO STAFF, PARENTS, CONTRACTORS OR VISITORS

Any accident or injury involving an adult on the school premises must be recorded on Engage which conforms to the Data Protection Act.

Particulars, which must be recorded, are:

- Full name, address and occupation of injured person
- Date and time of accident
- Place where accident happened
- Cause and nature of injury and what First Aid was given
- Name and address of person giving notice, if other than injured person

## 10. RECORDING AND REPORTING ACCIDENTS AND RIDDOR:

All schools are required to maintain detailed records of illnesses, accidents and injuries, together with an account of any first aid treatment, non-prescription medication or treatment given to a pupil or employee.

### REPORTING OF ACCIDENTS INVOLVING EMPLOYEES/NON-EMPLOYEES:

All accidents involving members of staff, contractors on site etc. are to be recorded on Engage. It is a requirement under the Social Security (Claims & Payment) Regulations 1997, that all minor, major and reportable accidents of persons at work are recorded irrespective of whether first aid treatment is given or not. The form of the Accident Report Book used is compliant with all current regulations including Data Protection Regulations.

### REPORTING OF MINOR ACCIDENTS TO CHILDREN:

All types of minor accidents involving children are to be recorded on the School database. Incidents covered by this form are those which require medical attention inside the School or if the child is sent home. The Head of Pastoral Care and Wellbeing, in conjunction with the Head of Estates will decide if any further investigation is required and by whom that investigation should be carried out. Parents are advised of incidents in writing where deemed necessary.

Where a child receives a head injury which either leaves a visible mark or is of concern to either the Matron or another member of staff but does not require hospital treatment, then a Notification of Head Injury will be emailed directly to the parents to inform them of the incident.

### REPORT OF MAJOR ACCIDENT TO CHILDREN/NON-EMPLOYEES:

All major accidents, reportable diseases and dangerous occurrences, are to be recorded on Engage and in the Major Accident Book. The report form should be attached to the completed copy of online report form. Copies of both forms should be retained by the School.

### REPORT ING OF VIOLENT, ABUSIVE OR THREATENING BEHAVIOUR:

An employee is required to report to the Head any act of violence, abusive or threatening behaviour arising out of or in connection with work and directed towards him/her by any person – including children, colleagues, members of the public etc. to the Head, who will decide on the appropriate course of action.

With regard to reporting under RIDDOR, some acts of non-consensual physical violence to a person at work, which result in death, a specified injury or a person being incapacitated for over seven days, are reportable. In the case of an over seven-day injury, the incapacity must arise from a physical injury, rather than a psychological reaction to the act of violence.

### INCIDENTS/HAZARDS/"NEAR MISS" BOOK:

"Near misses" (accidents that do not result in an injury) must not be ignored. It is not necessary to complete an accident report form, but it is necessary to log the incident and carry out an investigation as to why it occurred. Any action taken as a result of the accident must also be recorded. The relevant records are held by the Matron.

## 11. REPORTING OF INJURIES, DISEASES AND DANGEROUS OCCURRENCES:

The Reporting of Injuries and Dangerous Occurrences Regulations 2013 (RIDDOR) requires that employers report and keep records of work related accidents which cause death, certain serious (reportable) injuries, diagnosed cases of certain industrial diseases, certain dangerous occurrences (incidents with the potential to cause harm) and accidents which prevent the injured person from continuing their normal work for more than seven days.

The regulations relate to any employee or other person within the School or engaged upon an activity arranged by the School.

Under the requirements of the regulations, where someone dies or suffers a specified major injury or condition, or there is a dangerous occurrence, as defined in the regulations, the School has to notify the Health and Safety Executive (HSE).

This can either be by completing the appropriate online report form via the website www.hse.gov.uk/riddor or, for fatal and specified injuries only, by calling the Incident Contact Centre on 0845 3009923.

Injuries that are required to be reported include:

- Fracture, 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) which cover more than 10% of the body or cause significant damage to the eyes, respiratory system or other vital organs;
- 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 form more than 24 hours.

### REPORTABLE SEVEN DAY INJURIES:

There is no longer a requirement to report over three-day injuries however, records must be kept of all occupational injuries where a worker is away from work or incapacitated for more than three consecutive days.

Accidents which prevent an injured person from continuing their normal work for more than seven days (not counting the day of the accident, but including weekend and other rest days) must be reported within 15 days of the accident occurring.

### REPORTABLE DANGEROUS OCCURRENCES (NEAR MISSES):

These typically include

- Collapse, overturning or failure of load bearing parts of lifts and lifting equipment
- Accidental release of a biological agent likely to cause severe human illness
- Accidental release of any substances which may cause a serious injury or damage to health
- An electrical short circuit or overload causing a fire or explosion
- Plant or equipment coming into contact with overhead power lines.

### REPORTABLE OCCUPATIONAL DISEASES:

Where the employer receives a written diagnosis from a doctor that an employee has a reportable disease linked to occupational exposure, the employer must submit a report.

Such diseases will include:

- Carpal tunnel syndrome
- Severe cramp of the hand or forearm
- Occupational dermatitis e.g. from work involving strong acids or alkalis including domestic bleach
- Hand-arm vibration syndrome
- Occupational asthma e.g. from wood dust and soldering using rosin flux
- Tendonitis or tenosynovitis of the hand or forearm
- Any occupational cancer
- Any disease attributed to an occupational exposure or biological agent.

All report forms will be completed and submitted to the HSE by the Matron. The Head of Estates will be notified of all submissions and a copy will be retained for the School files.

## 12. NOTIFYING OFSTED AND THE LOCAL CHILD PROTECTION AGENCY

Ofsted and the local child protection agency must be notified within 14 days of any serious accidents, injuries to and the death of children in our care. This is the responsibility of the Head.

The quickest and easiest way to notify Ofsted is by telephone on 0300 123 1231.

It is an offence not to notify Ofsted within the required 14 days.

## 13. CONFIDENTIALITY:

The Matron is fully aware that they have a duty of confidentiality when concerns are disclosed by pupils or parents. A breach of confidentiality is only acceptable in the following circumstances:

- The pupil consents to the disclosure
- A Court of Law requests information
- Disclosure is considered necessary in order to protect and promote the pupil's safety and welfare: this includes self-harm.

If, in exceptional circumstances, disclosure is made without the pupil's knowledge or consent, the pupil should be informed that disclosure has taken place when it is safe to do so.

## 14. PROCEDURES FOR PUPILS TO BE SENT HOME:

If the Matron believes that a pupil is not well enough to be in school, they will:

- ring the parents and arrange for the child to be taken home;
- notify the relevant member of staff;
- notify the School Office of the time that the pupil was sent home;
- allow the pupil to rest on the bed in the Medical Room if it is not possible for him/her to be collected straight away.

## 15. FIRST AID HYGIENE AND INFECTION CONTROL:

All staff should be familiar with normal precautions for avoiding infection and follow basic hygiene procedures. Staff have access to protective disposable gloves and take care when dealing with spillages of blood or other body fluids and disposing of dressings and equipment.

All bodily fluids and equipment used to clean them, should be disposed of in yellow medical bags and collected by a specialist disposal firm.

### PERSONAL PROTECTIVE EQUIPMENT:

The School maintains stocks of appropriate PPE and all relevant staff members are trained in its safe usage.

### DEALING WITH SPILLAGE OF BODY FLUIDS:

Pennthorpe School observes guidance provided by the NHS Foundation Trusts in its approach for dealing hygienically with spills of body fluids. The risks are considered small provided that good hygiene procedures are maintained. Any individual cleaning up such spills must cover any abrasions, wear personal protective equipment (PPE) provided: disposable gloves and aprons, and wash their hands.

### URINE, FAECES AND VOMIT:

Spills of body fluids: urine, faeces and vomit must be cleaned up immediately using the following methods:

- Remove as much of the spillage as possible by mopping up with absorbent toilet tissues, or paper towels; these can be disposed of by placing into a plastic waste sack
- For spillages indoors, clean the area with detergent and hot water, rinse and dry
- For spillages outdoors (i.e. playground), sluice the areas with water.

### BLOOD:

Blood spillages must be cleaned up immediately using the following method:

- Remove as much of the spillage as possible by mopping up with absorbent toilet tissue or paper towels
- It is not necessary to use household bleach to clean the area, thorough cleaning with detergent and water will suffice.
- How well the cleaning is done is more relevant than the chemical used.

**Hands should be washed after removing gloves and apron.**

Blood or other body fluid spillage on carpets and upholstery should be cleaned with warm soapy water, or a proprietary liquid carpet shampoo, since the use of hypochlorites may discolour fabrics. Blood on clothing should be treated by simply washing, preferably in a washing machine.

## 16. PANDEMIC:

In the event of a pandemic, Pennthorpe School would refer to advice given in the DfES guidance document issued in 2006 and any further advice issued by the DfES or Government. In the light of this advice:

- The Head would take the decision on whether to close the School.
- A separate isolation room (near the Staff room) will be provided to allow a sick child to be kept separate from other pupils and staff until they could be collected by parents/carer.
- Plans to keep the School open and to minimize spread of infection (e.g. by hand washing, tissue disposal etc.) will be considered by the SLT and Matron.
- Staff or children showing signs of infection should be sent home
- Any information requested by the LA (e.g. absence rates) will be provided
- The Assistamt Head, Academic would consider ways to maintain the education of pupils from home using the School's VLE.
- The School's response is considered further in its emergency planning document.

## 17. ADMINISTRATION OF MEDICINES:

In the administration of medicines, Pennthorpe has followed MOSA guidance, and also DfES Guidance: Managing Medicines in Schools and Early Years Settings (March 2005).

The Matron ensures care for the pupil, maintaining confidentiality, but also keeping parents and staff informed when appropriate.

Parents are required to complete a comprehensive Pupil Medical Information Form for their child, detailing past and current medical conditions and allergies, before they start at Pennthorpe.

Parents are asked to complete a further medical update form for their child each time they are participating in a School trip via the parent portal. Medical records are kept securely in the Medical Room and on the school Teams site.

Matron has an 'Open Door' policy throughout the day and if pupils are ill during the day, they are sent to the office by staff.

## GUIDELINES FOR THE ADMINISTERING OF PRESCRIBED MEDICINES:

Before the administration of any prescription medicines, the School should have been given clear and precise written instruction from parents and all medicine containers should have the dosage and pupil's name clearly marked on them. Medication should be in the original packaging. This also applies to the use of asthma inhalers and medication for anaphylaxis. If in doubt, the parent must be contacted prior to administration.

Procedure to be followed when Administering Medicines:

- Confirm the identity of the pupil by asking him or her to tell you his/her name
- Check that the medicine to be administered has the correct name of the pupil on it
- Carefully read the instructions on the prescribed medicine and written instructions from the parent
- Administer medicine as instructed
- Enter the details stating the time and amount of medicine given on the child's record in the school database.

**Always check whether the medicine should be kept at room temperature or in the fridge.**
It is the responsibility of the pupil to remember to come for his/her medicine at the correct time however the Matron will always try to remind the pupil or send for them if they notice the pupil has forgotten or feels the pupil is too young to remember.

It is the responsibility of the parent to collect the medicine at the end of the School day and, for medicines which are kept in School such as inhalers or Epipens, that these are still within the expiry date.

## GUIDELINES FOR THE ADMINISTERING OF NON-PRESCRIPTION MEDICINES:

Non-prescription medication includes such items as eczema cream, Calpol etc.

Procedure to be followed when administering non-prescription medicines:

- No medication will be given prior to 12pm unless previously authorised;
- The reason for giving the medication must be established
- Check the Medical Form to see if the pupil is allergic to any medication and approval has been given by the parent
- Check if the pupil has taken any medication recently and, if so, what? (e.g. products containing Paracetamol should not be given more frequently than every four hours and the maximum dose in 24 hours for that age group printed on the pack must not be exceeded)
- Parents should be informed if products containing paracetamol are given during the School day
- Check if the pupil has taken that medication before and, if so, whether there were any problems
- Check the expiry or 'use by' date on the medication pack
- The pupil must take the medication under the supervision of the person administering it
- Record the details immediately in the medical log.

Most parents have given written permission for their child to be given non-prescribed medication as listed on the health forms however permission will always be sought prior.

If a parent has not given permission for certain medicines to be administered, it will be shown on the Medical Information Form.

If there is any doubt as to whether a parent has given permission, they must be contacted prior to administration. If the parent cannot be contacted, DO NOT ADMINISTER ANY MEDICATION.

### RECORDING OF NON-PRESCRIPTION MEDICATION GIVEN TO A PUPIL OR AN EMPLOYEE:

Details of all non-prescription medication given to both pupils and to all staff members are recorded on the school's MIS system, Engage.

### DISPOSAL OF MEDICINES:

Staff should not dispose of medicines. Parents are responsible for ensuring that date expired medicines are returned to a pharmacy for safe disposal. They should also collect medicines held at the end of each term. If parents do not collect all medicines, they should be taken to a local pharmacy for safe disposal.

Sharps boxes should always be used for the disposal of needles. Sharps boxes can be obtained by parents on prescription from their child's GP or paediatrician. Collection and disposal of the boxes should be arranged with the Local Authority's environmental services.

## 18. STAFF TAKING MEDICINES:

Staff must seek medical advice if they are taking medication which may affect their ability to care for children., Staff are responsible for their own medication must be securely stored at all times. The school cannot be held responsible for staff medication and supplies of non-prescription medication are not held for staff usage. Children must not be able to reach or touch any medication and all non-prescription medication, stored in handbags or other, should be kept locked away and secure.

All staff are contractually required to update their medical information should it change at any point during the academic year.

All staff are required to sign an annual medical declaration which is held by the Matron in the Medical Room. This information is confidential.

## 19. ALLERGIES:

The Matron is informed of any allergies on the pupil medical information form that parents are required to complete for all incoming pupils. Parents are asked to inform the Matron of any allergies that they become aware of or that develop whilst their child is at Pennthorpe.

A list of pupils with known food allergies is circulated to all staff by the Matron at the beginning of every school year. The School's Catering Staff are also aware of all of these pupils and their allergies, and cater for their needs with every School meal or snack provided. As soon as the Matron becomes aware of changes to the list, they will notify all staff immediately.

## 20. ARRANGEMENTS FOR PUPILS WITH PARTICULAR MEDICAL CONDITIONS:

At the start of every academic year, the Matron will circulate a list of those pupils with particular medical conditions to all staff. These lists are available on the daily landing page Medical Board in the Staff Rooms for the whole School year. The Matron will advise staff of any changes to the lists as soon as they are notified.

Guidance is given below for dealing with specific medical conditions. Staff are advised to contact the Matron first before dealing with an emergency. If this is not possible then the following advice may be useful.

## 21. COMMON MEDICAL CONDITIONS:

The following guidelines set out the procedures which the School either currently follows with regard to existing pupils, or would follow in the event of a pupil suffering from:

Diabetes mellitus, asthma, cystic fibrosis, anaphylaxis, epilepsy, choking and head injuries.

### A. DIABETES MELLITUS/HYPER INSULINISM:

This is a condition in which the body fails to produce sufficient amounts of insulin to regulate the body's blood sugar levels. High blood sugar is known as hyperglycemia and low blood sugar as hypoglycemia.

Hyper Insulinism is a condition in which the body secretes too much insulin, and can result in the child having Hypoglycemia.

**Symptoms of Hypoglycemia**

- Weakness
- Feeling faint/dizzy or hungry
- Butterflies in tummy or headache
- Strange/moody behaviour
- Sweating and pale
- Feeling sleepy or deteriorating level of consciousness

**Symptoms of Hyperglycemia**

- Fruity and sweet breath (ketones)
- Excessive thirst and need to urinate frequently
- Difficulty breathing
- Feeling tired/drowsiness, leading to unconsciousness
- Tummy pain
- Moody

If the pupil's level of consciousness deteriorates or they lose consciousness, immediately phone **999** or **112** for an ambulance and then contact the parents.

For any pupil diagnosed with Diabetes Mellitus/ Hyper Insulinism, the Matron will hold an Annual Care Plan which is prepared in consultation between Matron, the Parents, the Juvenile Diabetic Nurse and the pupil's Consultant. Parents are required to inform Matron if there are any changes to their child's condition and related Care Plan. Matron will discuss the Care Plan with each child's Form Teacher at the Pastoral Team Meetings and with all relevant Staff including Games and Catering Staff, and highlight the symptoms to be aware of.

Each care plan will set out a time for the pupil to visit the Matron twice each day to have his/her blood sugar levels tested.

Pupils with this condition will keep a supply of sugary foods e.g. biscuits, sweets and glucose tablets, which can be taken, if required, following a blood glucose test.

Relevant testing equipment and snacks are taken on all educational visits and to all offsite sports fixtures and at least one accompanying member of staff will have received appropriate training.

Once a test has been completed, all relevant staff are aware of how to dispose of needles. They are placed immediately into a small container and taken to the Matron to be placed in the Sharps bin.

Every pupil who suffers from Diabetes or Hyper Insulinism is encouraged to participate in all activities within the School curriculum unless otherwise stated by their GP or parents.

If any pupil requires insulin injections during the School day, the Matron and other relevant staff members will receive full training to give the injections. This will include adhering to the Care Plan provided and prescriptions and levels of insulin advised by the Diabetic Consultant. Insulin will be kept in a locked cabinet in the Office where the temperature will not exceed 28 degrees. Insulin vials will be renewed once a month and used injections will initially be put into the sharps bin and disposed of in the correct manner.

## B. ASTHMA:

A list of all pupils with asthma is provided to all staff at the start of every academic year. Staff will be informed of any updates to this list as the year progresses.

**Procedures for Dealing with an Asthma Attack**
All staff are provided with, and are frequently reminded of, the following guidelines for how to deal with a pupil who is having an asthma attack whilst waiting medical assistance:

- Ensure the pupil is calm and comfortable and reassure him/her
- Sit him/her slightly forward on a chair to allow the chest to open
- Allow the pupil to take his/her own inhaler, but assist him/her as necessary
- Encourage the pupil to breathe slowly
- If the attack has not eased within five to ten minutes, they may need to take another puff of the inhaler
- If there is no effect after this time, or the pupil's condition worsens, dial 999 or 112 for an ambulance and notify the parents.

As soon as the Matron is made aware of a pupil with asthma, the parents will be asked to provide full information on the pupil's history and individual needs.

Immediate access to a blue reliever Ventolin inhaler is vital. Parents provide the Matron with the relevant inhaler(s) for the child at the beginning of each academic year. These are named and the use by date is noted by the Matron and must also be checked regularly by the parent. Pupils should be taught by parents when and how frequently they need to self-administer their inhalers. Any pupil who has an inhaler should be allowed to use it when necessary.

Older, more capable pupils are encouraged to carry an inhaler on their person/in their sports kit, and for some senior pupils, this could be their only inhaler in School. The majority of pupils with asthma have an inhaler in their individually named box in Medical Room or their classroom for younger pupils. These inhalers are always accessible.

The leading staff member for each educational visit/offsite sports fixture is responsible for collecting the appropriate inhaler from the Matron for each child attending the trip who has asthma. This should be returned to the Medical Room.

Pupils with asthma are encouraged to take part in all activities within the School curriculum unless otherwise stated by the GP or parents.

## C. CYSTIC FIBROSIS:

Cystic fibrosis is an inherited disease that affects the lungs, digestive system and sweat glands. Its name derives from the fibrous scar tissue that develops in the pancreas, one of the principal organs affected by the disease. It affects the body's ability to move salt and water in and out of cells. This defect causes the lungs and pancreas to secrete thick mucus, blocking passageways and preventing proper function.

As soon as the School becomes aware of an incoming pupil with Cystic Fibrosis, a full risk assessment will be carried out and a policy and plan prepared according to the child's individual needs before they start at the School. The Matron will liaise directly with the child's parents and Consultant.

Maintaining a regular input of food, preceded by enzyme tablets, is an important part of the treatment for cystic fibrosis. Any fatty food has to have a quantity of enzymes before and with food to prevent nasty tummy aches. Physiotherapy may also be required during the day.

## D. ANAPHYLAXIS PROTOCOL AND EPIPENS:

The Matron provides refresher training on the Anaphylaxis Protocol and Epipen Policy as well as instructions on how to use an epipen.

These guidelines are set out below:

Anaphylaxis is an acute, severe allergic reaction requiring immediate medical attention. It usually occurs within seconds or minutes of exposure to certain substances to which one is sensitive e.g. nuts, latex or wasps and bee stings. The reaction may be mild, disappearing without treatment, or it may become sever and life threatening.

**Mild symptoms include:**
- Headache
- Itching
- Feeling unwell

**More severe symptoms include:**
- Red, itchy areas on skin (urticaria)
- Weakness
- Dizziness
- Vomiting
- Hoarseness and difficulty breathing
- Rapid, weak pulse and falling blood pressure
- Swelling of the face, neck and lips (angio-oedema)
- Loss of consciousness

**Procedures for Dealing with Mild Anaphylaxis**
- Assess the symptoms and observe the pupil
- Take him/her to a quiet area to observe
- Sit/lie in a position that is comfortable to the child
- They should be given some Piriton tablets/syrup depending on the child's age and level of anaphylaxis
- Observe the child's colour, mental awareness, respiration and pulse
- Note any rash to see if it is becoming worse
- Record all observations to hand to Emergency Staff if required
- Contact parents and inform them of the situation

The pupil should be observed for as long as the Matron feels they are at risk of developing further symptoms. If the pupil recovers, the parent should be advised to make an appointment with the GP at the first available opportunity.

**Procedure for the Management of Severe Anaphylaxis**
- Having assessed the pupil, lie him/her down on a flat surface in the recovery position
- Ascertain if they have an auto injector. If so, follow the procedure for administering the injection
- An auto injector is an injection which is pre-loaded with adrenalin. It should be administered in the outer side of the thigh, midway between knee and hip (if

necessary through any clothing). The administration of this medication is safe and, even if it is given through mis-diagnosis, it will do no harm
- Following the emergency treatment, dial **999** or **112** for an ambulance (if a second person is present, the call will be made earlier). Ensure that someone is at the gate to direct the ambulance.
- Ensure that parents have been notified
- Maintain constant observation of the pupil at all times. All observations must be recorded and sent with the pupil in the ambulance, including details of the time the treatment was administered
- If the pupil has not improved after 5 to10 minutes, a second auto injector can be safely administered
- External cardiac massage and artificial respiration may have to be commenced if total collapse ensues.

The Matron will, to the best of her ability, ensure that all staff are kept informed of any pupil who may suffer from anaphylaxis. Updates are given termly during the Pastoral Team meetings or, if needs be, more frequently on the medical information sheet.

Regular training will be given to all members of staff regarding the administration of the auto injector and to new staff as part of the induction process. Auto injectors are kept by the Matron in a named plastic box in the Medical Room.is always available. Parents are responsible for ensuring that auto injectors are kept within their expiry date.

The School operates a site wide 'nut free' policy.

If a pupil attends a School trip, the auto injector must go with him/her. If the trip involves flying on an aircraft, the pupil must take a letter with him/her from their GP, explaining the need for him/her to keep this injection with him at all times whilst on the flight.

Pupils with anaphylaxis are encouraged to take part in all activities within the School curriculum unless otherwise stated by the GP or parents.

## E. EPILEPSY

Epileptic seizures are due to recurrent, major disturbances in the electrical activity of the brain. These seizures can be sudden and usually result in loss or impairment of consciousness.

As soon as the School becomes aware of an incoming pupil with epilepsy, a specific risk assessment will be carried out and a care plan prepared according to the child's individual needs before they start at the School. The Matron will liaise directly with the child's parents and Consultant.

Pupils who suffer with seizures are encouraged to participate in all activities within the School curriculum, unless otherwise stated by their GP or parents.

**Symptoms**:
- Before a seizure, the pupil may have a brief warning period (aura) which may involve a strange feeling or bitter taste or smell
- Sudden unconsciousness often letting out a cry
- Rigidity and arching of back
- Breathing may cease
- Lips may become blue
- Face and neck may become red and puffy
- Convulsive movements may begin and the jaw may become clenched, saliva may be bloodstained, but this could be due to biting of the tongue
- Incontinence
- At the end of the convulsive movements, the muscles relax and consciousness is regained. The pupil may be unaware of what has happened

- The pupil may feel tired and fall into a deep sleep.

**Guidelines during a Convulsion**

- Protect the pupil from injury, which may involve helping them onto the floor if they fall and possibly putting a cushion in place to protect limbs when necessary. Do not move the pupil unnecessarily.
- Remove any sharp objects or hot drinks
- Do not restrain compulsive movements
- Do not put anything into the pupil's mouth (including your fingers)
- Loosen clothing around the neck
- Note the time the seizure started, how long it continues for and any side effects.

**Guidelines after a Convulsion**

- Roll the casualty on to his/her side into the recovery position
- Stay with the casualty until consciousness is fully regained or until an ambulance arrives.
- If any of the following apply, dial **999** or **112**.
- Unconsciousness lasting for more than 10 minutes
- Seizure continues for more than 5 minutes
- Repeated seizures, or if this is the first one
- The pupil is not aware of any reason for the seizure.

## F. CHOKING:

Encourage the child to cough. If the child is beginning to struggle bend them forwards.

Give up to 5 sharp slaps between their shoulder blades using the heel of your hand. Check their mouth.

If chocking persists stand or kneel behind the child Link your hands below their rib cage with the lower hand clenched in a fist. Pull sharply inwards and upwards. Check the child's mouth.

If the child is still choking, call 999 or 112.

Repeat the process of up to 5 back blows followed by up to 5 abdominal thrusts until the obstruction clears or the emergency services arrive.

If abdominal thrusts are used, seek medical advice.

If choking continues repeat the chest thrusts until the obstruction clears. If after 3 cycles the obstruction still hasn't cleared dial 999.

Continue the sequence until help arrives. If the child loses consciousness, give rescue breaths and chest compressions. Do not do a finger sweep of the mouth.

## G. HEAD INJURIES:

Minor Head Injuries are a frequent occurrence in the school playground and during sports activities. Children might receive many knocks and bumps of which the majority are quickly resolved without any consequence.

Concussion must however be taken extremely seriously. A conservative approach is advised as children and adolescent's brains take longer to recover than an adult as they are still developing, and good evidence suggests that the brain is more vulnerable to further injury during the recovery period.

At Pennthorpe we follow the guidance of the National Institution of Health and Care Excellence and that of the Rugby Football Union (RFU). Specifically:

- Any child who suffers even a minor head injury at school will be assessed by the Matron or another appropriate First Aider.
- After any head injury, even when no worrying signs or symptoms are present, the child's parents or carers will be informed and given written information, via email, on signs and symptoms.

**School concussion awareness letter**:

PENNTHORPE

Dear Parent,

As you are aware, your child _____suffered a head injury at _____today. They were checked for initial signs of concussion by _____ and have been closely monitored since.

Should your child display any of the following symptoms over the next few days, it is strongly advised you seek medical advice immediately.

- Slurred speech or trouble understanding.
- Inability to remember what happened.
- Loss of balance, dizziness or problems walking.
- Drowsiness or lack of full consciousness.
- Severe headache that does not go away.
- Vomiting.
- Flushed face.
- Problems with eyesight – blurred or double vision, dilated pupils or uneven in size
- Fluid coming from ears or nose.

If any of the above occur, you are strongly advised to call your doctor or take your child to a hospital casualty department immediately, explaining that they have recently received a head injury. Please ensure that your child does not return to school until they are fully recovered.

Should you have any questions or concerns, please do not hesitate to contact me,

Yours sincerely,

Matron

- If there is any doubt to the severity of the injury, appropriate medical assistance will be sought and parents and carers will be notified.

**PROCEDURE FOR DEALING WITH A HEAD INJURY ON THE SPORTS FIELD:**

The Procedure we follow, as recommended by the RFU, is to:

- **RECOGNISE -** the Sports Department Staff know how to recognise the signs and symptoms of concussion.
- **REMOVE -** a player suspected of having concussion will be removed from play and not resume play in the same match and/or until cleared to do so for future games.
- **RECOVER** - players diagnosed or suspected of having concussion must be allowed to rest and recover fully, and we will follow the recommendation of their doctor.
- **RETURN** - players diagnosed with concussion must go through a graduated return to play protocol (GRTP) and receive medical clearance before returning.

Symptoms may appear some hours or even days after an incident and parents and carers play a significant role in the process of monitoring for signs and symptoms to facilitate recovery. Most players make an uneventful recovery and will often want to return to play as soon as possible, and it is important that Parents, Carers, Coaches and Teachers exercise vigilance and caution and work together to ensure recovery and a safe **Return to Play** is managed properly.

Before they can return to play the child **MUST**:

- Have a minimum of two weeks rest from any activity that risk further head impact
- Be symptom free
- Is off all medication that modifies symptoms e.g. painkillers
- Have returned to normal academic performance
- Be cleared by a doctor (it is the parent's responsibility to obtain medical clearance)
- Have written confirmation from parent/guardian that they are happy for their child to return to play.
- The below should be completed prior to the child leaving school and handed to the parent / guardian. This should then be completed and signed by a healthcare professional if concussion is confirmed prior to return.

**School Gradual Return to Play form:**

PENNTHORPE

School Gradual Return to Play

| | |
|---|---|
| Pupil Name | |
| Year / Form Tutor | |
| Date of Concussion | |
| Commencement of SGRTP | |
| Staff Member commencing SGRTP | |

Questions asked to pupil determine issues with memory:
Where are you now?
What did you have for lunch?
What is your form tutor's name?
Who am I?

| Stage | Duration | Rehabilitation Stage | Start date | End date | Comments | Signature* |
|---|---|---|---|---|---|---|
| 1 | 14 Days | Rest | | | | |
| Clearance from Doctor or Healthcare professional | | | | | | |
| 2 | 2 Days | P.E Lessons / light exercise | | | | |
| 3 | 2 Days | P.E Lessons including running | | | | |
| 4 | 2 Days | P.E Lessons including non-contact training / drills | | | | |
| 5 | 2 Days | P.E lessons including full contact practice | | | | |
| 6 | | Return to Full Play | | | | |

*Signature can be by Parent / Guardian / PE Teacher / Matron or Doctor

**CONCUSSION**

This is a condition of widespread but temporary disturbance to the brain, sometimes described as 'brain-shaking'.

Concussion can occur without apparent unconsciousness. In some cases, unconsciousness may have been so brief that the casualty may be unaware of, or have forgotten, the initial incident.

**Symptoms**:

- Brief or partial loss of consciousness.

**Whilst unconscious:**
- breathing may be shallow
- face may be pale
- skin may be cold and clammy
- pulse may be rapid and weak

**During recovery:**
- casualty may feel nauseous or vomit

**On recovering consciousness:**
- casualty may not remember any events just before or after the incident. Ask the date, time, location. If they are unable to answer correctly, suspect concussion.

**Action if symptoms of concussion are apparent:**
- If the incident occurs during the School day, take the child to Matron who will look after them and take any necessary action. At all other times, the teacher in charge should take the following action.
- If there is any concern that the casualty may be concussed:
  Parents will be contacted immediately and advised to take the casualty to hospital, if parents are unavailable or if it would be substantially quicker for us to take the child then we should take them to hospital without further delay. Efforts to contact parents should continue.
- N.B. Horsham Hospital has no head X-ray facility and therefore the casualty should be taken to Crawley or The Royal Surrey Hospital, Guildford.

**Action if none of the symptoms of concussion are apparent:**
- If a child has sustained any head injury, they should be taken to the Matron, even if there are no apparent symptoms of concussion. The Matron (or the teacher in charge when the Matron is not available) will then assess the child, take any necessary action (e.g. applying ice) and either contact the parents or arrange for continued monitoring as appropriate.
- Even in cases where the casualty appears, after monitoring, to have fully recovered from a blow to the head, parents should still be informed in writing (giving details of the injury and the time of the incident) at the end of the School day (forms can be found in the surgery).
- Please refer to School concussion awareness letter that will be sent to parents or carers as a precaution.

## H. BACK AND NECK INJURIES:

If a spinal injury to the back of neck is suspected, the casualty must be treated with the greatest possible care.

**Symptoms:**
- Casualty may complain of severe pain in the back and may feel 'cut in half'.
- Casualty may have no control over limbs. Ask him or her to move wrists, ankles, fingers and toes. Movements may be weak or absent.
- Possible loss of sensation. Test by gently touching limbs without the casualty's knowledge and ask if anything can be felt. Abnormal feeling, e.g. tingling may be present.

**Action**:
- If you suspect the possibility of spinal injury DO NOT MOVE THE CASUALTY

- Maintain the position in which the casualty was found (unless danger, or the priorities of maintaining or restoring Airway, Breathing or Circulation dictate otherwise)
- Steady and support the casualty's head and neck by placing your hands over his or her ears.
- Reassure the casualty and tell him or her to remain still.
- Send for an ambulance
- If there is likely to be a significant delay before the ambulance arrives, place rolled blankets, articles of clothing, or other suitable items around the casualty's head and shoulders (for suspected neck injury) or trunk (for suspected back injury) in order to provide additional support.
- Cover casualty with a blanket.
- Continue to steady and support the head and neck.

Needless to say, any and all significant head, back or neck injuries must be detailed in the accident book and reported under RIDDOR (Reporting of Injuries, Diseases and Dangerous Occurrences Regulations).

## 22. SCHOOL EXCLUSION POLICY BASED ON ILLNESS / CONDITION

Infectious Diseases and illness protocol

If a child is suspected of having an infectious disease or any of the below advice should be sought from Matron who will follow the NHS guidelines to reduce the transmission to other pupils and staff unless a child has been advised otherwise by another healthcare professional regarding their specific case.

| Illness or condition | Period of exclusion | SIGNS / SYMPTOMS - COMMENTS |
|---|---|---|
| Covid-19 | 3 days following a positive test result | • High temp or the chills<br>• A new continuous cough<br>• Loss or change of taste/smell<br>• Shortness of breath<br>• Feeling extremely tired<br>• Headache<br>• Sore throat<br>• Blocked nose<br>• Loss of appetite<br>• Sickness or diarrhoea<br>Children only return to school when they are symptom free and well. For example, positive test Thursday return to school on Monday or positive test Monday, return to school Friday. |
| Chickenpox | Until all spots have crusted over. Typically 5 days | • Before or after rash appears, you may get high temperature<br>• Small spots can appear anywhere on the body including inside of mouth<br>• Aches and pains, genuinely feeling unwell<br>• Loss of appetite<br>Stay away from anyone who is pregnant or has a weakened immune system. |
| Diarrhoea and vomiting | 48 hours or 2 full school days from last episode of diarrhoea or vomiting – please see comments | If last episode prior to the start of the school day then that day can be included, for example last bout prior to 08:00 Monday, return to school Wednesday, however if last bout was after 08:00 two full school days will be required, for example 09:30 Monday return to school on Thursday. |

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| Head Lice | None once treated | • Itching<br>• Brown or white eggs (nits) attached to the hair<br>• Lice crawling<br>Treatment is recommended for the pupil and close contacts if live lice are found – an email notification will be sent to relevant year group. |
| Hand foot and Mouth | None if the child is feeling well | • Sore throat<br>• High temp<br>• Not wanting to eat<br>• Mouth ulcers<br>• A raised rash of spots on hands, feet and sometimes thighs and bottom |
| Impetigo | Until lesions are crusted or healed or 48hrs after commencing antibiotic treatment | • Itchy cornflake like spots<br>• Painful and spread to other parts of body<br>• Antibiotic treatment by mouth may speed healing. |
| Measles | 5 days from onset of rash | • A high temperature<br>• A runny or blocked nose / sneezing<br>• Cough<br>• Red Sore watery eyes<br>• Spots in mouth / Rash |
| Shingles | Until rash has dried out – can take up to 4 weeks | • Headache and genuinely feeling unwell<br>• Tingling or painful feeling under area of skin before rash appears<br>• Rash can take up to 4 weeks to go.<br><br>Stay away from anyone who is pregnant or who hasn't had chickenpox before, people with weakened immune system or babies under |
| Scarlet Fever | 24hrs after commencing antibiotics | • First signs are flu-like symptoms including high temperature, sore throat, swollen glands.<br>• Rash appears within 24-48hrs as raised bumps on chest and tummy then spreads,<br>• White coating appears on the tongue, which later peels leaving it sore with little bumps.<br>• You can spread scarlet fever up until 24hrs after your first dose of antibiotics. |
| Slapped Cheek Syndrome | None | • High temperature<br>• Runny nose and sore throat<br>• Headache<br>• Red rash appears on one or both cheeks and it may also spread to the rest of the body becoming itchy.<br>• Rash normally fades within two weeks |
| Meningitis | Until recovered | • High temperature (fever)<br>• Sickness<br>• Headache<br>• Rash that does not fade when a glass is rolled over it (a rash does not always develop)<br>• Stiff neck<br>• Dislike of bright lights<br>• Drowsiness or unresponsiveness<br>• Seizures |

| | | |
|---|---|---|
| Viral Meningitis | Until recovered | Please see meningitis symptoms - Milder illness |
| Threadworms | None | • Itching around intimate areas<br>• Irritability and waking up at night<br>• White thread like worms in poo visible<br>Treatment is recommended for the pupil and family members |
| Ringworms | None once treatment has started | • Rash normally ring shaped<br>• Can appear anywhere on the body<br>• Can be passed through close contact with objects such as towels, combs, bed sheets. |
| Mumps | 5 days from onset of swollen glands | • Swollen glands either side of face<br>• Headache<br>• Joint pain<br>• Feeling sick<br>• Dry mouth<br>• Tiredness<br>• Loss of appetite<br>• High temperature |
| Conjunctivitis | None once treatment has started | • Normally affects both eyes<br>• Redness<br>• Sticky puss on lashes<br>• Itchy<br>• Watering<br>Children do not usually need to stay off school with conjunctivitis if they are feeling well. |
| Influenza | Until fully recovered | • Sudden high temperature<br>• Body aches<br>• Exhaustion or extreme tiredness<br>• Cough or sore throat<br>• Loss of appetite<br>• Sickness or diarrhoea. |
| Cold sores | None | Avoid contact with the sores |
| Warts, verrucae | None | Verrucae should be covered in swimming pools, gymnasiums and changing rooms |
| Glandular fever | None | • Swollen glands either side of face<br>• Headache<br>• Joint pain<br>• Feeling sick<br>• Dry mouth<br>• Tiredness<br>• Loss of appetite<br>• High temperature |
| Tonsillitis | None | • Sore throat<br>• High temperature over 38C<br>• Coughing<br>• Struggling to swallow or eat<br>• Tiredness<br>• Sickness<br>• Swollen glands<br>• Bad breath / white spots on tonsils<br>Symptoms normally go away after 3 to 4 days, there is no need to keep your child off school, however if they are experiencing any of the above, they likely will be too poorly to attend, if they require any medication such as Calpol then then should not be in school. |
| Mpox | Children should remain off school and isolated until all scabs on any lesions have | • If you get infected with Mpox, it usually takes between 5 and 21 days (about 3 weeks) for the first symptoms to appear. |

| | | |
|---|---|---|
| | fallen off, not had a temp for 72hrs. | • High temperature (fever)<br>• Headache<br>• Joint and muscle aches<br>• Shivers<br>• Exhaustion<br>A rash, sometimes confused with chicken pox, usually appears 1 to 5 days after the first symptoms on any part of the body including palms of hands, soles of feet, mouth genitals. The rash starts as raised spots that turn into sores (ulcers) or blisters which later scab over. Stay away from anyone who is pregnant or who has a weakened immune system. |