



Portsmouth
High School

GDST
GIRLS' DAY SCHOOL TRUST

First Aid and Medical Procedures

Pre-School, Prep, Senior and Sixth Form

Portsmouth High School,
25 Kent Road, Southsea,
Hampshire PO5 3EQ.
T 023 9282 6714 E headsec@por.gdst.net
www.portsmouthhigh.co.uk

Part of the Girls' Day School Trust family of schools

Portsmouth High School First Aid and Medical Procedures

Prep (including EYFS)

The full First Aid Policy and Medical Procedures is available on request from the Head's PA at headsec@por.gdst.net

Mrs Dale (Welfare Officer) is available from 8.30 am to 4.30 pm on a daily basis during term time and is based at the senior school. First Aid is provided at the Prep school office.

Medicines

Administration of Medicines

No medicine can be given without a letter of authorisation. If parents wish for staff to administer medicine they must inform a member of the prep school and complete a medication form at the reception desk. (This includes cough sweets etc.) If you are not delivering your child to school please email to alert us to the presence of medication in your child's bag and include a letter giving clear details of dosage, times and the medication to be administered.

Any prescribed medicine that needs to be taken during the school day should be sent in the original container as dispensed by the pharmacist clearly labelled with the pupil's name, form and dosage. Staff will then confirm that the medicine has been administered and for EYFS pupils we request a parent's signature on collection of the medicine. All medication is kept in the medical room/ prep school office.

A copy of this form can be found on <S:\Junior\Nursery\Pro formas\Medication form.doc> and parents place.

No pupil should carry any form of medication for self-administration with the exception of preventative asthma inhalers and Epipens. Girls of a responsible age should carry their own inhaler / epipen. Spare inhalers and epipens should be kept at school for emergency purposes and these must be clearly named and Paul Marshallsay or Mrs Dale (Welfare Officer) informed if, at any time, the treatment is changed.

Should an emergency situation occur and an Epipen be required, this will be administered by a first aider and they will lay your daughter down and send for an ambulance. If any deterioration occurs and the ambulance has still not arrived, a second Epipen will be administered by the First Aider approximately 5 to 10 minutes after the last application.

Refusing medicines

If a child refuses to take medicine, staff will not force them to do so, but will note this in their records and parents will be informed on the same day. If a refusal to take medicines results in an emergency, the school's emergency procedures will be followed.

Procedures for Pupils Who Are Unwell

Absence

Please telephone the school to notify us of your daughter's absence before 9.00 am. A message can be left on the answer phone prior to the office opening at 8.30 am. In the case of illness or unexpected absence of any kind, the school should be notified as soon as possible on the first morning of absence and on every consecutive day of absence from school by telephone, e-mail or letter. If a pupil is sent home from school, a note for that day is not required. However, if she is absent for any subsequent days, the school should be notified in the normal way. This is particularly important in the case of infectious diseases.

We recommend that the advised exclusion periods for common diseases are followed and if your child is unwell, in the interest of the school community, it would be appreciated if you could keep her at home until she is fully recovered.

Please do not hesitate to contact Mrs Dale (Welfare Officer) for help or advice, especially if your daughter is returning after a period of illness or has sustained an injury. It is crucial that if your daughter's mobility is affected, the Welfare Officer is contacted in advance of her return to school in order to discuss arrangements and complete a risk assessment.

Parents are reminded of the policy relating to medical confidentiality which forms part of the Pupil's Health Record and permits the Welfare Officer to inform staff of any medical condition that may affect a girl during the school day to enable them to act in her best interest.

Work for Absent Pupil

If your daughter is absent through illness, it is important that she has time to recover. Therefore we will not provide extra work if she is off school for a short period of time. If you expect your daughter to be absent due to illness for a longer period, please contact the prep school receptionist who will contact teachers to arrange for suitable work to be provided. Please be aware that this process will take time to organise.

Work cannot be provided in advance for pupils for planned absence due to a family occasion. Under these circumstances, the onus is on the pupil to catch up with missed work as soon as possible.

Sickness

Any child feeling ill during the day will be monitored and looked after by a member of the Dovercourt team and remain in school. In the event of a pupil being too unwell to return to their learning the parent will be contacted to collect their daughter, if no parent / guardian is available to collect her immediately then the child will be monitored by staff in the medical room.

The Trust Terms and Conditions which a parent signs when they agree to their daughter joining the school, expressly permits the school to agree to treatment in a hospital when neither parent/guardian can be contacted.

Infection Control and Illness Procedures

If you are aware that your daughter is suffering from, or has been in contact with any infectious or contagious illness or condition, please inform us immediately so that we can take any precautions necessary to minimise the risk of infection to others and also to inform vulnerable persons who may be exposed to the infection. Children who are unwell with an infectious disease should not attend school until the infection has passed, the child is well and she no longer poses a risk of infection to others. There may be instances when it may be necessary to exclude a child or member of staff from school for the individual's well-being and to safeguard other children and adults from infection.

Parents/carers may be asked to collect a child during the day if it appears the child is suffering from any of the conditions listed. The child will be made as comfortable as possible until they are collected.

Please refer to our infectious diseases list at the end of this policy to confirm how long your daughter will need to be absent from school.

The children are shown how to wash hands and put used tissues in the bin. The nursery is cleaned daily and a deep clean is carried out in every holiday.

Children with broken limbs or stitches can return once plaster is set and on receipt of medical advice. In these instances, all possible steps will be taken to ensure a child can take part in as many school activities as possible and an individual risk assessment will be carried out. Parents are asked to discuss this fully with a member of staff before or as their child returns to school.

Accidents and Emergencies

Advice in an emergency

- If you witness an incident and the injured person is able to walk, take them to Reception. If the school First Aider is not there send a message to Reception to ask them to contact a First Aider. Do not leave the person unattended.
- If you witness an incident and the injured person does not seem able to move, do not try to help them move; stay with them and send a message to the nearest First Aider or to Reception to ask them to contact a First Aider.
- If a first aider is not available, or the situation requires urgent medical assistance, do not hesitate to call an ambulance and alert Mrs Dale (Welfare Officer).

Accidents

If a child has an accident she will be treated by a member of the Dovercourt staff, the accident is recorded, parents are informed and parents are asked to sign to acknowledge the information. This information is stored in the Early Years Accident/Medical File for EYFS pupils and the school database for Year 1 – Year 6. If the accident is of a more serious nature then parents will be contacted straight away. Parents are informed if a child receives a bump to the head and are given a 'bumped head card' showing what signs to look for.

NB In the event of a medical emergency, staff will act in 'loco parentis'.

There will always be a member of staff with a current first aid qualification to attend to the children's needs.

Injuries at home – EYFS pupils

There is a requirement for schools to be made aware of injuries and accidents that happen in the home as part of Child Protection regulations for EYFS pupils. If your child is injured at home and the injury is enough to cause marking or bruising you will need to inform us in writing.

Accident Reporting

It is a legal requirement that all accidents and significant incidents should be recorded. Therefore, any accident must be reported to Mrs Dale (Welfare Officer) and recorded on RIVO which is the schools accident reporting system as soon as possible with the exception of very minor accidents which can be recorded in the Early Years Accident/Medical File for EYFS or on the school database for Year 1 – Year 6. The accident recording system is monitored regularly to identify hazards and areas for the prevention of accidents. The school's Health and Safety officer will be kept informed and any serious issues will be brought to the termly meetings of the Health and Safety Committee.

Accidents on school visits and expeditions

Whenever a group of pupils is taken out of school, a first aid kit and trip folder must be taken and kept by the group leader. Trip leaders should check pupil information in advance so that any potential problems can be identified. This information is in the trip folder and in a pupil information file which is kept in the office which identifies all conditions including hay fever, asthma, epilepsy and anaphylaxis. Girls of a responsible age are asked to carry their own inhalers/epipens and accompanying staff take the emergency medication.

All accidents should be reported to Mrs Dale upon return to school and if it has been necessary for a pupil to receive medical treatment from a medical professional, the group leader or accompanying adult should ask for a note describing the treatment, x-rays taken, etc.

All staff are encouraged to familiarise themselves with the school's various policies and advice regarding the management of asthma, epilepsy, diabetes and anaphylaxis and the symptoms of eating disorders (anorexia nervosa and bulimia). In addition, staff need to be aware of the school's Child Protection Policy and the accompanying sub-section General Pupil Welfare, which offers advice with regard to confidentiality.

First Aid Boxes

Notices in various areas of the school give details of first aid box locations and the names of staff qualified in first aid.

The first aid boxes are checked regularly to ensure that they are adequately stocked.

Medicals

Basic health checks are arranged for all girls in Reception, Yr7, Yr10 and any pupil who has recently joined the school. All health checks are carried out by external medical professionals. Parents are invited to attend these medicals. However, for girls in EYFS, if parents are unable to attend then Mrs Dale (Welfare Officer) will accompany their child. During the medical the nurse will check general development. The nurse will ask the parents or girl about her health and discuss normal development informally with her and answer any questions which may arise. All girls will have height and weight checks at

the time of the health check and their BMI is calculated. Parents will receive notification of medical dates and a letter from the nurse after the medical check has taken place. Parents are encouraged to contact the Welfare Officer beforehand with any specific concerns they may have and are welcome to accompany their daughters. In order not to infringe confidentiality, parents will be informed of any issues by the medical professional carrying out the examination/check.

School policies on medical conditions

The school has policies on the management of anaphylaxis, asthma, diabetes, eating disorders self-harm and epilepsy. There is also a policy on help in bereavement for pupils. Please do not hesitate to contact Mrs Dale (Welfare Officer) for further information.

SENIOR

The full First Aid Policy and Medical Procedures is available on request from the Head's PA at headsec@por.gdst.net

Mrs Dale (Welfare Officer) and is available from 8.30 am to 4.30 pm on a daily basis during term time.

Mrs Dale (Welfare Officer) is the first point of call for first aid. Mrs Bartlett (in the library) provides first aid from 4.30 – 6pm (5pm on Friday). In the event of absence the first aider on duty can be found at the office.

Medicines

Administration of Medicines

No medicine can be given without a letter of authorisation. If parents wish for staff to administer medicine during the school day they must write a letter, email or complete a medication form giving clear details of dosage, times and the medication to be administered. This, along with the medicine should be handed to Mrs Dale (Welfare Officer) upon arrival at school.

A copy of this form can be found on [parentsplace](#).

All medication administered at school is recorded and kept in the medical room. Ideally, any prescribed medicine that needs to be taken during the school day should be sent in the original container as dispensed by the pharmacist clearly labelled with the pupil's name, form and dosage.

No pupil should carry any form of medication for self-administration with the exception of preventative asthma inhalers and EpiPens.

Spare inhalers and EpiPens should be kept at school for emergency purposes and these must be clearly named and Mrs Dale (Welfare Officer) informed if, at any time, the treatment is changed.

Should an emergency situation occur and an Epipen be required, this will be administered by a first aider. They will lay your daughter down and then send for an ambulance. If any deterioration occurs and the ambulance has still not arrived, a second Epipen will be administered by the First Aider approximately 5 to 10 minutes after the last application.

Refusing medicines

If a child refuses to take medicine, staff will not force them to do so, but will note this in their records and parents will be informed on the same day. If a refusal to take medicines results in an emergency, the school's emergency procedures will be followed.

Procedures for pupils who are unwell

Absence

Please telephone the school to notify us of your daughter's absence before 9.00 am. A message can be left on the answer phone prior to the office opening at 8.30 am.

In the case of illness or unexpected absence of any kind, the school should be notified as soon as possible on the first morning of absence and on every consecutive day of absence from school by telephone, e-mail or letter. If a pupil is sent home from school, a note for that day is not required. However, if she is absent for any subsequent days, the school should be notified in the normal way. This is particularly important in the case of infectious diseases.

We recommend that the advised exclusion periods for common diseases are followed and if your child is unwell, in the interest of the school community, it would be appreciated if you kept her at home until she is fully recovered.

Please do not hesitate to contact Mrs Dale (Welfare Officer) for help or advice, especially if your daughter is returning after a period of illness or has sustained an injury. It is crucial that if your daughter's mobility is affected, the Welfare Officer is contacted in advance of her return to school in order to discuss arrangements and complete a risk assessment.

Parents are reminded of the policy relating to medical confidentiality which forms part of the Pupil's Health Record and permits the Welfare Officer to inform staff of any medical condition that may affect a girl during the school day to enable them to act in her best interest.

Work for absent pupils

If your daughter is absent through illness, it is important that she has time to recover. Therefore if the absence is for less than a week please do not contact school for missed work. Your daughter should copy up missed work on her return and is expected to liaise with her peers.

If you expect your daughter to be absent due to illness for a longer period, please contact Mrs Dale (Welfare Officer) who will aim to arrange for suitable work to be provided. Several days' notice is needed to organise this and work will need to be collected from her in the office. Alternatively, many students find that their peers will collect work on their behalf. In the event of extended absence, it is important that your daughter plans the work she needs to catch up on carefully on her return and discusses

this with her tutor so that it can be prioritised appropriately. A booklet to help her plan this is available, if requested, from Mrs Dale (Welfare Officer) .

Work cannot be provided in advance for pupils for planned absence due to a family occasion. Under these circumstances, the onus is on the pupil to catch up with missed work as soon as possible.

Sickness

In the event of a pupil feeling unwell she should report to the supervising teacher at the time (form tutor or subject teacher). If a pupil feels unwell at break or lunch time they should report directly to Mrs Dale (Welfare Officer) . The Welfare Officer will make an assessment, treat or monitor the symptoms presented, after which the pupil will return to class or arrangements will be made for her to be sent home. Pupils should NOT phone home to request collection. The Welfare Officer, or someone deputising for her, will make the decision as to whether a girl is well enough to remain in school.

In the event of a pupil being too unwell to return to class, but there being no parent / guardian available to collect her immediately, Mrs Dale (Welfare Officer) will remain responsible for her until collection or the end of the school day.

The Trust Terms and Conditions which a parent signs when they agree to their daughter joining the school, expressly permits the school to agree to treatment in a hospital when neither parent/guardian can be contacted.

Infection Control and Illness Procedures

If you are aware that your daughter is suffering from, or has been in contact with any infectious or contagious illness or condition, please inform us immediately so that we can take any precautions necessary to minimise the risk of infection to others and also to inform vulnerable persons who may be exposed to the infection.

Children who are unwell with an infectious disease should not attend school until the infection has passed, the child is well and she no longer poses a risk of infection to others.

There may be instances when it may be necessary to exclude a child or member of staff from school for the individual's well-being and to safeguard other children and adults from infection. Parents/carers may be asked to collect a child during the day if it appears the child is suffering from any of the conditions listed. The child will be made as comfortable as possible until they are collected.

Please refer to our infectious diseases list at the end of this handbook to confirm how long your daughter will need to be absent from school.

Children with broken limbs or stitches can return once plaster is set and on receipt of medical advice. In these instances, all possible steps will be taken to ensure a child can take part in as many school activities as possible and an individual risk assessment will be carried out. Parents are asked to discuss this fully with a member of staff before or as their child returns to school.

Accidents and Emergencies

Advice in an emergency

- If you witness an incident and the injured person is able to walk, take them to the medical room. If the school Welfare Officer is not there send a message to Reception to ask them to contact a First Aider. Do not leave the person unattended.
- If you witness an incident and the injured person does not seem able to move, do not try to help them move; stay with them and send a message to the nearest First Aider or to Reception to ask them to contact a First Aider.
- If a first aider is not available, or the situation requires urgent medical assistance, do not hesitate to call an ambulance.

Accidents

If a child should have an accident or bump to the head during the school day and they are able to walk, they will be taken to the medical room and first aid treatment will be provided by the Welfare Officer or in her absence any First Aider. If a child is unable to move, a member of staff will contact the Welfare Officer or First Aider to attend to the child. Details of the accident, including the time and date are logged and recorded on the schools accident reporting system. If the accident is of a serious nature, parents will be informed straight away.

If a pupil receives a bump to the head, which does not appear serious enough to require hospital treatment, they will be given a head injury card showing what signs to look for. If the head injury is of a more serious nature then an ambulance will be called or parents contacted to take the child to hospital.

NB In the event of a medical emergency, staff will act in 'loco parentis'.

There will always be a member of staff who is first aid trained to attend to the children's needs.

Accident Reporting

It is a legal requirement that all accidents and significant incidents should be recorded. Therefore, any accident must be reported to Mrs Dale (Welfare Officer) and recorded on RIVO which is the schools accident reporting system as soon as possible with the exception of very minor accidents which can be recorded on the school database. The accident recording system is monitored regularly to identify hazards and areas for the prevention of accidents. The school's Health and Safety officer will be kept informed and any serious issues will be brought to the termly meetings of the Health and Safety Committee.

Accidents on school visits and expeditions

Whenever a group of pupils is taken out of school, a first aid kit and trip folder must be taken and kept by the group leader. Trip leaders should check pupil information in advance so that any potential problems can be identified. This information is in the trip folder and in a pupil information file which is kept in the staff room which identifies all conditions including hay fever, asthma, epilepsy and anaphylaxis.

All accidents should be reported to Mrs Dale (Welfare Officer) upon return to school and if it has been necessary for a pupil to receive medical treatment from a medical professional, the group leader or accompanying adult should ask for a note describing the treatment, x-rays taken, etc.

All staff are encouraged to familiarise themselves with the school's various policies and advice regarding the management of asthma, epilepsy, diabetes and anaphylaxis and the symptoms of eating disorders (anorexia nervosa and bulimia). In addition, staff need to be aware of the school's Child Protection Policy and the accompanying sub-section General Pupil Welfare, which offers advice with regard to confidentiality.

First Aid Boxes

Notices in the staff room, specialist departments and corridors give details of first aid box locations and the names of staff qualified in first aid. The Welfare Officer will regularly check the first aid boxes to check that they are adequately stocked.

Medicals

Basic health checks are arranged for all girls in Yr7, Yr10 and any pupil who has recently joined the school. All health checks are carried out by external medical professionals. Parents are invited to attend these medicals. During the medical the nurse will check general development. The nurse will ask the girl about her health and discuss normal development informally with her and answer any questions which may arise. All girls will have height and weight checks at the time of the health check and their BMI is calculated. Parents will receive notification of medical dates and a letter from the nurse after the medical check has taken place.

Parents are encouraged to contact the Welfare Officer beforehand with any specific concerns they may have and are welcome to accompany their daughters. In order not to infringe confidentiality, parents will be informed of any issues by the medical professional carrying out the examination/check.

School policies on medical conditions

The school has policies on the management of anaphylaxis, asthma, diabetes, eating disorders self-harm and epilepsy. There is also a policy on help in bereavement for pupils. Please do not hesitate to contact Mrs Dale (Welfare Officer) for further information.

Date: November 2017

Review Date: November 2019

Welfare Officer

First Aid - Advised Exclusion Periods for Common Diseases

Based on Guidance on infection control in schools and other childcare settings 2016.

Rashes and skin infections

Children with rashes should be considered infectious and assessed by their doctor.

Infection or complaint	Recommended period to be kept away from school, nursery or childminders	Comments
Athlete's foot	None	Athlete's foot is not a serious condition. Treatment is recommended
Chickenpox	Until all vesicles have crusted over	See: <i>Vulnerable Children and Female Staff – Pregnancy</i>
Cold sores, (Herpes simplex)	None	Avoid kissing and contact with the sores. Cold sores are generally mild and self-limiting
German measles (rubella)*	Four days from onset of rash (as per " Green Book ")	Preventable by immunisation (MMR x2 doses). See: <i>Female Staff – Pregnancy</i>
Hand, foot and mouth	None	Contact your local HPT if a large number of children are affected. Exclusion may be considered in some circumstances
Impetigo	Until lesions are crusted and healed, or 48 hours after starting antibiotic treatment	Antibiotic treatment speeds healing and reduces the infectious period
Measles*	Four days from onset of rash	Preventable by vaccination (MMR x2). See: <i>Vulnerable Children and Female Staff – Pregnancy</i>
Molluscum contagiosum	None	A self-limiting condition
Ringworm	Exclusion not usually required	Treatment is required
Roseola (infantum)	None	None
Scabies	Child can return after first treatment	Household and close contacts require treatment
Scarlet fever*	Child can return 24 hours after starting appropriate antibiotic treatment	Antibiotic treatment is recommended for the affected child

Slapped cheek/fifth disease. Parvovirus B19	None (once rash has developed)	See: <i>Vulnerable Children and Female Staff – Pregnancy</i>
Shingles	Exclude only if rash is weeping and cannot be covered	Can cause chickenpox in those who are not immune, ie have not had chickenpox. It is spread by very close contact and touch. If further information is required, contact your local PHE centre. See: <i>Vulnerable Children and Female Staff – Pregnancy</i>
Warts and verrucae	None	Verrucae should be covered in swimming pools, gymnasiums and changing rooms

Diarrhoea and vomiting illness

Infection or complaint	Recommended period to be kept away from school, nursery or childminders	Comments
Diarrhoea and/or vomiting	48 hours from last episode of diarrhoea or vomiting	
<i>E. coli</i> O157 VTEC Typhoid* [and paratyphoid*] (enteric fever) Shigella (dysentery)	Should be excluded for 48 hours from the last episode of diarrhoea. Further exclusion may be required for some children until they are no longer excreting	Further exclusion is required for children aged five years or younger and those who have difficulty in adhering to hygiene practices. Children in these categories should be excluded until there is evidence of microbiological clearance. This guidance may also apply to some contacts who may also require microbiological clearance. Please consult your local PHE centre for further advice
Cryptosporidiosis	Exclude for 48 hours from the last episode of diarrhoea	Exclusion from swimming is advisable for two weeks after the diarrhoea has settled

Respiratory infections

Infection or complaint	Recommended period to be kept away from school, nursery or childminders	Comments
Flu (influenza)	Until recovered	See: <i>Vulnerable Children</i>
Tuberculosis*	Always consult your local PHE centre	Requires prolonged close contact for spread
Whooping cough* (pertussis)	Five days from starting antibiotic treatment, or 21 days from onset of illness if no antibiotic treatment	Preventable by vaccination. After treatment, non-infectious coughing may continue for many weeks. Your local PHE centre will organise any contact tracing necessary

Other Infections

Infection or complaint	Recommended period to be kept away from school, nursery or child minders	Comments
Conjunctivitis	None	If an outbreak/cluster occurs, consult your local PHE centre
Diphtheria *	Exclusion is essential. Always consult with your local HPT	Family contacts must be excluded until cleared to return by your local PHE centre. Preventable by vaccination. Your local PHE centre will organise any contact tracing necessary
Glandular fever	None	
Head lice	None	Treatment is recommended only in cases where live lice have been seen
Hepatitis A*	Exclude until seven days after onset of jaundice (or seven days after symptom onset if no jaundice)	In an outbreak of hepatitis A, your local PHE centre will advise on control measures

Hepatitis B*, C*, HIV/AIDS	None	Hepatitis B and C and HIV are bloodborne viruses that are not infectious through casual contact. For cleaning of body fluid spills see: <i>Good Hygiene Practice</i>
Meningococcal meningitis*/ septicaemia*	Until recovered	Meningitis C is preventable by vaccination. There is no reason to exclude siblings or other close contacts of a case. In case of an outbreak, it may be necessary to provide antibiotics with or without meningococcal vaccination to close school contacts. Your local PHE centre will advise on any action is needed
Meningitis* due to other bacteria	Until recovered	Hib and pneumococcal meningitis are preventable by vaccination. There is no reason to exclude siblings or other close contacts of a case. Your local PHE centre will give advice on any action needed
Meningitis viral*	None	Milder illness. There is no reason to exclude siblings and other close contacts of a case. Contact tracing is not required
MRSA	None	Good hygiene, in particular handwashing and environmental cleaning, are important to minimise any danger of spread. If further information is required, contact your local PHE centre
Mumps*	Exclude child for five days after onset of swelling	Preventable by vaccination (MMR x2 doses)
Threadworms	None	Treatment is recommended for the child and household contacts
Tonsillitis	None	There are many causes, but most cases are due to viruses and do not need an antibiotic

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

control). In addition, organisations may be required via locally agreed arrangements to inform their local PHE centre. Regulating bodies (for example, Office for Standards in Education (OFSTED)/Commission for Social Care Inspection (CSCI)) may wish to be informed – please refer to local policy.

Outbreaks: if an outbreak of infectious disease is suspected, please contact your local PHE centre.

Extra notes - special considerations

Vulnerable children

Some medical conditions make children vulnerable to infections that would rarely be serious in most children, these include those being treated for leukaemia or other cancers, on high doses of steroids and with conditions that seriously reduce immunity. Schools and nurseries and childminders will normally have been made aware of such children. These children are particularly vulnerable to chickenpox, measles or parvovirus B19 and, if exposed to either of these, the parent/carer should be informed promptly and further medical advice sought. It may be advisable for these children to have additional immunisations, for example pneumococcal and influenza.

Female staff – pregnancy

If a pregnant woman develops a rash or is in direct contact with someone with a potentially infectious rash, this should be investigated according to PHE guidelines by a doctor. The greatest risk to pregnant women from such infections comes from their own child/children, rather than the workplace. Some specific risks are:

- chickenpox can affect the pregnancy if a woman has not already had the infection. Report exposure to midwife and GP at any stage of exposure. The GP and antenatal carer will arrange a blood test to check for immunity. Shingles is caused by the same virus as chickenpox, so anyone who has not had chickenpox is potentially vulnerable to the infection if they have close contact with a case of shingles
- German measles (rubella). If a pregnant woman comes into contact with German measles she should inform her GP and antenatal carer immediately to ensure investigation. The infection may affect the developing baby if the woman is not immune and is exposed in early pregnancy
- slapped cheek disease (parvovirus B19) can occasionally affect an unborn child. If exposed early in pregnancy (before 20 weeks), inform whoever is giving antenatal care as this must be investigated promptly
- measles during pregnancy can result in early delivery or even loss of the baby. If a pregnant woman is exposed she should immediately inform whoever is giving antenatal care to ensure investigation