

# MANAGING ILLNESS ABSENCE



September 2023

Schools Attendance  
Support Service with  
Public Health



Sandwell  
Metropolitan Borough Council

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# INTRODUCTION

**This Guidance Pack has been designed in partnership with Public Health and the School Health Nursing Service.**

As we all know, the health and wellbeing of students is of utmost importance and it is essential that schools are able to effectively respond to illnesses and protect the health of their community.

In this guide we will cover the various illnesses that are commonly found in schools, including symptoms, preventative measures and guidance on when to seek medical attention. We will discuss effective strategies for preventing the spread of illness and maintain a healthy school environment.

Whether you are a teacher, administrator or parent, we hope that this guide will provide you with the knowledge and resources necessary to effectively manage and combat illnesses in your school community. We can ensure that our schools remain safe and healthy environments for all students and staff.

We also aim to provide schools with useful links and information to inform their practices around managing absence in relation to illness.

There are many support services available that many of us have been unaware of. A new 'Emotional Wellbeing and Mental Health Directory for Sandwell Children, Young Adults and their Families' has been produced. This will provide information on many support groups available. This document is included as Appendix 5

If a child has recurring episodes of illness, support can be sought from other agencies but a conversation with the parent / carer should always be the first action. There should be as much dialogue with the family as possible.

As with all viruses, different strains appear and this has meant that schools have suffered greater absences. We will look to provide you with as much information as we can to support on when a child may reasonably be expected to return to school.

We hope you find this guidance useful and we would welcome any comments or suggestions.

# Section 1

Information for Schools



## Notification of Illness

Schools should advise parents to notify them on the first day the child is unable to attend due to illness. Schools must record absences as authorised where pupils cannot attend due to illness (both physical and mental health related).

In the majority of cases a parent's notification that their child is ill can be accepted without question or concern. Schools should not routinely request that parents provide medical evidence to support illness. Schools are advised not to request medical evidence unnecessarily as it places additional pressure on health professionals, their staff and their appointments system particularly if the illness is one that does not require treatment by a health professional. Only where the school has a genuine and reasonable doubt about the authenticity of the illness should medical evidence be requested to support the absence.

DFE guidance confirms that Head Teachers must authorise absence related to usual childhood illnesses as no offence is deemed to have been committed by parents in these circumstances.

Head Teachers may, however, consider they have sufficient grounds to enquire about the cause of recurring absence and may not authorise future absence. For example, where support (relevant forms of early help) for recurring illnesses has been offered, refused and/or not engaged with and the child is not receiving their entitlement to efficient

full-time education. Schools, via the Local Authority, should present the available evidence to legal services to determine whether it is in the best interest of the child AND the public interest to prosecute or not.

Schools are advised, in their decision making, to apply the following DFE criteria / evidential standards. The LA (School / Head Teacher) can / should:

- make what informal enquiries of the parent it thinks are necessary.
  - if the parent refuses to engage, the LA (School / Head Teacher) is entitled to reach conclusions based on whatever it does receive, if anything.
- e.g. refuses a visit, failure to attend GP/school nursing appointments, does not provide medical evidence and/or is unable to evidence suitable education.
- consider safeguarding risks and Educational Neglect where applicable.

See summary of Serious Case Review in Appendix I

Liaison with school DSL AND SENDCO may be necessary to assess the support required for individual children.

Where the absence is due to illness, school staff should ensure that they speak to the parent about the reasons for absence. If you have a system in school that involves parent/s leaving a message regarding a pupil's absence, these messages need to be 'triaged' in order to check if further information is required regarding the nature of any illness. School should refer to the guidance on infection control in schools and other childcare settings for guidance on the length of absence (Appendix 2), and contact parent with advice on this – always recommended potential sources of support or advice which may facilitate a speedier return

## Attendance Coding

### **'I' – Illness NOT medical or dental appointments**

Schools need to encourage parents to advise them of a child's illness on the first day a child is ill. This can be defined as both physical and mental illness.

Schools should not routinely request that parents provide medical evidence to support illness. Only where the school has a genuine and reasonable doubt about the authenticity of the illness should medical evidence be requested.

### **'M' – Medical or dental appointment**

Schools should encourage parents to make appointments outside of school hours but we appreciate how difficult it can be to arrange appointments with GPs. Parents should advise school in advance and the child only need be out of school for the minimum amount of time necessary for the appointment.

If a pupil is present at registration but has an appointment during the day, no absence needs to be recorded for that session.

### **'O' – Unauthorised absence**

If you are not satisfied with the reasons given for absence, then the student should be coded as unauthorized. Schools can provide information for parents on why an absence may be unauthorized.

*See the Information for Parents Section*

## Handling situations where parents/ carers do not agree with support offered

Parents/carers have a duty, under section 7 of the Education Act 1996, to ensure that their child of compulsory school age (5 to 16) receives an efficient full-time education either by attendance at school or otherwise, and so share in the responsibility of ensuring good and regular attendance.

As such, we would encourage parents/carers and schools to be open and work together to create a plan for attendance that fits with the needs of the child. Working with parents/carers and pupils to understand the barriers to their attendance and, where appropriate, making reasonable adjustments to overcome those specific barriers is an effective way of building confidence and reducing anxiety about attending.

Parents/carers should be advised to engage with support offered by the school and be reminded of the importance of regular attendance and the emotional and mental wellbeing benefits of attending school for children and young people.

Parents should feel reassured that the school has a plan for their child. Parents/carers should feel supported in their responsibility of ensuring the child's regular attendance at school. Any reasonable adjustments or support put in place by schools should ensure that the time the child spends in school is prioritised as much as is possible.

Your allocated Schools Attendance Support Officer will be able to support with meetings with parents to attempt to find a resolution.

## Parents & Carers with their own difficulties

In some instances, parents/carers themselves might be living with mental health problems or experiencing wider vulnerabilities or challenging life circumstances. This may affect their ability to provide support and care, and so it is important to recognise the need for practical,

whole-family support and/or early help support where necessary, in order to try to address the causes of poor attendance.

For example, where applicable, the family's support worker might act as a convenor of any additional support offered and is a key party to join any conversations about a child's attendance. Where support offered is not engaged with, or where all other options have been exhausted or deemed inappropriate, schools should work with LAs to consider whether to formalise support or to enforce attendance through legal intervention in the normal way under their existing powers.

***Support for pupils where a mental health issue is affecting attendance: effective practice examples ([publishing.service.gov.uk](https://publishing.service.gov.uk))***

## Summary of responsibilities where a mental health issue is affecting attendance

[https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/1136965/Summary\\_of\\_responsibilities\\_where\\_a\\_mental\\_health\\_issue\\_is\\_affecting\\_attendance.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/1136965/Summary_of_responsibilities_where_a_mental_health_issue_is_affecting_attendance.pdf)

<https://www.gov.uk/government/publications/mental-health-issues-affecting-a-pupils-attendance-guidance-for-schools>

Pupils with long term illness or other health needs may need additional support to continue education, such as alternative provision arranged by the local authority. Local authorities are responsible for arranging suitable education for children of compulsory school age who, because of health reasons, would otherwise not receive suitable education. This applies whether or not the child is registered at a school and whatever type of school they attend.

The education must be full-time or as close to full-time as the child's health allows. Any child who is not receiving their full educational entitlement should be included in the CMfE Return which should be submitted by schools at the end of every half term. Details should also be included of any child receiving Education Otherwise via Section 19 requirements.

## Recommended absence period for preventing the spread of infection

Please see the Exclusions Table from UKHSA:

<https://www.gov.uk/government/publications/health-protection-in-schools-and-other-childcare-facilities/children-and-young-people-settings-tools-and-resources#exclusion-table>

Whilst this will not eradicate absence through illness it may reduce the number of days lost.

## When to refer to the Local Authority

There are occasions when all interventions have been unsuccessful and there is no option but to consider legal action.

At this point, school should send a letter to parents advising of all support suggested or tried. If there is no positive response from this, school would then be able to submit a Legal Intervention Referral for irregular attendance. Please work closely with your allocated Schools Attendance Support Office, who will be able to help and support you.

## Future Developments

Our colleagues in Public Health are keen to promote appointments outside of the school day. They are aware that students are taking a whole day out of school for appointments, especially when they are in the middle of the day. Primary Care are also encouraging families to discuss any health issues with school, so that they are aware of any difficulties the child and family may be facing.

We are all also aware that some parents are using a letter from CAMHS as a 'reason' to keep their child away from school, when the letter doesn't actually say this. Our colleagues in CAMHS will be re-enforcing the message to parents that it will only be in extreme cases that it is felt detrimental to a child's health to attend school.

We are also looking for support from Community, Faith Based & Voluntary Sector and conversations are ongoing with these groups.

We know that there is work to be done with our GP Services and this is something that Public Health will strive to support with.

School Health Nursing are looking to have a named contact for Secondary Schools and for Primary Schools to have regular visits from the service. Schools are encouraged to book in 'surgeries' every half term / term depending on availability, where the SHN can be available to meet with several parents in a particular morning / afternoon session. Any concerns can be raised and schools may wish to invite specific parents in where there are concerns.

There is potential for the Health Protection Team to offer Health Protection Training to Schools – we are currently looking into this.

## Useful Documents, Links & Services

### **DfE - Letter to school leaders on mild illness and school attendance**

<https://www.gov.uk/government/publications/letter-to-school-leaders-on-mild-illness-and-school-attendance/letter-to-school-leaders-on-mild-illness-and-school-attendance>

Chris Witty, Chief Medical Officer has also written to the health workforce and is endorsing the following principles:

1. Be alert to when it is better to encourage a child to attend school rather than take time off. Consistently promote school attendance, emphasising the importance of attendance for every child's long-term outcome, while continuing to support the child and their family.
2. Reassure and have sensitive conversations with pupils and parents about anxiety, particularly at the start of new school terms, recognising the importance of minimising time missed during the first week of school.
3. Remind ourselves that some schools have mental health support teams, and most have a range of self-help resources and organisations to which we can signpost.
4. Encourage parents and carers to speak to school staff about any worries their child may have, enabling them to work together to support their child and improve attendance.
5. Make it practice policy to try and schedule routine appointments to minimise time taken off school.

Although broader in scope than just GP appointments, in 2020/2021 there were 4.6 million school sessions interrupted due to medical appointments.

### **Education Act 1996 Section 437(1)**

LAs should intervene if it appears that parents are not providing a suitable education.

### **Education Act 2002 Section 175(1)**

LAs have a duty to safeguard and promote the welfare of children.

### **Education Act 1996 Section 13A (substituted by Education and Inspections Act 2006 S1)**

Support for pupils where a mental health issue is affecting attendance: effective practice examples ([publishing.service.gov.uk](http://publishing.service.gov.uk))

### **Pharmacy First**

The Pharmacy First service is available for patients registered with practices in the Black Country.

If you are exempt from prescription charges then you can access this service which gives you over-the-counter medicines rather than you needing to see a GP to receive the medication on a free prescription.

Our local pharmacies are a convenient way to get expert advice for the treatment of common ailments. Where appropriate, patients can be supplied with over-the-counter medicines.

A list of participating Pharmacies can be found on the website:

<https://blackcountry.icb.nhs.uk/your-health/health-services/pharmacy-first>

We hope that this service will reduce the number of people seeking treatment via a prescription from their GP or out of hours (OOH) provider, or via a walk-in centre or accident and emergency.

Patients can register to access the service at the pharmacy and the patients' GP practice will be notified of any intervention via a secure email. Check with your local pharmacy to see if they provide this service.

# Section 2

## Information for Parents



## Six steps to take if your child refuses to go to school

Tanith Carey Published 4th April 2023

- 1 Try to understand why:**

Talk to your child to see if you can find out why they are refusing to go to school. There may be underlying issues, such as anxiety, bullying or problems with friends, that are causing their reluctance to attend.
- 2 Tell the school:**

Do not try to cover up your child's refusal by claiming they are ill.

If your child is developing a pattern of school refusal, research shows that working with school authorities from the start will help address the issue more quickly.

You will also need rapid intervention to prevent this becoming regular, as well as support from the school so they are more sympathetic to the difficulties your family are having.
- 3 Give positive reinforcement**

When your child does go to school, talk about their day and reflect back their feelings without trying to talk them out of them.

Emphasise how they managed to cope, despite all the worries.

Use examples from your own life to explain that fears can seem greater when we try to avoid them and they will deal with them better by facing them.
- 4 Look for other symptoms:**

Some young people may develop school phobia in which they may have physical symptoms of fear, such as panic attacks or complain they have headaches or stomach aches when they think about or attend school.

If the problem cannot be resolved with support from the school, ask for help from an Educational Psychologist via the school.
- 5 Parents need to get on the same page:**

School Refusal can take longer to address if parents have different views – for example, one of you is more sympathetic while the other advocates a tougher line.

Take some time to talk through your feelings and agree on a joint approach.
- 6 Help with social skills:**

A common reason for school refusal is that teens develop low feelings of self-worth because they have difficulties with friends.

Rather than hope they will grow out of these, give specific targeted help to help them practice social cues and exchanges.

## Working together to improve school attendance

Being in school and having the best attendance possible underpins all the many benefits of school for your child, such as their learning, wellbeing and wider development.

For some children, attending school every day will be harder than for others. This is why schools, and local councils in some cases, are committed to working together with families to solve problems and support your child's school attendance. This guide covers two areas:

- parents' responsibilities for school attendance and what you need to do when your child needs to be absent.
- How schools and local authorities will work with you to support your child's attendance.

## Parents' responsibilities

### What are my responsibilities for my child's attendance

As a parent, you are legally responsible for making sure your child gets a suitable full-time education, usually from the age of 5 to 16.

**For most parents, this will mean making sure your child is in school every day except when:**

- Your child is too ill to go to school.
- You have permission for a leave of absence from your child's school for them not to attend. You should only ask for this in exceptional circumstances.
- Your religious body has a day especially for religious observance.

There are also some other circumstances for example where:

- Your local council is responsible for arranging your child's transport to school and it is not available on that day or has not been provided yet.
- Your child attends an independent school that is beyond walking distance from home and your local council has not arranged for your child to board at or near the school or attend another school closer to home.
- Your child does not have a permanent address and you are required to travel for work. (This exception only applies if your child attends their usual school or another school where you are staying as often as possible. This must be 200 half days or more a year if they are aged 6 or older.)

Whilst some absence is unavoidable, it is important that your child is in school every day they can be for their learning, wellbeing and development.

## **If my child needs to be absent from school, what do I need to do?**

You should contact their school as early as possible on the first day of absence to explain why. If you do not, your child's school will contact you on the first morning of their absence to find out why your child is not in school.

All parents can request a 'leave of absence' for their child which gives them permission to be absent from school. Your child's school has the final say over whether to approve the request and for how long your child can be absent.

## **My child has a short term illness. Do they have to go to school, and will I be penalised if they don't?**

If your child is ill, read the NHS advice to help you decide whether they can go to school. We have also produced a leaflet 'Parents' Handbook of Childhood Illness'. You will be able to get a copy from your child's school.

If they are too ill to attend, you are not breaking the law and will not be penalised. You should let the school know as soon as possible on the first day of absence and schools must record such absences as authorised. If the absence due to illness is ongoing or frequent you should speak to child's school to see what support can be put in place.

## **Do I need to provide medical evidence to support my child's illness related absence?**

If your child is too ill to attend school, schools must record these absences as authorised. In the majority of cases medical evidence is not needed, but schools may ask you for evidence where:

- Your child is regularly absent because of illness, to assess how they can help your child by putting the right reasonable adjustments in place.
- In a small number of cases where they have reason to believe your child was not too ill to attend and a conversation cannot resolve the issue.

If you are asked to provide evidence this does not need to be a letter from your doctor or consultant, and doctors will not usually provide such letters. It can, instead, be appointment cards, prescriptions, or notes of previous consultations (including from the NHS App).

A lack of written evidence must not prevent the right support being put in place or the absence being authorised if you can demonstrate your child was, or is, unable to attend, or is awaiting treatment. If you are asked for evidence you cannot provide, a conversation between the school, child and parent can help to resolve the issue.

## **What should I do if my child needs a dental or medical appointment in school time?**

To avoid disruption to your child's attendance, medical and dental appointments should not be booked during the school day whenever reasonably possible. When they are, you should ask the school in advance for a leave of absence and collect them as close to the time of the appointment as possible and return them to school for the rest of the school day afterwards.

## **My child has a long term illness, special educational needs or a disability that is impacting their attendance. What help is available?**

If your child is regularly absent from school because of illness (regardless of whether it is mental or physical) or special educational needs or a disability, they have the same right to a suitable full-time education as any other child. You should work with your child's school to discuss the reasons and make sure the right support is in place.

All schools are expected to provide support in these cases. More information can be found in your

child's school's policy on supporting pupils with medical conditions. Schools are expected to:

- Work with you to make reasonable adjustments to help your child attend. These could include adjustments to uniform, transport, routines, access to support or lunchtime arrangements.
- Ensure your child receives the right pastoral care and in certain cases consider a time-limited phased return to school where appropriate, for example for those who have anxiety about school attendance.
- Work jointly with other services including your local council and health services.
- For pupils with a long-term medical condition – either physical or mental – schools are also expected to make attendance support a key feature of any individual healthcare plan.
- For pupils with Education, Health and Care plans - ensure access to any provision outlined within the plan.

To make this work, it is important that you are open and work with your child's school by sharing written information. This will help agree the right support and take an active part in agreeing and putting in place the solution.

In most cases this will be sufficient, but no child should be out of school without appropriate education for more than 15 school days over a school year. Where additional support is needed, your local council is responsible for arranging alternative suitable full-time (or close to) education for your child.

If your child has an Education, Health and Care plan, and is out of school for more than 15 days, we expect the school to inform the local council who is responsible for your child's plan. This is to ensure that they are aware of the situation and to seek their support for your child where necessary.

## **Where can I get help if my child is too anxious to go to school?**

Attending school usually helps to protect your child's mental health, for a range of reasons including giving them a chance to be with friends and to benefit from learning. However, some children can be anxious or worried about going to school, particularly around the start of the new year or joining a new school or class. This is a normal emotion, and not necessarily indicative of an underlying mental health condition.

If their anxiety continues and becomes an attendance issue, you should speak to your child's school together with your child about why they are anxious and what can be done. You can find some useful advice at Young Minds, to help work through likely reasons together with your child, what to do and how to make sure that you get the right support if there are more serious issues.

You can also discuss local support that is available with your child's school and you can utilise the Directory of Services found here to help guide these conversations.

## **Support isn't working because my child's current school place is not suitable for their needs. What can I do?**

Your first step is to discuss it with your child's school to see if extra support can be given. If you are still having problems you can apply for a place at a different school or schools. Your local council will be able to provide details on how to apply.

It is important that you don't take your child out of their current school in the meantime – your application for another school may not be successful, for example, if it is full for that particular year group.

If your child has an Education, Health and Care plan then it is helpful to discuss the best way forward with both your school and your local council's SEND team

## **Formal and legal action where voluntary support hasn't worked or isn't taken up Will my local council take legal action against me?**

If your child is absent from school without permission or a valid reason, you are likely to be breaking the law. Where this happens, your child's school or your local council will speak to you to understand the reasons. If your child hasn't attended because they are struggling to, both your child's school and your local council are expected to put the right support in place to help you.

If you do not take part in that support, or it doesn't work because more structured formal support is needed, then your child's school or your local council may:

- Invite you to agree to a parenting contract. This is not a punishment or a criticism of your parenting. It is a more formal action plan that sets out what you will do to improve your child's attendance and what your child's school and/or your local council will do to support this.
- Apply to the family court for an education supervision order to ensure you and your child receive advice, assistance and direction to make sure they receive a suitable full-time education.

If you do not make any efforts to improve your child's attendance or it is clear you have knowingly allowed your child to be absent without good reason – for example, taking your child on holiday in school time without permission – your local council may prosecute you to protect your child's right to a full-time education. Even during this process, you have the opportunity to accept and engage in voluntary support (such as an early help assessment) or formal support (such as a parenting contract or education supervision order) to prevent the case from going to court. If found guilty you may be given a parenting order, community order, a fine of up to £2,500 or in very exceptional circumstances a sentence of up to 3 months in prison.

## Glossary

### Attendance action plan

An informal agreement between you, your child if they are old enough to understand, their school and sometimes your local council about what actions supporting your child will take to improve their attendance

### Community order

An order that can be made by a Court after you have been found guilty of knowingly failing to secure your child's regular attendance rather than sending you to prison. This may include requirements for you to take part in certain activities or observe certain rules.

### Early help assessment

A voluntary assessment of what you and your family need help with to allow your child's school and/or your local council to put the right support in place or help you access the right services.

### Education supervision order

An order that can be made by the Family Court to require a local council to advise, assist, and direct you and your child so that they receive suitable full-time education. This is not a criminal conviction, but persistently breaching the council's directions can lead to prosecution.

### Leave of absence

Permission given by your child's school for them to be absent from school for a specified period of time. You should write to the head teacher and ask for a leave of absence before the time your child needs to be absent from school. They will only be agreed to in exceptional circumstances.

### Parenting contract

A formal signed agreement between you, and your child's school and/or your local council agreeing what actions you will take to improve your child's attendance and what the school/council will do to support you in this.

### Parenting order

An order that can be made by a Court after you have been found guilty of failing to secure your child's regular attendance. You will be required to take part in certain activities or observe certain rules.

### Reasonable adjustment

A change made by your child's school to remove or change something that is preventing your child from attending school.

### Regular attendance

Attending school every day that the school is open in line with the school rules apart from in a small number of allowable circumstances.

### School attendance support team

The team in your local council who can help you with your child's attendance.

### Special educational need (SEN)

Children and young people with SEN all have learning difficulties or disabilities that make it harder for them to learn than most children and young people of the same age. These children and young people may need extra or different help from that given to others.

# Section 3

Information from  
School Health Nursing



## Supporting guidance for those considering referral to the school nursing service in relation to concerns around attendance at school

The school nursing service across Sandwell supports the need to continue to work together across the partnership in order to improve attendance.

School nursing recognises the potential impact of educational neglect and significant absence across the school aged population and working in partnership with other agencies

In order to make the best use of the service we encourage all to consider the appropriateness of the referral they are making in order to support this please see the below information:

### What the school nursing service is:

- A public health service that provided universal and targeted support for children young people of school age and their families across Sandwell.
- A method of support for children and young people who may be having attendance issues in school linked to a health concerns this could be physical or emotional.

### What the school nursing service is NOT:

- A replacement for the GP
- A prescribing service
- A service that provides physical examination of children and young people
- A diagnostic service
- A mechanism to access confidential GP and Hospital records without parental consent outside of the safeguarding arena
- A service to find out where a child may be on a hospital waiting list

**Sandwell School Nursing - Vision Statement - YouTube**

### How to refer

Referrals can be made electronically via the team's generic email account. The email account is a secure email.

**SWBH.SHNSandwell@nhs.net**

Please find a copy of our referral form in Appendix B.

Referrals are received and processed at a single point of entry by a team leader and you will receive an email confirming receipt.

School Nurses will provide support and advice for a wide variety of health needs and will signpost or refer on as appropriate. If you are ever unsure if your referral is appropriate please do not hesitate to contact our Duty Nurse on 0121 6122974 (09.00 – 16.00). All referrals into the service are subject

to a triage process hence if information has been omitted or the referral is inappropriate we will contact you to discuss this further.

### When to refer

School Nurses will provide support and advice for a wide variety of health needs and will signpost or refer on as appropriate. When attendance issues are identified that have a direct link to health it may be appropriate to complete a referral to the school nursing service.

Before referring to the school nursing service please consider the following:

Consideration	Possible action
Does the child / young person need to be seen by a GP	Liaise with parent / carer to advise they need to access their GP.
Has a specialist referral already been made?	Await the outcome of specialist intervention. If needed advice parent to contact relevant hospital for advice / support update from specialist team.
Are attendance issues linked to emotional health? Has the Thrive model been reviewed to establish the level of support required?	Review Sandwell Thrive framework (appendix A) to consider level of support required and appropriate referral.
Are you clear about the support you feel is needed from the school nursing service.	Contact the duty school nurse to discuss a possible referral and available support. Duty school Nurse – <b>0121 6122974</b> - 09.00-16.00 Email the School nurse generic email account for advice <b>SWBH.SHNSandwell@nhs.net</b>
If attendance is being affected by general illness has basic information been provided to parents /carers supporting self-help and early intervention prior to a referral being made?	Is my child too ill for school? - NHS ( <a href="http://www.nhs.uk">www.nhs.uk</a> )  Health for Kids   A fun and interactive resource for learning about health  Health For Teens   Everything you wanted to know about health  CHATHealth line <b>07480635486</b> Chat Health   Sandwell School Nursing - YouTube
Are attendance issues a result of a poorly managed long term health condition or noncompliance with an established treatment plan?	Refer to school health and consider early help.

## Referral examples

Below we have provided some examples of referrals into the school nursing service linked to attendance providing some guidance on how to get the best from the services when referring in.

### Example 1

#### Reason for referral

Jo has lots of time off school due to having low immunity he has a lot of repeated colds and sore throats.

Avoid using diagnostic terminology e.g. Low immunity.

Ensure information is informed and factual e.g. Low immunity – have they had a diagnosis of a specific condition.

Be clear in your request, what support are you looking for as a result of the referral e.g.:

- General health check – this would need to go to the GP
- Concern that the family need support from a health professional in understanding the time to keep a child home due to general ill health and when they should come to school - has generic guidance been given to the family.

### Example 2

#### Reason for referral

Mum says this child has a long term condition and shares they have appointments mum shares appointment letters but we have no evidence of a diagnosis.

Be clear in your request, what support are you looking for as a result of the referral. From the referral above it is not clear what is being requested.

Consider if this is an appropriate request? E.g. is there a reason the parent is not being believed and if so is this safeguarding issue rather than a school nurse referral.

## Example 3

### Reason for referral

Jo has a long term condition that is impacting on their attendance at school. Despite asking the parents outside of initial diagnosis letters they do not always provide written evidence of appointments at hospital.

This child has a long list of medication including pain relief that I consider to be extreme but the parent insists this is part of their regime.

I have asked the parent to go to the GP for review but the GP has shared with them all is fine.

The child is using suppositories which have been prescribed by the Dr I have challenged this with the child and family as it doesn't seem right.

A referral is required to a paediatrician to establish what is going on.

Ensure information is informed and factual and not based on opinion or personal beliefs e.g.

**“That I consider being extreme but the parent insists this is part of their regime.”**

**“I have challenged this with the child and family as it doesn't seem right.”**

Be clear in your request, what support are you looking for as a result of the referral e.g. in this case is there referral alluding to a safeguarding concern or is the referral based on personal beliefs and values rather than facts therefore would this be considered an appropriate referral.

## Example 4

### Reason for referral

Jo has been prescribed an epipen which has not been collected by the parent yet, we require an IHP for Jo and they will not be able to attend school until this is in place so this needs to be done today.

The school nursing service complete IHP's (Individual healthcare Plan) for schools, on average we process around 1000 referrals for long term conditions in an academic year for consideration for an IHP.

IHP referrals will always be triaged as urgent but this does not mean they can be completed on demand as engagement is required from parents and often specialist health professionals.

If a child is awaiting their IHP completion they should not be prevented from attending school, if the child presents as having concerns during the school day in the absence of an IHP and medication 999 emergency services should be called.

## Example 5

### Reason for referral

Jo's current attendance level at school is at 60%. Over half of these absences are reported to be due to health issues that would be considered minor, coughs and colds general illness. As a school we have initially done the following:

- Guidance given to the family in relation to when a child should or shouldn't be off school
- Advised the family to seek advice from the GP due to the number of episodes of general illness over the past few months. Parents have confirmed this has been undertaken and the GP has shared there is no underlying health issues.

We would like to refer to school health to take a joined up approach with the school to communicate expectations of the family, establish if there is something else that we need to consider in order to support attendance at school.

Possible joint early help assessment.

This referral is clear in the reason for referral, gives a clear outline of interventions already undertaken and the support that is being requested to move forward.

## Example 6

### Reason for referral

Jo is regularly suffering with constipation, Mum states that they will only do a poo in a pull ups, because of this the skin on her bottom is becoming very sore and can bleed.

Due to this there are frequent absences from school and her attendance is currently 65%.

In school there are concerns that if they need the toilet they will hold it in until they get home. They will use the toilet for a wee in school but not poo.

Mum has shared that she has prescribed medication for the constipation but this is only taken when needed and not daily.

Mum and school would like some advice around toileting and how we can encourage her to use the toilet within the school environment.

This referral is clear in the reason for referral, gives a clear outline of interventions already undertaken and the support that is being requested to move forward.

## Example 7

### Reason for referral

Jo has the following diagnosis as shared by the family:

- IBS
- Fibromyalgia
- Mild scoliosis
- Hypermobility

Due to these conditions the child is required to have a number of hospital appointments which often fall within the school day.

The child requires support with medication throughout the school day which is managed by school using the management of medical needs in school document.

As a school we would like to ensure that all the support that can be offered is put into place to support the child's access to education and an increase in their attendance as there are a large number of people involved from a health perspective and it feels there's no coordination of support which is adding pressure to the family.

The above referral is clear in the reason for referral and what support school are looking for to support attendance.

## Example 8

### Reason for referral

Jo has had a lot of time off school (63%) due to him being in too much pain to attend school and the many appointments he has to attend due to his recently diagnosed condition of xxxxxxxxxxxx.

Mum admits she is struggling to help care for Jo and manage him with this condition.

Jo struggles to sleep and so will often be very tired saying he doesn't want to come to school.

We believe Mum could do with help understanding the diagnosis and strategies to support Jo.

The above referral is clear in the reason for referral and what support school are looking for to support attendance.

Please remember if you are not sure give us a call and talk it through.

Duty nurse 09.00 – 16.00 – **0121 6122974**

School Nurse Generic email – **SWBH.SHNSandwell@nhs.net**

# Thrive Model The Spectrum of Need Sandwell

## Thriving

• Those whose current need is support to maintain mental wellbeing through effective prevention and promotion strategies.

• Universal Services - eg Primary Care (GP), School Health Nurses, Voluntary and Community Sector Groups, Children's centres.

## Getting advice

• Mild or temporary difficulties AND those with fluctuating or severe difficulties, who are managing their own health and not wanting goal-based specialist input – Signposting, self management and One Off Contacts.

• Kooth, school health nurse, inclusion support, 24/7 mental health telephone support line, Early health SENDIASS, primary care, VCS including

## Getting help

• Benefit from focused, evidence based help and support with clear aims, and criteria for assessing whether these aims have been achieved – Goal focussed, outcome informed interventions.

• Murray Hall, Kaleidoscope, Reflections (MHST), inclusion support, Sandwell Health Minds (16+), 27/4 telephone

## Getting more help

• Benefit from focused, evidence based help and support with clear aims, and criteria for assessing whether these aims have been achieved – specialist and intensive goal focussed support – Extensive Treatment., outcome informed interventions.

• Reflexions(MHST)/Specialist CAMHS

• Including Learning Disabilities Team, Child young person in care team and All Age Eating disorder service.

## Getting risk support

• Currently unable to benefit from evidence-based treatment bit remain a significant concern and risk – Risk management and Crisis response.

• CAMHS Crisis and Home Treatment team

## Referral to School Health Nursing Service

Surname:		Forename:	
DOB:		NHS No:	
M	F	School:	GP:
Home address			

Parent language spoken / Written Contact number:

Parental consent obtained: Yes No Parent/Carer Name:

Parental consent should be obtained on all referrals.

If not, please clearly state the reasons why:

Other agencies involved with contact name and numbers:

Do you wish the health visitor to be informed  
(i.e. if the child is a nursery child, or has a sibling in nursery) Yes No

Are there any additional needs identified? e.g. disability.  
If yes please state here:- Yes No

Are there any known previous/current domestic abuse  
concerns known? Yes No

Reason for Referral (please be specific about how you feel the school nurse service  
might be able to help)

Referred by:	Designation:	Tel No:

Base:

Email:

Date:

**Sandwell School Nursing,  
Second Floor, Blackheath Library,  
145 High Street Rowley Regis, B65 0EA**

**Email: [swbh.shnsandwell@nhs.net](mailto:swbh.shnsandwell@nhs.net)**

## Reply slip

(This should be completed by the actioning member of the school nurse team and returned to the referrer)

**Date:**

**Plan of action or outcome:**

**Signed:**

**Print name:**

**Designation:**

**Contact number:**

The information that you supply on this form will be used by the Children and Young Peoples Services for the purpose of maintaining and improving the level of service given for young people within Sandwell MBC. All information is regarded as confidential and any data collected via this form will be processed or disclosed only within the limits of the data protection notification.

For further information visit: [Department for Children, Schools and Families \(Every Child Matters\)](#)

**Please ensure that this form is kept confidential**

# Appendices

## **Appendix 1**

Summary of Serious Case Review

## **Appendix 2**

Appendix 2 Health Protection Handbook

## **Appendix 3**

Appendix 3 QR Code Poster for Staff Rooms

## **Appendix 4**

Appendix 4 Poster & Leaflet for Parents

## **Appendix 5**

Appendix 5 Emotional Wellbeing and Mental Health Directory for Sandwell Children, Young Adults and their Families

## Birmingham child 'Hakeem'

(Published 1st September 2022)

[https://www.lscpbirmingham.org.uk/images/BSCP/Professionals/Serious\\_Case\\_Reviews/BS\\_CB2017-18-03/BSCB\\_2017-18-03\\_SCR\\_Report\\_-\\_01.09.22.pdf](https://www.lscpbirmingham.org.uk/images/BSCP/Professionals/Serious_Case_Reviews/BS_CB2017-18-03/BSCB_2017-18-03_SCR_Report_-_01.09.22.pdf)

This Serious Case Review tragically encapsulates many of the points outlined in the Education White Paper and the Sandwell 'school attendance is everyone's business' event (Sept.22) Delegate Pack - SchoolsExtranet (sandwell.gov.uk)

Educational neglect was demonstrated by his mother. She failed to adequately supervise him, failed to ensure he was at school on time and failed to pick him up, which all impacted on his performance at school. His behaviour and frustration increased as he changed from being a 'gifted and talented' child to falling behind.

Paragraphs 5.13 and 5.18 highlight the important role that the school attendance officer/champion has in school.


Professional curiosity and tenacity is a pre-requisite, as is having regular conversations with the designated safeguarding lead.

Medical neglect – mother's failure to provide appropriate health care, missing hospital appointments or ignoring medical recommendations, such as the correct use of inhalers, and provision of inhalers to the school.

This review found there is a confusion amongst professionals around significant harm thresholds for neglect, which increases where a child has a chronic medical condition that is being poorly managed by a parent.

It confirms the need for schools, health and social care professionals to work together.

**Local Authorities should ensure that their functions relating to the provision of education are exercised with a view to promoting high standards, ensuring fair access to educational opportunity and promoting the fulfilment by every child concerned of his/her educational potential. This applies to education for children of compulsory school age whether at school or otherwise**



# Health Protection Handbook for Education Settings

(Nursery, Primary & Secondary)

[Health\\_Protection@sandwell.gov.uk](mailto:Health_Protection@sandwell.gov.uk)  
SANDWELL METROPOLITAN BOROUGH COUNCIL

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Date	Version control	Name	Updated
23/8/2022	V. 1	Claire Jones	Created schools handbook.
24/3/2023	V. 2	Claire Jones	Updated handbook
22/05/2023	V.3	Claire Jones	Updated handbook

## Section: Introduction

This handbook has been created to give you support locally with known school infections, infection prevention and control measures, immunisations and outbreak management.

Schools, nurseries and other childcare settings, are sites for transmission of infection. Children have close contact with other children, sometimes have no or incomplete vaccinations and have a poor understanding of hygiene practices. Infections may be acquired at home or within the community and brought into school or acquired and spread within school.

Control of infection among children in schools, nurseries or childcare settings depends upon:

- Prevention
- Early recognition of each case
- Prompt action and follow up

List of contact details:

- ✚ UKHSA local office: 0344 225 3560 (option 2) or out of hours advice: 01384 679 031
- ✚ Sandwell Public Health: [Health\\_Protection@sandwell.gov.uk](mailto:Health_Protection@sandwell.gov.uk)
- ✚ Sandwell Education Department: Contact schools department.
- ✚ Health Visiting Service: 0121 554 3801
- ✚ School Health: 0121 612 2974 or email the service at [swbh.shnsandwell@nhs.net](mailto:swbh.shnsandwell@nhs.net)

## Section: Immunisation

World Health Organisation (WHO) considers immunisation to be the most effective public health intervention for saving lives and promoting good health after clean water. Immunisation is the most effective medical intervention to prevent death and reduce disease within our communities. Achieving high levels of immunity against vaccine preventable diseases is vital to reduce the spread of infection and prevent outbreaks. Herd immunity also extends protection from immunisation programmes to individuals who cannot be vaccinated for several reasons.

Education and childcare settings have a vital role to play to support the routine immunisation programme through sharing of information with parents about when children should be up to date with at key contact points. Settings or parents and carers may wish to speak to their health visitor or school nurse about the support they can offer.

Evidence shows that school-based delivery of immunisations reduces health inequalities by making access to vaccines easier for all, for example, parents don't need to book time of to attend a vaccination appointment or children who are not registered with a GP can still access vaccination services. It is important that staff are up to date with their vaccinations especially measles, mumps and rubella (MMR) vaccine. Staff may wish to speak with their GP or school nurse to obtain vaccinations missed.

### Is there a difference between vaccination and immunisation?

The terms 'vaccination' and 'immunisation' don't mean quite the same thing. Vaccination is the term used for getting a vaccine — that is, getting the injection or taking an oral vaccine dose. Immunisation refers to the process of both getting the vaccine and becoming immune to the disease following vaccination.

### How long do immunisations take to work?

In general, the normal immune response takes approximately 2 weeks to work. This means protection from an infection will not occur immediately after immunisation. Most immunisations need to be given several times to build long-lasting protection.

If a child who has been given only one or two doses of the DTaP vaccine their only partially protected against diphtheria, tetanus and pertussis (whooping cough) and may become sick if exposed to these diseases until they have all the doses they need. However, some vaccines, such as the meningococcal provide long-lasting immunity after only one dose.

## Immunisation schedule

For an up to date [immunisation schedule](#).

### Vaccines offered in schools

School-Aged Immunisation Service (SAIS) providers are commissioned by NHS England to deliver school age vaccination programs. It is important to note that vaccinations for children and adolescence will need parental or carer/ guidance consent before any administration can be delivered. However, by law, some young people may be mature enough to provide their own consent, 'Gillick competency' it is up to the health professional to assess if a child under the age of 16 can be considered competent to understand the benefits and risks.

[UKHSA supporting immunisation programmes](#) will give you some more information around immunisations.

Here is a list of vaccinations that are offered to any child/ young person.

Vaccine	School years eligible	Diseases protected against	Mode of administration and schedule
Seasonal influenza vaccine	Reception to Year 6	Protects against the influenza virus.	Nasal spray One dose (unless otherwise indicated) (injected vaccine is available if nasal spray is unsuitable) Offered annually in the autumn term.
Human papillomavirus (HPV) vaccine	Year 8 and Year 9	Protects against genital warts and HPV related cancers such as cervical cancer, cancers of the head and neck and cancers of the genital area	Injected 2 doses (6 to 24 months apart)
Td/IPV (3-in-1 booster)	Year 9	Tetanus, diphtheria and polio	Injected Final dose of the course (total of 5)
MenACWY vaccine	Year 9	Meningococcal groups A, C, W and Y	Injected One dose
MMR check and offer	At all opportunities	Measles, mumps and rubella	Injected

## Section: Infection Prevention and Control (IPC)

[World Health Organisation \(WHO\)](#) defines IPC as a scientific approach and practical solution designed to prevent harm caused by infection to patients and health workers.

In the context of schools and learning settings, we consider measures that can contribute to limiting the exposure to the disease and reduce the probability of its transmission amongst pupils, students, teaching staff and non-teaching staff

### What is a pathogen?

Germs or microorganisms are part of everyday life and are found in our air, soil, water, and in and on our bodies. Some germs are helpful, others are harmful. Many germs live in and on our bodies without causing harm and some even help us to stay healthy. Only a small portion of germs are known to cause infection.

Infections are caused by micro-organisms such as bacteria, viruses, fungi and parasites, otherwise known as germs. Microorganisms such as bacteria, viruses and fungi are everywhere and commonly do not cause infections (and can even be beneficial). However, some do cause infection resulting in symptoms such as fever and sickness.

### Bacteria

Bacteria are microorganisms made of a single cell. They are very diverse, have a variety of shapes and features, and can live in just about any environment, including in and on your body. Not all bacteria cause infections. Those that can are called pathogenic bacteria.

Your body can be more prone to bacterial infections when your immune system is compromised by a virus. The disease state caused by a virus enables normally harmless bacteria to become pathogenic.

Antibiotics are used to treat bacterial infections. Some strains of bacteria have become resistant to antibiotics, making them difficult to treat. This can happen naturally, but also happens because of the overuse of antibiotics

### Viruses

Viruses are made up of a piece of genetic code, such as DNA or RNA, and protected by a coating of protein. Once you're infected, viruses invade host cells within your body. They then use the components of the host cell to replicate, producing more viruses.

After the replication cycle is complete, these new viruses are released from the host cell. This usually damages or destroys the infected cells.

Some viruses can remain dormant for a time before multiplying again. When this happens, a person appears to have recovered from the viral infection but gets sick again.

Antibiotics do not kill viruses and therefore are ineffective as a treatment for viral infections. Antiviral medications can sometimes be used, depending on the virus.

## Fungi

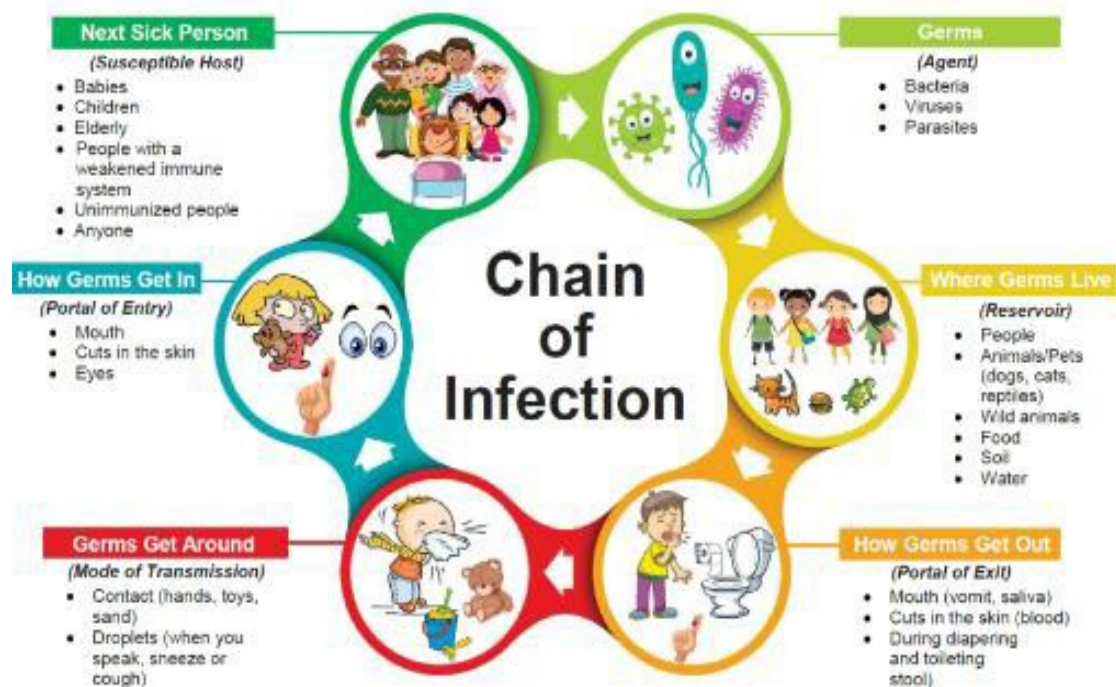
Fungi can be found just about everywhere in the environment, including indoors, outdoors, and on human skin. They cause infection when they overgrow.

Fungi cells contain a nucleus and other components protected by a membrane and a thick cell wall. Their structure can make them harder to kill.

## Chain of infection

Describes how microorganisms are transmitted from one person to another. There are six links within the chain and if all links are connected germs can infect its host as well as transferring to another source.

However, if a link is broken then germs cannot infect their host.



## How do infections spread?

- Respiratory: Contact with cough or other secretions from an infected person, like influenza. This can happen by being near the infected person when they cough and then breathe in the germ; or by picking up the organism from an infected item, for example a used tissue or on an object in the environment, and then touching your nose or mouth.
- Direct contact: By direct contact with the infecting organism, for example contact with skin during contact sports such as rugby and in gyms, like impetigo or staphylococcal infections.
- Gastrointestinal: Resulting from contact with contaminated food or water, contact with infected faeces or unwashed hands after using the toilet.
- Blood borne virus: By contact with infected blood or body fluids, for example while attending to a bleeding person or injury with a used needle. Human mouths are inhabited by a wide variety of organisms, some of which can be transmitted by bites. Human bites resulting in puncture or breaking of the skin are potential sources of exposure to blood borne infections therefore it is essential that they are managed promptly.

## Types of precaution

- Droplet precaution: Measures used to prevent, and control infections spread over short distances via droplets from the respiratory tract of one person directly onto the eyes, nose or inside the mouth (a mucosal surface or conjunctivae) of another person. Droplets then spread into the respiratory system.
- Contact precautions: Used to prevent and control infections that spread via direct contact with a person or indirectly from the persons immediate environment (including equipment). This is the most common route of transmission of infection from one person to another.  
Airborne precautions: Measures used to prevent, and control infection spread without necessarily having close contact with another person via small respiratory particles (aerosols) from the respiratory tract of one person directly into a mucosal surface or conjunctivae of another person. Aerosols can penetrate deep into the lungs (respiratory system).

*Remember, for most children and young people, the risk from common infection is low and few will become seriously unwell. However, some children and young people have impaired immune defence mechanisms in their bodies because of a medical condition or due to treatment they are receiving (known as immunosuppressed).*

[What infections are, how they are transmitted and those at higher risk of infection](#) this guidance will give extra guidance.

This YouTube video is a quick visual aid that can show [how do people get infectious disease](#) and the IPC measures that can be used.

## How can we minimise the risk of infections spreading?

It is important to understand how germs are spread and the actions that can be taken to break the chain of infection.

Here are 10 elements of standard infection prevention and control precautions which when carried out effectively help reduce the risk of transmission of infections:

1. Environment or placement of someone who develops an infection.
2. Hand hygiene.
3. Respiratory and cough hygiene.
4. Personal protective equipment.
5. Safe management of the environment.
6. Safe management of equipment.
7. Safe management of linen or soft furnishings.
8. Safe management of blood and body fluids.
9. Safe disposal of waste (including sharps).
10. Occupational safety or managing prevention of exposure to infection (including needlestick or sharps injuries, and bites).

Some of these areas may not fully fit with educational settings but majority will be adaptable.

To reduce the transmission of infection, we need to put infection prevention and control measures into action by promoting routine use of good standards of hygiene. This can usually be achieved through:

- Good hand washing
- Keeping the environment clean
- Immunisation of pupils and staff

[Introduction to infections , specific settings and population: additional health protection considerations, preventing and controlling infections](#)

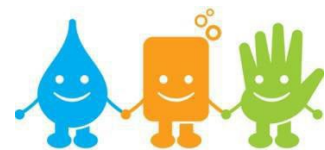
## Hand hygiene

[Washing hands](#) is one of the most important practices individuals can do to prevent and control the spread of infections. Good hand hygiene will reduce the risk of cross-infection between people to people, people to surfaces and people to animals. Alcohol hand gel can be used if appropriate but should not replace washing hands especially if hands are visibly soiled or if gastroenteritis (diarrhoea and vomiting) cases in identified within the education facility.

[Toilet facilities must include](#) liquid wall dispensed soap, warm water and paper towels. *Bars of soap and fabric hand towels are not acceptable as it will increase cross-contamination risk.*

Hand washing with warm water and liquid soap is recommended:

- After using (or helping someone to use) the toilet
- After changing a nappy
- Before, during and after preparing food
- Before eating food
- After blowing your nose, coughing or sneezing (or helping someone to blow or wipe their nose)
- Before and after treating a cut or wound
- Immediately after hands have been contaminated with respiratory secretions, blood, faeces, urine or other body fluid
- After handling animals, pet food/treats or cleaning cages
- Whenever hands are visibly soiled



[Teaching packs](#) have a few visual posters on “how to wash your hands, have you washed your hands? and wash your hands”.

Children and young people should be taught how germs are spread and how to stop this for example by washing their hands. [E-bug free educational resource for ages 3-16](#). [Germs journey is a free children's resource from ages 3 upwards](#) . [CDC handwashing guide including a variety of languages](#).

## Respiratory and cough hygiene

[Coughing and sneezing](#) easily spread infections.

- Children and adults should be encouraged to cover their mouth and nose with a tissue.
- Cough or sneeze into the inner elbow if no tissues are available instead of the hand.
- Wash hands after using or disposing of tissues. Spitting should be discouraged.
- Catch it, kill it, bin it campaign is an area of promotion around respiratory hygiene and cough etiquette ([Catch it, kill it, bin it](#), see appendix for poster).

## Personal Protective Equipment (PPE)

Disposable non-powdered vinyl/nitrile or latex-free CE-marked gloves and disposable plastic aprons must be worn where there is a risk of splashing or contamination with blood/body fluids (for example, nappy or pad changing). Wear disposable eye protection (or if reusable decontaminate prior to next use) if there is a risk of splashing to the face. Correct PPE should be used when handling cleaning chemicals.

Should schools including special education need schools (SEN) have any student with complex or additional health needs and require an aerosol generating procedure (AGP), [standard PPE recommendations for AGPs would include eye and face protection](#), apron and gloves to protect against the splashing or spraying of blood and bodily fluids.

## Safe management of the environment and equipment

Keeping education and childcare settings clean, including toys and equipment, reduces the risk of infection. It is especially important to clean surfaces that people touch a lot.

It is important that cleaning schedules clearly describe the activities required, the frequency of cleaning and who will carry them out. Cleaning standards should be monitored regularly by the setting.

Cleaning staff should be appropriately trained and have access to the appropriate PPE, such as gloves, aprons and surgical masks.

Monitor cleaning contracts and ensure cleaners are appropriately trained with access to PPE.

*See cleaning section for more information.*

## Safe management of linen or soft furnishings

Laundry should be dealt with in a separate dedicated facility. Soiled linen should be washed separately at the hottest wash the fabric will tolerate.

Wear PPE when handling soiled linen. Clothing may become contaminated with blood or bodily fluids. If this occurs, clothing should be removed as soon as possible and placed in a plastic bag. It should be sent home with the child with advice for the parent on how to launder the contaminated clothing.

Any contaminated clothing should be washed separately in a washing machine, using a pre-wash cycle, on the hottest temperature that the clothes will tolerate. ([See UKHSA for more advice.](#))

## Safe management of blood and body fluids

[All spillages of blood, faeces, saliva](#), vomit, nasal and eye discharges should be cleaned up immediately (always wear PPE). When spillages occur, clean using a product that combines both a detergent and a disinfectant. Use as per manufacturer's instructions and ensure it is effective against bacteria and viruses and suitable for use on the effected surface. Never use mops for cleaning up blood and body fluid spillages – use disposable paper towels and discard clinical waste as described below. A spillage kit should be available for blood spills.

To reduce the risk of unknown and known disease transmission:

- Wearing gloves when in contact with any accident or injury (washing grazes, dressing wounds, cleaning up blood after an incident) and wearing a disposable plastic apron if possible
- Carefully cleaning the wound under running water if possible or using a disposable container with water and wipes; carefully dab dry
- Covering all exposed cuts and grazes with waterproof plasters
- Keep the dressing clean by changing it as often as is necessary
- Managing all spillages of blood or body fluids.

## Safe disposal of waste (including sharps)

Always segregate domestic and clinical waste, in accordance with local policy. Used nappies/pads, gloves, aprons and soiled dressings should be stored in correct clinical waste bags in foot-operated bins. All clinical waste must be removed by a [registered waste contractor](#). All clinical waste bags should be less than two-thirds full and stored in a dedicated, secure area while awaiting collection.

[Children in nappies](#) must have a designated changing area. This should:

- Be away from play facilities and any area where food and/or drink is prepared or consumed
- Have appropriate hand washing facilities available

Staff should wash and dry their hands after every nappy change, before handling another child or leaving the nappy changing room. See cleaning section for more information.

A designated sink for cleaning potties (not a hand wash basin) should be in the area where potties are used. Disposable gloves should be worn to flush contents down the toilet. The potty should be washed in hot soapy water, dried and stored upside down.

[Sharps](#), e.g. needles, should be discarded straight into a sharps bin conforming to BS and UN standards. Sharps bins must be kept off the floor (preferably wall-mounted) and out of reach of children.

Occupational safety or managing prevention of exposure to infection (including needlestick or sharps injuries, and bites)

Occasionally children, young people or staff may injure themselves with discarded used hypodermic needles which they have found. If this happens then dispose of the needle safely to avoid the same thing happening to someone else. This can be done by either contacting your local authority or school nurse.

If someone pricks or scratches themselves with a used hypodermic needle or has a bite which breaks the skin:

- Wash the wound thoroughly with soap and warm running water
- Cover the wound with a waterproof dressing
- Record it in the accident book and complete the accident form
- Seek immediate medical attention or advice from your local accident and emergency department or occupational health provider.

[Occasionally children, young people or staff may injure themselves.](#) Ensure all cuts and abrasions are covered with a waterproof dressing.

Keep occupied spaces well ventilated

[Ventilation](#) is the process of introducing fresh air into indoor spaces while removing stale air. We have seen with COVID-19 that ventilation can help remove air that contains virus particles and prevent the spread of COVID-19. This can also [work for other respiratory infections](#).

[All education and childcare settings](#) should keep occupied spaces well ventilated to help reduce the number of respiratory germs.

Remember, the best way to prevent and manage infectious disease is to:

- Promote immunisation
- Promptly exclude the unwell child or member of staff
- Check that effective hand washing is being carried out routinely

[UKHSA ventilation for school buildings](#), this has been created to provide guidance on ventilation, thermal comfort and indoor air quality in schools

Guidance on UK government's rollout of CO2 monitors to school, [Co schools](#).

## Section: Cleaning including nappy changing facilities

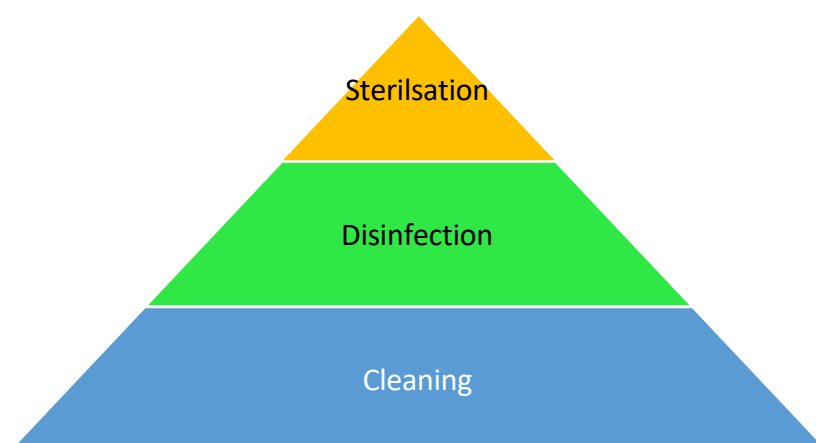
Cleaning is an important part of IPC and an important role in improving the quality of the surroundings. A clean (free from dust, dirt and grease) and dry environment poses little or no threat of infection to healthy adults and children. Cleaning of the environment, including toys and equipment.

Although there is no legislative requirement to use a colour coding system it is good practice and recommended by UKHSA [specific settings and population: additional health protection considerations](#), [preventing and controlling infections](#) and [Health and Safety Executive \(HSE\)](#). Colour-coded equipment should be used in different areas with separate equipment for kitchen, toilet, classroom and office areas. Cleaning equipment should be disposable or, if reusable, disinfected after each use.

BLUE	Generally used when cleaning areas that are considered to present a low risk of infection. All equipment can be used to clean classrooms/ offices/ reception areas etc.
GREEN	All kitchen areas within the school/nursery should use green equipment.
RED	This is for high risk areas in relation to the spread of infection, such as toilets/ washrooms/ showers including all fixtures and fittings
YELLOW	Should be used in washroom areas for cleaning all fixtures and fittings and surfaces that are not considered critical in terms of infection. These include worktops/ doors/pipework/towel dispensers/sink and basins

## Decontamination

Decontamination is a combination of processes that removes or destroys contamination so that infectious agents or other contaminants cannot reach a susceptible site in sufficient quantities to initiate infection, or other harmful response. When decontamination there are three known stages:



- Cleaning should always be the first stage in decontamination as it helps remove any organic matter or microorganisms that are present on a surface.
- Disinfection reduces the number of germs still further and can be carried out after adequate cleaning has been done.

- Sterilisation is the process of removing or killing all viable organisms including spores. Dead microorganisms and toxins (pyrogens) may remain. Decontamination: A process that destroys or removes all microbial contamination to render an item or the environment completely safe.

Thorough cleaning is required before high-level disinfection and sterilization because inorganic and organic materials that remain on the surfaces of instruments interfere with the effectiveness of these processes, [see HSE for more information](#) and [see Department for Education for more information](#).

### Detergent or Disinfection, which one to use?

Most cleaning can be done using detergent and water to remove majority of germs that can cause disease. Disinfection should occur when there is a risk of infection (e.g. an outbreak of diarrhoea and vomiting). There are many disinfectants that are safe to use around children and pets, your cleaning staff should have a policy in place for use of these products. Whichever solution is used, check the manufacturing label to ensure that it is used in line with directions and make sure that it states that it can kill both viruses and bacteria. Hypochlorite solutions should be diluted to 0.1% or 1000 ppm. Milton can also be used, follow instructions on packaging.

If disinfection is needed:

- The effective area needs to clean with detergent and remove any visible dirt followed by rinsing with clean water.
- Disinfect using a disinfectant at the correct dilution and contact time recommended by the manufacturer.
- Then allow to dry.

Noteworthy, disinfection will not work on visible dirty surface, ensure detergent is used first. [HSE guidance for support](#).

### Do you need to sterilise?

The answer to this question, will most likely be no. Cleaning with detergent and disinfection should be sufficient. Sterilisation is rarely performed outside of healthcare settings. If sterilisation has been requested ensure a professional is involved who understand sterilisation process.

### What else should you be aware of, when cleaning?

Effective cleaning and disinfection are critical in any education or childcare setting, particularly when food preparation is taking place. The [Food Safety Agency](#) (FSA) strongly advises the use of either a dishwasher, a sterilising sink, or a steam cleaner to clean and disinfect equipment and utensils. All areas or surfaces in contact with food, dirt or bodily fluids must be regularly cleaned and disinfected. Training should be provided for the use of any equipment and chemicals. Operation and maintenance of equipment should be according to the manufacturer's instructions and include regular dishwasher interior cleaning cycles.

## Waste facilities including nappy change

### Toilets

All bathrooms should have an adequate supply of wall mounted liquid soap, paper towels and access to warm water with a foot operated wastepaper bin.

Toilets should be clean and in good working order, with enough toilet paper available in each cubicle, it is not acceptable for toilet paper to be given out on request, this can increase the risk of cross-contamination ([UKHSA advice on sanitary facilities](#)). Consideration for sanitary disposable facilities within bathrooms where there are females aged 9 years and over.

### Nappy changing

Should staff be involved in [managing nappy changing](#), staff should:

- Wrap soiled nappies in a plastic bag before disposal in the general setting waste
- Clean children's skin with a disposable wipe (flannels should not be used)
- Label nappy creams and lotions with the child's name and do not share with others
- Wipe changing mats with soapy water or a mild detergent wipe after each use
- Clean mats thoroughly with hot soapy water if visibly soiled and at the end of each day
- Check mats weekly for tears and discard if the cover is damaged
- A designated sink for cleaning potties (not a hand wash basin) should be in the area where potties are used. Disposable gloves should be worn to flush contents down the toilet.

### Children with continence aids

[Children and young people](#) who use continence aids (like continence pads or catheters) should be encouraged to be as independent as possible. The principles of basic hygiene should be applied by both children, young people and staff involved in the management of these aids.

Continence pads should be changed in a designated area. Appropriate PPE (disposable gloves and a disposable plastic apron) should be worn and changed after every child. Hand washing facilities should be readily available.

Contact your education or childcare health team for further advice. Your local authority should be able to provide contact details for your education or childcare health team if unknown.

## Enhanced/ outbreak cleaning

Clean all hard surfaces thoroughly, using detergent and hot water followed with disinfectant paying attention to frequently-touched surfaces; for example – seats, door handles, flushes and taps, contact points and switches. Allow to dry before use and dispose of any potentially contaminated items safely.

Vacuum cleaning carpets and floor buffing during an outbreak have the potential to re-circulate norovirus and are not recommended. If vacuum cleaners are to be used in non-contaminated areas, they should contain high efficiency particulate air (HEPA) filters which are regularly cleaned and disinfected.

If unable to steam clean soft furnishings, and if they are removable soft furnishings (for example cushions, covers), these should be machine washed in the hottest wash possible for the fabric.

Soft toys should also be machine washed as above and tumble dried.

Ensure (as with cleaning during the outbreak) that cloths are disposed of and non-disposable mop heads are laundered in hot wash (65°C or above) once deep cleaning is complete. They should then be dried thoroughly. ([HSE guidance](#) and [UKHSA guidance](#))

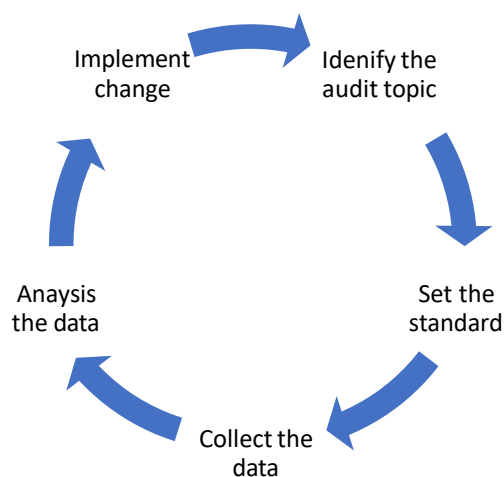
If bodily fluids contaminated an area, deep cleaning will be needed.

See section on outbreak management for more support.

## Auditing

Auditing is a five-stage process and provides quality assurance to key stakeholders including Ofsted.

Audits should be conducted on a regular basis.



Stage 1- Identifying the audit topic – what area/ topic needs to be audited.

Stage 2 – Setting the standards – once the area/ topic is identified in more detail highlight the sub-areas that need to be reviewed.

Stage 3 – Collecting the data – conducting the audit.

Stage 4 – Analysing the data – reviewing all audit results.

Stage 5 – Implementing change – implementing change if needed. For example, increasing cleaning to an area.

Here is an example of a [monthly cleaning audit](#) for schools, you may already have one that you use regular.

## Section: Educational visits

Education and childcare settings can benefit hugely from trips and outdoor learning activities, should you need advice on best places to visit contact your local environmental health department.

Educational visits should be subject to risk assessments as normal and reflect any public health advice or in-country advice of the international destination. [Outdoor Education Advisory Panel](#) offer specialist advice.

### Farms and zoos

There are several diseases that can be passed on to pupils and staff from infected farm animals such as Shiga Toxin-producing Escherichia Coli (STEC) (including E. coli 0157), campylobacter, salmonella and cryptosporidium. These can cause serious illness, particularly in young children.

Farm animals, even those that look clean and healthy carry infections that can be harmful to people. The bacterial infection Escherichia coli 0157 (known as E. coli 0157) is a health risk, especially for children under five as they are more vulnerable to this infection and more likely to develop serious illness once infected. It should be assumed that all cattle, sheep, goats and deer are carrying this infection.

E. coli 0157 can survive outside of the body and by touching animals, fences, surfaces around the farm, or being in contact with animal droppings, bacteria can accidentally pass from your hands/ gloves to your mouth which can lead to gastrointestinal infection. Eating food that has become contaminated with the bacteria is another way of contracting the infection. It only takes a small number of bacteria to cause infection so washing hands thoroughly with soap and water immediately after contact with animals will reduce the risk of infection.



Children should not play with animals unsupervised. Hand hygiene should be supervised after contact with animals and the area where visiting animals have been kept should be thoroughly cleaned after use. Reptiles are not suitable as pets in schools and nurseries, as all species carry salmonella (for more information [UKHSA, outdoor learning, DfE, Health and safety on education visits, Outdoor Education Advisory Panel](#)

[\(OEAP\)](#)).

The simple rules listed below will help to keep you and your children safe when visiting open farms.

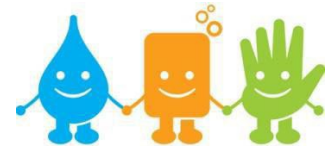
Pregnant women need to take care and specifically should avoid contact with sheep/ lambs and their droppings.

- Do not put hands on faces or fingers in mouths while petting animals or walking round the farm
- Do not kiss farm animals or allow children to put their faces close to animals

- Do not eat or drink while touching animals or walking round the farm: This includes not eating sweets, crisps or chewing gum.
- Do not eat anything that has fallen on the floor.
- Do not use gels or wipes instead of washing hands with soap and water. Gels and wipes cannot remove viruses or bacteria when the hands are soiled. Unless as a 'first aid' measure use if necessary. Then ensure that the person can wash their hands as soon as possible (gels and wipes can wipe away the dirt/contamination, but the affected area may still be contaminated with germs and these can only be killed by using detergent and water). Gels or wipes can then be used after hand washing to give further protection if necessary).

It is important that hands are washed thoroughly with soap and water:

- After you have touched animals, fences or other surfaces in animal areas.
- Before eating or drinking.
- After removing dirty shoes or boots that have been worn on the farm or garden.
- Supervise children closely to ensure that they wash their hands thoroughly.



If anyone who has visited a farm or zoo become unwell following, education settings should contact UKHSA for further advice. The individual should contact their GP or 111 for support and guidance or 999 if life threatening.

## Section: Infectious diseases

We have included several illnesses that are found within education settings. For more information on managing specific infectious diseases and other illnesses not included below, see [health protection in schools and childcare guidance](#). [UKHSA: Exclusion table](#) will be able to support whether students need to be excluded from school. *Caveat, as you have seen with COVID-19 guidance, guidance can change without being aware, please be mindful when reviewing the guidance for illness. Always check national guidance for updates.*

Childhood infections are common and for most children and young people the risk of severe disease is low. Some children may be at a higher risk due to their immune system is thought to have been exposed to an infection such as chickenpox or measles in their setting, the parents or carers should be informed immediately so that they can seek further medical advice from their GP or specialist, as appropriate.

Many infections start with a high temperature this is the human body's natural response to try and fight of infections ensure, children are not in school if they have a high temperature.

### Chickenpox (Varicella) and shingles

What is it?

Chickenpox is a mild and common childhood illness that most children catch but there is a risk of complications in people who have a weakened immune system, including young babies and pregnant women. Chickenpox is most common in children under the age of 10. Chickenpox and shingles are caused by the same virus which causes an itchy rash starting with flat red spots that become raised and filled with fluid.

Shingles, also known as zoster or herpes zoster, is a painful skin rash caused by the same virus responsible for chicken pox: the varicella zoster virus. An individual will only develop shingles if they have previously been in contact with the virus and had chickenpox. This is because the chickenpox virus remains in the body lying dormant in the roots of nerves and can reactivate many years later. Most cases of shingles are in men and women ages 60 and older, but children can also become affected.

### Symptoms

Chickenpox generally starts with a fever and generally unwell.

- Spots will develop a few days later, these can be anywhere on the body including the mouth and genitals which can be painful (stage1).
- These spots soon begin to fill with fluid and become blisters which become itchy and may burst (stage 2).
- The spots form a scab, some scabs flake and others leak fluid (stage 3).
- The spots can be very itchy and can leave scarring if they are scratched and become infected.



Stage 1



Stage 2



Stage 3

[NHS: Chickenpox.](#)

Shingles presents as a blistering rash in the area supplied by the affected nerve, usually only one side of the body. It can be very painful. Most people recover fully. There is often altered sensation before the rash appears, accompanied by 'flu like' symptoms. Direct contact with fluid from the blisters of a person that has shingles can cause chickenpox in someone who has never had it before

Is it Infectious and how can it spread?

Yes, chickenpox is highly infectious and spreads by respiratory secretions or by direct contact with fluid from blisters. People with chickenpox are generally infectious from 2 days before rash appears and until all blisters have crusted over (usually 5 - 6 days following spots appeared).

Ensure that anyone who is at higher risk (pregnant women, newborn babies, and people with a weakened immune system) seek medical advice as soon as they are exposed to chickenpox or if they develop chickenpox symptoms

#### Exclusion period

People with chickenpox should avoid contact with other people for at least 5 days from the onset of the rash and until all blisters have crusted over. The same exclusion period applies to children and adults.

A person with shingles is infectious to those who have not had chickenpox and should be excluded from education/childcare setting if they have a weeping rash that cannot be covered or until the blisters are dry and crusted over. [UKHSA: Exclusion criteria for schools](#)

#### Should anyone be notified?

No agencies need to be informed unless you have an outbreak of scarlet fever and chickenpox co-circulating in the education or childcare setting inform UKHSA Health Protection Team.

#### Further information

[Chickenpox: Public health guidance](#), [NHS: Chickenpox](#), [UKHSA: Chickenpox and shingles](#), [Shingles: guidance and vaccination programme](#)

## Cold sores

#### What is it?

Cold sores are caused by a virus called herpes simplex and usually appear on and around the lips, and sometimes appear on areas of the face and nose. It is estimated that more than half of us carry the virus but most of us do not develop cold sores. It is usually a mild self-limiting virus. Most people who get cold sores will have been infected early in life. Cold sores are common and usually clear up on their own.



#### [NHS: Cold sores](#)

After the virus infects the person, whether it shows on the skin or not, it goes to local sensory nerves and lies hidden (dormant) until reactivation (recurrence of the herpes infection). In children symptoms of the primary infection are most likely to develop in children younger than five years old.

#### Symptoms?

- The first signs are tingling, burning or itching in the area where the sore is going to appear. This phase may last for as little as 24 hours.
- There is reddening and swelling of the infected area resulting in fluid filled blisters which are usually clumped together in patches. Cold sores can be painful, and the blisters may form ulcers. They then dry up and crust over.
- Other symptoms include fever, sore throat, producing more saliva, feeling nausea.

Is it infectious and how can it spread?

Cold sores are contagious and maybe irritating or painful while they heal. The virus is caught from another person through contact with mouth, eye or genital secretions or through direct contact with an active lesion. It's not possible to prevent infection with the herpes simplex virus or prevent outbreaks of cold sores, but steps can be taken to minimise the spread of infection.

Minimising the risk of the virus

- Avoid touching cold sores unless applying cold sore cream – creams should be dabbed on gently rather than rubbed in, as this can damage skin further
- Always wash hands before and after applying cold sore cream and after touching the affected area
- Don't share cold sore creams or medication with other people as this can cause the infection to spread
- Don't share items that came into contact with the affected area, such as lipsticks or cutlery
- Avoid kissing until cold sores have completely healed
- Be particularly careful around new born babies, pregnant women and people with a low immune system, such as those with HIV or those having chemotherapy

Exclusion

None needed, however the individual may feel unwell.

Should anyone be notified?

No agencies need to be informed.

Further information

[NHS: Cold sores](#), [UKHSA: Cold sores](#)

## Conjunctivitis

What is it?

Conjunctivitis (also known as “pink eye”) is an inflammation of the thin layer of tissue that covers the front of the eye and effects outer lining of the eye and eyelid causing a sore or itchy red eye(s) with a sticky or watery discharge. It can be caused by bacteria or viruses or allergies Prompt treatment and good hand washing helps to prevent spread. It usually affects both eyes.

Symptoms?

Symptoms for conjunctivitis includes:

- Swelling and watering of the eyes
- Burning sensation
- Feeling of grit in the eye
- Itchy eyes

Is it infectious and how can it spread?

Yes, bacterial or viral conjunctivitis is usually spread from person to person by direct or indirect contact with the discharge from the eye.

Exclusion period?

None needed, however the individual may feel unwell.

Should anyone be notified?

No agencies need to be informed.

Further information

[UKHSA: Conjunctivitis](#), [NHS: Conjunctivitis](#) [UKHSA: Exclusion criteria for schools](#)

## COVID-19

What is it?

COVID-19 is caused by a virus which is usually spread from person to person by droplets, aerosols or indirect contact (via inanimate objects e.g. tables, door handles) when an infected person sneezes or coughs.

Most people with COVID-19 (coronavirus) will experience mild to moderate respiratory symptoms and recover without needing treatment. Children can catch COVID-19 but seem to be less affected. However, some people, particularly the elderly or those with other underlying health conditions, can develop serious breathing difficulties and other problems.

Symptoms?

- New, continuous cough: coughing a lot in an hour, or 3 or more coughing episodes in 24 hours (an existing cough would be worse than usual)
- High Temperature: feel hot to touch on chest or back (do not need to measure temperature)
- Loss of or change to your sense of smell or taste: cannot smell or taste anything, or things smell or taste different to normal

Is it infectious and how can it spread?

You can pass on the infection to others, even if you have no symptoms. Many people with COVID-19 will no longer be infectious after 5 days.

Exclusion period?

If a child or young person has a positive COVID-19 test result, they should try and stay at home and avoid contact with other people for 3 days after the day they took the test, if they can. After 3 days, if they feel

well and do not have a high temperature, the risk of passing the infection on to others is much lower. This is because children and young people tend to be infectious to other people for less time than adults.

[UKHSA: Exclusion criteria for schools](#)

Children and young people who usually go to school, college or childcare and who live with someone who has a positive COVID-19 test result should continue to attend as normal.

Should anyone be contacted?

COVID-19 is a [notifiable diseases](#). UKHSA Health Protection Team, LA Health Protection Team and LA Education Team should be notified if there is an outbreak.

Further information?

[UKHSA: People living with symptoms of a respiratory infection including COVID-19](#),

[UKHSA: emergency planning and response for education and childcare settings](#), [NHS: COVID-19](#)

[UKHSA: Living safely with respiratory infections UKHSA Respiratory infections, including COVID-19](#)

[UKHSA: Exclusion criteria for schools](#)

## Diarrhoea and vomiting (gastroenteritis)

What is it?

Diarrhoea and/or vomiting may be due to a variety of causes including germs, toxins or non-infectious diseases. However, as a general principle, all cases of gastroenteritis should be regarded as potentially infectious unless there is good evidence to suggest otherwise.

Common causes:

- Stomach bugs (gastroenteritis)
- [Norovirus](#) – (vomiting bug or winter bug)
- [Rotavirus](#) (causes gastroenteritis)
- [Food poisoning](#)

Encouraging effective hand washing will reduce the spread, washing hands before handling food and after going to the toilet or after playing.

Symptoms?

Diarrhoea is having loose liquid stools. Vomiting is being sick. This may include feeling sick (nausea), high temperature/ fever, headache and/ or aching arms and legs.

Is it infectious and how can it spread?

Yes, these infections can spread by close contact, touching surfaces or objects that have the disease or eating food that is contaminated or prepared by someone with the illness. Ensure PPE is worn when handling faecal/ vomited clothes.

Exclusion period?

Children and adults should be excluded until 48 hours after diarrhoea and vomiting has stopped and the individual is well enough to come back to school. [UKHSA: Exclusion criteria for schools](#)

Should anyone be notified?

If there are a high number of students and/or staff absences due to diarrhoea and vomiting contact, UKHSA Health Protection Team, Local Authority (LA) Health Protection Team and Local Authority (LA) Education Team

Further information

[UKHSA: Diarrhoea and vomiting](#), [UKHSA guidance on gastrointestinal infections](#), [NHS: Diarrhoea and vomiting NHS: Norovirus UKHSA: Norovirus guidance](#).

## Hand, foot and mouth disease

What is it?

Hand, foot and mouth disease is a common viral illness in childhood and can affect adults. To note, this is different to Foot and Mouth disease (which affects animals).

Symptoms?

- Initially the individual will develop a fever
- Reduced appetite
- Sore mouth
- Generally, feel unwell
- 1-2 days later spots develop into blisters, on hands, feet and inside of mouth.
- Caveat, not all cases have symptoms

Is it infectious and how can it spread?

Spread by direct contact with nasal and throat secretions or faeces of the infected person. There is a slight risk to pregnant staff and may wish to avoid close contact with an affected child.

The virus can also be transmitted by aerosol spread such as:

- Coughing and sneezing.
- Hands contaminated from secretions which, if not washed thoroughly may transmit infection

Promote good hand washing in both those affected and the staff who carry out nappy changing and/or assist with toileting to reduce the risk of transmission.

Exclusion period?

Exclusion of a well pupil is not required. If a child is feeling unwell, they can stay at home and return to education or childcare setting as soon as they are feeling better, there is no need to stay off until the blisters have all healed. Keeping your child off for longer periods is unlikely to stop the illness spreading.

[UKHSA: Exclusion criteria for schools](#)

Should anyone be notified?

None needed.

Further information

[NHS: Hand, foot and mouth](#) [UKHSA: Hand, foot and mouth disease](#)

## Head Lice

What is it?

Common in young children and their families. It has nothing to do with dirty hair and are picked up by head to head contact. These insects only live on humans, lay eggs and hatch within 7-10 days. The empty eggshells (nits) are white and shiny.



[NHS: Head lice](#)

Symptoms

- Itchy head
- Feels like something is moving in your hair

Is it infectious and how can it spread?

Infectious rate remains low and can spread through direct, prolonged head-to-head contact. Sport and transmission through close contacts at home are also common routes for spread. The only way to be sure someone has head lice is by finding live lice. You can do this by combing their hair with a special fine-toothed comb (detection comb). You can buy these online or at pharmacies.

Exclusion period

No exclusion

Should anyone be contacted?

Not needed.

Further information

[NHS: Head lice](#) [UKHSA: Head lice](#) [UKHSA: Head lice](#)

## Impetigo

What is it?

Impetigo is a bacterial skin infection which mainly affects infants and young children. It may be a primary infection or a complication of an existing skin condition such as eczema, scabies or insect bites. Once someone is infected with the bacteria, the infection can be spread easily through close contact such as through direct physical contact, by sharing towels or flannels. It's not usually serious and often improves within a week of treatment.



[NHS: Impetigo](#)

Symptoms?

- Sores/ blisters can develop anywhere on the body but tend to occur as reddish sores on the face, especially around the nose and mouth and on the hands and feet.

Is it infectious and how can it spread?

It is very infectious, whilst the sores are discharging pus. It is spread by direct contact with the lesions and pus. Impetigo can affect people of any age, but it tends to affect children more often than adults.

Exclusion period

Individuals should be excluded from school until lesions (sores or blisters) are crusted over or 48 hours after commencing antibiotic treatment. [UKHSA: Exclusion criteria for schools](#)

Should anyone be notified?

Not needed.

Further information

[NHS: Impetigo](#), [UKHSA: Impetigo](#)

## Influenza (Flu)

What is it?

Influenza (commonly known as flu) is a viral respiratory illness (usually influenza A or B). Flu viruses are always changing so this winter's flu strains will be slightly different from previous winters.

Flu can affect anyone but if people have a long-term health condition the effects of flu can make it worse even if the health condition is well managed and they normally feel well. Some people associate colds as being flu which is incorrect as they are caused by different viruses.

Antibiotics are not recommended for flu because they will not relieve your symptoms or speed up your recovery due to be a viral infection and not bacterial.

Encourage individuals to implement good hand hygiene and respiratory hygiene practices. Use education materials (E-bug and Germ Journey) to support.



Symptoms?

- Headache
- Fever/ high temperature
- Shivering
- Dry Cough
- Sore throat
- Aching muscles and joints
- Fatigue

Symptom	Common Cold	Influenza with symptoms
Fever	Uncommon and then low (under 38°)	Common and often a high fever (over 38°)
Aching muscles – body	Rare	Common
General illness and lack of energy	Rare	Common
Headache	Common	Common
Running nose	Almost always	Common but a minor feature
Sneezing	Almost always	Common but a minor feature
Watery eyes	Common	A minor feature
Throat irritation	Almost always	A minor feature
Coughing	Common	Common

Is it contagious and how does it spread?

Influenza is highly infectious and spreads easily in crowded or enclosed spaces, by breathing in droplets coughed out into the air by infected people or by the droplets landing on mucous membranes.

Transmission may also occur by direct or indirect contact with respiratory secretions for example via soiled tissues and surfaces.

Ask children to cover their noses and mouths with a tissue when coughing or sneezing and discard tissues after use. Ensure regular hand washing with soap and water, especially after coughing or sneezing.

Exclusion period

Exclude individuals with symptoms of flu, until they have recovered. However, do not exclude individuals with only mild symptoms of a respiratory illness, such as a runny nose, sore throat, or mild cough, but who are otherwise well. [UKHSA: Exclusion criteria for schools.](#)

Children and young people who are unwell and have a high temperature should stay at home and where possible avoid contact with other people. They can go back to education or childcare setting when they no longer have a high temperature and they are well enough.

Should anyone be notified?

If you have an outbreak or an individual is hospitalised inform UKHSA Health Protection Team, LA Health Protection Team and LA Education Team.

Further information

[NHS: Flu](#), [UKHSA: Influenza](#), [NHS: Respiratory tract infection](#), [UKHSA: Living with respiratory infections including COVID-19](#), [UKHSA: Seasonal influenza guidance](#)

## Influenza-like illness

What is it?

It's normal for a child to have 8 or more colds a year. This is because there are hundreds of different cold viruses and young children have no immunity to any of them as they have never had them before. They gradually build up immunity and get fewer colds. For most children these illnesses will not be serious, and they soon recover.

Sore throats can often be caused by viral illnesses such as colds or flu.

Children often cough when they have a cold because of mucus trickling down the back of the throat.

Symptoms?

Symptoms may vary,

- High temperature / fever
- Pain
- Stuffy or runny nose
- Coughing
- Sore throat

- Headaches
- Muscle aches

Is it infectious and how can it spread?

Coughs and colds are highly infectious. Respiratory infections can spread easily between people especially when people cough or sneeze. Handwashing can dramatically reduce the risk of cross-infection. Encouraging children and staff to cover mouth and nose with a tissue. 'Catch it, kill it, bin it' terminology should be used (see appendix).

Exclusion period?

None needed. Children and young people who are unwell and have a high temperature should stay at home and where possible avoid contact with other people. They can go back to education or childcare setting when they no longer have a high temperature and they are well enough. [UKHSA: Exclusion criteria for schools](#)

Should anyone be notified?

UKHSA Health Protection Team, LA Health Protection Team and LA Education Team if:

- A higher than previously experienced and/or rapidly increasing number of staff or student absences due to acute respiratory infection
- Evidence of severe disease due to respiratory infection, for example if a pupil, student, child or staff member is admitted to hospital

Further information

[NHS: Cold, coughs and ear infections in children](#), [NHS: respiratory tract infection](#), [UKHSA: people with symptoms of a respiratory infection](#), [UKHSA: Respiratory infections including COVID-19](#), [UKHSA: Living with respiratory infections including COVID-19](#), [UKHSA: outbreak management for influenza like illness](#)

## Measles

What is it?

Highly infectious viral illness that can be very unpleasant and can sometimes lead to serious complications). MMR (measles, mumps and rubella) vaccine is the safest and most effective way to protect against measles. People need 2 doses of MMR vaccine to be protected against measles, mumps and rubella. Parents must seek medical advice if measles is suspected.

Symptoms?

First symptoms may include:

- Fever / high temperature
- A runny or blocked nose
- Sneezing
- A cough
- Red, sore, watery eyes
- Small white spots inside the cheek
- Diarrhoea and vomiting are common

Three or four days after first symptom

- A rash of flat red or brown blotches appear, beginning on the face, behind the ears and spreading over the body.

Is it infectious and how can it spread?

Measles is highly infectious and transmitted via airborne or droplet spread, or direct contact with nasal or throat secretions of infected persons. MMR vaccine is the only preventative measure for measles.

Exclusion period

As soon as measles is suspected until five days after the onset of rash. [UKHSA: Exclusion criteria for schools.](#)

Should anyone be notified?

Measles is a [notifiable diseases](#), if there are any suspected or confirmed cases contact UKHSA Health Protection Team, LA Health Protection Team and LA Education Team should be notified if there is an outbreak.

Further information

[UKHSA: measles guidelines](#), [UKHSA: Measles factsheet](#), [NHS: Measles](#), [NHS Publications: Measles, don't let your child catch it](#), [UKHSA: Measles](#).

## Meningitis

What is it?

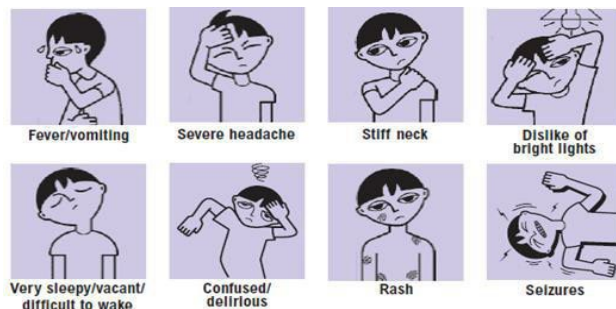
There are many different causes of meningitis, but the two most common organisms are viruses and bacteria.

- Viral meningitis is usually a mild disease, but it can make people very unwell. Many cases occur each year, mostly affecting babies and children. Although most people will make a full recovery some are left with serious and debilitating after-effects.
- Bacterial meningitis can be life-threatening and needs urgent medical attention. Most people who suffer from bacterial meningitis recover but many can be left with a variety of after effects. Meningococcal disease is a serious bacterial infection which causes meningitis and septicaemia.

Childhood immunisation can protect against meningitis caused by mumps, polio, Haemophilus influenzae type b (Hib), pneumococcus and Neisseria meningitidis group A, B, C, W and Y.

Symptoms

- Fever/ high temperature
- Severe headache,
- Photophobia,
- Neck stiffness,
- Non-blanching rash (see glass test),
- Vomiting,
- Drowsiness.



If a glass tumbler is pressed firmly against a rash, the rash will not fade. The rash will be

visible through the glass. If this happens urgent medical attention should be sought. Note that the rash is a late symptom – if any of the other symptoms have already occurred seek medical advice immediately.

Is it infectious and how can it spread?

Spread is from person to person through respiratory droplets and direct contact with nose and throat secretions. Infections that cause meningitis can be spread through sneezing, coughing, and kissing.

You should get medical advice as soon as possible if you're concerned that you or your child could have meningitis.

Exclusion period

Once the child has been treated (if necessary) and has recovered, they can return to their education or childcare setting. [UKHSA: Exclusion criteria for schools](#)

Should anyone be notified?

Meningitis is a [notifiable diseases](#). UKHSA Health Protection Team if 2 cases of meningitis occur in the education/childcare setting within 4 weeks, LA Health Protection and LA Education Team.

Further information

[UKHSA: Meningitis](#), [UKHSA: Meningitis](#), [NHS: meningitis](#), [meningitis: action checklist](#)

## Meningococcal

What is it?

The bacteria *Neisseria meningitidis* causes meningococcal meningitis and meningococcal septicaemia (known collectively as 'meningococcal infection'). Meningococcal infection is a rare but serious disease and is fatal in around 1 in 10 people with the illness. Effective childhood vaccinations can prevent some types of meningococcal illnesses.

Symptoms

- Fever/ high temperature
- Severe headache,
- Photophobia,
- Neck stiffness,
- Non-blanching rash (see glass test),
- Vomiting,
- Drowsiness

If a glass tumbler is pressed firmly against a rash, the rash will not fade. The rash will be visible through the glass. If this happens urgent medical attention should be sought. Note that the rash is a late symptom – if any of the other symptoms have already occurred seek medical advice immediately.

Be aware - symptoms can develop within hours and immediate treatment is vital.

Is it infectious and how can it spread?

Spread is from person to person through respiratory droplets and direct contact with nose and throat secretions. Infections that cause meningococcal can be spread through: sneezing, coughing and kissing.

You should get medical advice as soon as possible if you're concerned that you or your child could have meningococcal.

Exclusion period

Once the child has been treated (if necessary) and has recovered, they can return to their education or childcare setting. [UKHSA: Exclusion criteria for schools](#)

Should anyone be notified?

Meningococcal septicaemia is a [notifiable diseases](#). UKHSA Health Protection Team, LA Health Protection Team and LA Education Team should be notified if there is an outbreak.

Further information

[UKHSA: Meningococcal disease](#), [UKHSA: Meningococcal](#),

## Mumps

What is it?

Mumps is a contagious viral infection that used to be common in children before the introduction of the MMR vaccine. MMR (measles, mumps and rubella) vaccine is the safest and most effective way to protect against mumps. People need 2 doses of MMR to be protected against measles, mumps and rubella.



[NHS: Mumps](#)

Symptoms?

- Fever/ high temperature
- Swelling and tenderness of salivary glands (parotid) (The swelling can be one sided or affect both sides)
- Headaches
- Joint pain
- General malaise.
- Mumps is usually mild in young children, but can cause swelling of the testicles and rarely, infertility in males over the age of puberty.
- Mumps is most recognisable by the painful swellings in the side of the face under the ears (the parotid glands), giving a person with mumps a distinctive "hamster face" appearance.

Is it infectious and how can it spread?

The mumps virus is highly infectious and can be spread by droplets from the nose and throat, and by saliva. An infected person touching their nose or mouth, then transferring the virus onto an object, such as a door handle, or work surface; if someone else touches the object shortly afterwards, they are highly likely to transfer the virus from their hands into their mouth, nose or some other route.

Exclusion period

Infected children can return to education or childcare setting 5 days after the onset of swelling, if feeling well. [UKHSA: Exclusion criteria for schools](#)

Should anyone be notified?

Mumps is a [notifiable diseases](#). UKHSA Health Protection Team, LA Health Protection Team and LA Education Team should be notified if there is an outbreak.

Further information

[NHS: Mumps](#), [UKHSA: Mumps](#),

## Ringworm

What is it?

Ringworm is a common fungal infection and is not caused by worms. Ringworm affect any part of the body but mainly face, groin, foot, hand, scalp area and nails, depending on the individuals skin tone depends if the rash looks, red, silver or darker.



[NHS: Ringworm](#)

Symptoms?

Rash which maybe scaly, dry, swollen or itchy.

Is it infectious and how can it spread?

Ringworm is highly infectious, and spread is by direct skin to skin contact with an infected person or animal, by indirect contact with contaminated surfaces such as bedsheets, combs or towels.

- Encourage staff and children to wash their hands regularly with soap and water.
- Affected persons should not share towels, flannels, pillows, socks or shoes.

- Ensure the child with ringworm to the feet are wearing socks and trainers. The child should have his or her feet covered for physical education or other activities.
- Advise the parents to seek advice from a General Practitioner (GP) for recommended treatment.

#### Exclusion period

None needed. Parents should notify the school if their child has ringworm. [UKHSA: Exclusion criteria for schools](#)

Should anyone be notified?

None needed.

Further information

[UKHSA: Ringworm](#), [NHS: Ringworm](#),

## Rubella (German Measles)

What is it?

Rubella is a viral infection and generally a mild illness however, it can be serious during pregnancy. MMR (measles, mumps and rubella) vaccine is the safest and most effective way to protect against rubella.

People need 2 doses of MMR to be protected against measles, mumps and rubella.



[NHS: Rubella](#)

Symptoms?

- Swollen lymph glands around the ears and back of the head before onset of rash
- Sore throat and runny nose before rash appears
- Mild fever/ high temperature, headache and tiredness
- Conjunctivitis
- A transient red rash behind ears and on the face and neck
- Painful and swollen joints.

Is it infectious and how can it spread?

Rubella, is highly infectious. Transmission is spread by respiratory droplets through coughing or sneezing, or by direct contact with the saliva of an infected individual. For example, coughing, sneezing or talking, sharing food and drinks, touching a surface contaminated with the droplets.

### Exclusion period

Exclude from education or childcare setting or work for 5 days from the appearance of the rash. Rubella is infectious from 1 week, before the symptoms start and for 5 days after the rash first appears. [UKHSA: Exclusion criteria for schools](#)

### Should anyone be notified?

Rubella is a [notifiable diseases](#). UKHSA Health Protection Team, LA Health Protection Team and LA Education Team should be notified if there is an outbreak.

### Further information

[UKHSA: Rubella](#), [NHS: Rubella](#)

## Scabies

### What is it?

Scabies is a skin infection caused by tiny mites that burrow in the skin. Scabies are common and should be treated quickly to prevent spread. Scabies mites cannot live outside the human body and cannot be picked up from just clothes. Individuals with scabies are expected to complete two courses of treatment, second course should be one week after the first course. All household contacts or any other very close contacts should have one treatment at the same time.

### Symptoms?

- Intense itching, especially at night
- Raised rash or spots
- Spots/ rash may look red

### Is it infectious and how can it spread?

Scabies is infectious and spread by skin to skin contact.

### Exclusion period

The individual can go back to school or work 24 hours after the first treatment. [UKHSA: Exclusion criteria for schools](#)

### Should anyone be notified?

UKHSA Health Protection Team, LA Health Protection Team and LA Education Team should be contacted if there is an outbreak.

### Further information

[NHS: Scabies](#), [UKHSA: Scabies](#),

## Scarlet Fever

What is it?

Scarlet fever is a bacterial infection that causes a distinctive pink-red rash and sometimes called scarlatina. Scarlet fever usually follows a sore throat or a skin infection, such as impetigo, caused by certain strains of streptococcus bacteria. Scarlet fever is part of the same group of bacterial infection as Group A Streptococcus (GAS).



[NHS: Scarlet fever](#)

Symptoms?

- Fever/ high temperature
- Sore throat
- Difficulty swallowing
- Tender enlarged lymph nodes
- Rash develops on first day of fever, it appears as a red pinhead in size and the skin a sandpaper-like texture
- Tongue is strawberry-like appearance

Is it infectious and how can it spread?

Scarlet fever, is highly infectious and can be spread from person to person through respiratory droplets and direct contact with nose and throat, from sneezing and coughing. Touching the skin if someone has impetigo. Droplets from the mouth or nose may also contaminate hands, eating and drinking utensils, toys or other items can spread to others that use or touch them, particularly if they then touch their nose or mouth.

1. Encourage staff and children to wash their hands regularly with soap and water.
2. Encourage covering of the nose and mouth with a tissue when coughing or sneezing. Tissues should be disposed, and hands washed with soap and water.
3. Send the child home if unwell.

Exclusion period

Children can return to their education or childcare setting 24 hours, after commencing appropriate antibiotic treatment. If no antibiotics have been administered the person will be infectious for 2 to 3 weeks. [UKHSA: Exclusion criteria for schools](#)

Should anyone be notified?

Scarlet fever is a [notifiable diseases](#). UKHSA Health Protection Team, LA Health Protection Team and LA Education Team should be notified if there is an outbreak.

If there is an outbreak of scarlet fever and chickenpox co-circulating at the education or childcare setting inform UKHSA.

Further information

[UKHSA: Scarlet Fever](#), [UKHSA: scarlet fever guidance](#), [NHS: Scarlet fever](#), [NHS inform: Scarlet fever](#)

## Slapped Cheek Syndrome

What is it?

Slapped cheek syndrome (also called fifth disease or parvovirus B19) is common in children and should get better on its own. The affected individual begins to feel better as the rash appears. The rash usually peaks after a week and then fades. There is no specific treatment.



[NHS: Slapped Cheek Syndrome](#)

Symptoms?

- Rose-red rash to cheeks but may also spread of the rest of the body. It may be harder to see on darker skin.
- Mild fever

Is it infectious and how can it spread?

Spread is by the respiratory route and a person is infectious 3 to 5 days before the appearance of the rash. Individuals are no longer infectious once the rash appears. Pregnant contacts of case should consult with their GP or midwife.

Exclusion period

None needed. Children and young people who are unwell and have a high temperature should stay at home and where possible avoid contact with other people. They can go back to education or childcare setting when they no longer have a high temperature and they are well enough. [UKHSA: Exclusion criteria for schools](#)

Should anyone be notified?

No

## Further Information

[UKHSA: Slapped Cheek Syndrome](#) [NHS: Slapped Cheek Syndrome](#)

## Sore Throat and Tonsillitis

### What is it?

Sore throats are very common and are usually caused by viruses like colds or influenza but, can also become bacterial such as strep throat. They normally get better by themselves within a week. Tonsillitis is inflammation of the tonsils and an infection of the tonsils at the back of your throat. It is a common childhood illness, but teenagers and adults can get it too.

### Symptoms?

#### Tonsillitis

- Sore throat
- Problems swallowing
- Fever/ high temperature
- Coughing
- Headache
- Feeling sick
- Earache
- Feeling tired
- A scratchy, muffled or throaty voice
- Swollen, painful glands in your neck (feels like a lump on the side of your neck)
- White pus-filled spots on your tonsils
- Bad breath

#### Sore Throat

- Painful throat especially when swallowing
- A dry, scratchy throat
- Redness in the back of the mouth
- Bad breath
- A mild cough
- Swollen neck glands
- Fever/ high temperature

### Is it infectious and how can it spread?

Tonsillitis can be contagious, due to the infections that causes it, for example, colds and flu.

### To stop these infections spreading:

1. If the individual has a high temperature or does not feel well enough to do your normal activities, advise to stay at home and avoid contact with other people until you feel better
2. Encourage tissues when you cough or sneeze and throw them away
3. Wash your hands after coughing or sneezing

### Exclusion period

None needed. Children and young people who are unwell and have a high temperature should stay at home and where possible avoid contact with other people. They can go back to education or childcare setting when they no longer have a high temperature and they are well enough. [UKHSA: Exclusion criteria for schools](#)

Should anyone be notified?

No one

Further information

[NHS: Tonsillitis](#), [NHS: Sore throat](#)

## Threadworm

What is it?

Threadworm infection is an intestinal infection and is very common in childhood. They are tiny worms in stools and can spread easily. Worms may be seen in stools or around an individual's bottom. They look like pieces of white thread.

Symptoms?

- Itching around anus or vagina, particularly at night.
- Irritability and waking up during the night

Is it infectious and how can it spread?

It is infectious and can spread easily and treated by visiting the pharmacy.

Regular hand washing, laundry and regular cleaning can help reduce the risk of infection and re-infection.

Transmission is uncommon in education or childcare settings.

Exclusion Period

None needed

Should anyone be notified?

No

Further information

[NHS: Threadworms](#) [UKHSA: Threadworm](#)

## Tuberculosis (TB)

What is it?

TB can be found in any part of the body (extrapulmonary) but, is commonly found in the lungs (pulmonary TB). TB is a bacterial infection and is almost always curable, a course of antibiotics for six months if not longer will be needed. The Bacillus Calmette–Guérin (BCG) vaccine is no longer routinely given to anyone

over the age of 35. The BCG vaccine will be offered to babies, children, and adults under the age of 35 who are at high risk.

People with TB might have all or some of the following symptoms: weight loss, fever, night sweats, prolonged cough, loss of appetite, fatigue, breathlessness, pains in the chest and lumps or swellings.

Some people who develop TB of the lung (pulmonary TB) are infectious to others. Spread happens when these infectious cases breathe out droplets containing TB bacteria in the air which someone else then breathes in. This happens if the person had a lot of close contact with the case (especially if the case has been coughing). The incubation period is 4 to 12 weeks but can be longer.

Exclusion is recommended for infectious TB individuals only

At risk groups include:

- Children living in areas with high rates of TB
- People with close family members from countries with high TB rates
- People going to live and work with local people for more than 3 months in an area with high rates of TB

Countries with high TB rates:

- Parts of the world with high rates of TB include:
- Africa, particularly sub-Saharan Africa (all the African countries south of the Sahara Desert) and west Africa
- South Asia, including India, Pakistan, Indonesia and Bangladesh
- Russia
- China
- South America
- The western Pacific region (to the west of the Pacific Ocean) including Vietnam, Cambodia and the Philippines

Symptoms?

#### Pulmonary TB

- Weight loss
- Fever/ high temperature
- Night sweats
- Prolonged cough
- Loss of appetite
- Fatigue
- Breathlessness
- Pains in the chest

#### Extrapulmonary TB

- Limp or swelling
- Confusion
- A persistent headache
- Fits (seizures)
- Persistently swollen glands
- Abdominal pain
- Pain and loss of movement in an affected bone or joint

Is it infectious and how can it spread?

Infectious TB develops in the lungs (pulmonary TB) and is spread through inhaling droplets from coughs and sneezes.

1. Stay away from work, school or college until your TB treatment team advises you it's safe to return

2. Always cover your mouth when coughing, sneezing or laughing
3. Carefully dispose of any used tissues in a sealed plastic bag
4. Open windows when possible to ensure a good supply of fresh air in the areas where you spend time
5. Avoid sleeping in the same room as other people

Can a contact of someone with TB attend school?

- When someone is diagnosed with TB their treatment team will assess whether other people are at risk of infection and require screening.
- Close contacts (usually people living in the same household as the individual with TB) may be screened.
- Occasionally wider social and workplace contacts may also require screening.
- The TB team will work with the Health Protection Team to assess screening requirements and arrange appointments as required

Exclusion period

People with infectious TB can usually return to their education or childcare setting or normal activities after 2 weeks of effective antibiotic treatment prescribed by specialist TB services, and if they are well enough. TB consultants/ nurses will advise/ confirm return date.

Children, young people and staff with non-infectious TB do not require exclusion and can return to their education or childcare setting as soon as they are well enough. TB doctor or nurses or UKHSA Health Protection Team will advise on exclusion for the child or staff member affected.

Don't exclude siblings, friends or other contacts of TB cases, unless exclusion is advised by your UKHSA Health Protection Team or TB team. [UKHSA: Exclusion criteria for schools](#)

Should anyone be notified?

TB is a [notifiable diseases](#). UKHSA Health Protection Team, LA Health Protection Team and LA Education Team should be notified if there is an outbreak.

The UKHSA Health Protection Team may carry out a risk assessment with the education or childcare setting and advise or arrange screening for other pupils or staff.

Further information

[UKHSA: TB](#), [UKHSA: TB guidance for schools](#), [NHS: Tuberculosis UKHSA: TB, further guidance](#)

## Warts and Verrucae

What is it?

Warts and verrucas are small, rough lumps or growths on your skin caused by the human papilloma virus (HPV). Many people get one at some point in their lives. They're most common in children and young adults. A wart on the sole of your foot is called a verruca.



[NHS: Warts and verrucas](#)

Symptoms?

Warts are not usually painful, but some types, such as verrucas, may hurt. They can occasionally itch or bleed. There are several different types of warts, all varying in size and shape.

Is it infectious and how can it spread?

Warts and verrucas are not infectious and are difficult to spread. But measures should be followed to help stop the spread.

- Avoid touching other warts and verrucas but, ensure hands are washed if individuals touch their own.
- Ensure individuals have their own towels, flannels shoes and socks.
- Encourage individuals to wear clean socks every day.
- Discourage walking barefoot in school (or any public place)
- Ensure warts and verrucas are covered with a waterproof plaster or sock when swimming.

Exclusion period

None needed

Should anyone be notified?

No

Further information

[NHS: Warts and verrucas](#) [UKHSA: Exclusion criteria for schools](#)

## Whooping Cough (Pertussis)

What is it?

Whooping cough is a bacterial infection of the lungs and airways which leads to a build-up of mucus and swollen airways. Antibiotics may be prescribed, to prevent spread and last up to three months. Routine childhood immunisation against whooping cough is a recommended vaccination and pregnant women are encouraged to vaccinate their unborn due to seriousness of whooping cough poses on newborns.

Symptoms?

- Dry and irritating cough
- Gasping for breath after a coughing bout causes a 'whooping' sound
- Running nose

- Fever/ high temperature
- Vomiting after coughing

Is it infectious and how can it spread?

People with whooping cough are infectious from six days after exposure to the bacteria to 21 days after the "whooping" cough begins (without treatment). The bacteria are passed from person to person by infected droplets which are spread by coughing and sneezing.

1. Advise parents to seek medical review for their child as soon as possible if whooping cough is suspected.
2. Good respiratory hygiene should be encouraged (covering noses and mouths with tissues when coughing or sneezing and discarding it after use). Catch it, kill it, bin it.
3. Good hand hygiene should also be encouraged (after using the toilet and before eating as per usual but also after coughing, sneezing or assisting others with respiratory hygiene).

Exclusion period

A child or staff member should not return to their education/childcare setting until they have had 48 hours of appropriate treatment with antibiotics and they feel well enough to do so or 21 days from onset of illness if they have not received antibiotic treatment. [UKHSA: Exclusion criteria for schools](#)

Should anyone be notified?

TB is a [notifiable diseases](#). UKHSA Health Protection Team, LA Health Protection Team and LA Education Team should be notified if there is an outbreak.

Further information

[UKHSA: Pertussis](#), [NHS: Whooping cough](#)

## Section: What to do in an outbreak or incident and who to contact?

An outbreak is defined as two or more linked cases with similar symptoms over and above that which would normally be expected. Schools or childcare facilities should contact the Health Protection Team as soon as they suspect an outbreak to discuss the situation and agree if any actions are required. More information can be found in [UKHSA health protection in schools and childcare facilities guidance](#).

[Health protection in schools and other childcare facilities in specific education setting](#)

[UKHSA: emergency planning and response for education and childcare settings](#)

## When to seek advice:

Registered medical practitioners in England and Wales have a statutory duty to notify their local UKHSA Health Protection Team, of suspected cases of notifiable infectious diseases. All laboratories in England performing a primary diagnostic role must notify UKHSA when they confirm a notifiable organism.

Educational and childcare settings will be contacted as part of public health management.

Education and childcare settings may consider seeking specialist advice from the relevant UKHSA HPT if they are concerned and have seen:

- A higher than previously experienced and/or rapidly increasing number of staff or student absences due to acute respiratory infection or diarrhoea and vomiting.
- Evidence of severe disease due to an infection, for example if a pupil, student, child or staff member is admitted to hospital
- More than one infection circulating in the same group of students and staff for example chicken pox and scarlet fever.

Education and childcare settings are asked to contact the UKHSA Health Protection Team and LA Health Protection Team as soon as an outbreak, serious or unusual illness for example:

- E. coli 0157 or E. coli STEC infection
- Food poisoning
- Hepatitis
- Measles, mumps and rubella
- Meningococcal meningitis
- Scarlet fever (if an outbreak or co-circulating chicken pox)
- Tuberculosis (TB)
- Typhoid
- Whooping cough (pertussis)

There is a [list of notifiable diseases](#) that UKHSA require notifying if cases are identified.

## Classification of an outbreak

An outbreak or incident may be defined as one of the following:

- Two or more persons with the same disease or symptoms or the same organism isolated from a diagnostic sample who are linked through common exposure, personal characteristics, time or place.
- A greater than expected rate of infection compared with the usual background rate for a place and time.
- A single case of a rare or serious disease.

For example:

- 2 or more cases of diarrhoea or vomiting which are in the same classroom, shared communal areas or taking part in the same activities
- Higher than usual number of people diagnosed with scabies
- Higher than usual number of people with respiratory symptoms

## What to do if an outbreak or incident is suspected

Firstly, don't panic! Take a few deep breathes and try to relax. Attempt and do things methodically, work through a step by step guide/ list.

### What to do next?

- Review this document, [UKHSA: Outbreak management](#) and [list of notifiable diseases](#) to see whether the illness needs to be reported. Review [UKHSA: Exclusion table](#) if illnesses are not in this guidance to see if child/ren should be excluded from school or not.
- Contact UKHSA Health Protection Team and LA Health Protection Team if you suspect an outbreak to discuss the situation (that has been mentioned above or on UKHSA website).
- If you are unsure if the illness needs to be reported contact UKHSA Health Protection Team or LA Health Protection Team for support.
- Involve stakeholders so they are aware of what is happening:
  - Head Teacher/ Principal and Manager
  - Teachers/ Teaching assistants/ Domestic/ any staff members working within the school that need to be informed.
  - School Nurse
  - UK Health Security Agency (UKHSA) Health Protection Team
  - Local Authority Health Protection Team
- Other professionals or stakeholders who may be involved directly or indirectly.
  - General Practitioner
  - Consultant Microbiologists
  - Specialist Consultants/ professionals
  - Health Visitor (for children in nurseries or play-groups)
  - Other stakeholders may include, Paediatrician, Environmental Health; Occupational Health.
  - Ofsted
- Review all infection prevention and control measures that are currently in place and think if more robust measures are needed. This can usually be achieved through:
  - Good hand washing
  - Keeping the environment clean or enhanced cleaning
  - Encouraging staff and students who are ill to not attend the setting
  - Immunisation of pupils and staff if acceptable
  - Ventilation and letting in fresh air within occupied spaces
  - Communications between education setting and parents and/or carers informing of the outbreak/ incident and reinforce key messages around hand hygiene and respiration etiquette. This could be used to raise awareness.
  - Using programmes such as E-Bug and Germ Journey to reinforce hygiene and germ theory with students and staff.

### What information will be needed

It is useful to have the information listed below available before contacting UKHSA or LA to discuss this situation as it will help to inform UKHSA and LA Health Protection Team the size and nature of the outbreak:

- Total numbers affected (staff and children)
- Symptoms
- Date(s) when symptoms started
- Number of classes affected

[UKHSA: outbreak management](#) discusses what to do in an outbreak and other areas/ answers that may be asked.

Here you will be able to find out your UKHSA, [local Health Protection Team](#).

UKHSA HPT, may conduct a risk assessment of the situation based on the information provided, and the type of infection.

The risk assessment will inform the need for any further actions which may include:

- Reinforcement of baseline infection prevention and control measures communication to parents and carers
- Exceptionally, temporary advice to reduce mixing among a targeted group
- Exceptionally, the temporary use of face coverings in communal areas
- Your UKHSA HPT will advise on whether any of these actions are recommended.
- They may consider holding an incident management team (IMT)

In exceptional circumstances and as a last resort, should limiting the number of children or young people attending the setting is considered, an IMT meeting will be needed.

A risk assessment completed by the school will also be needed, including exclusion and when till, pregnant staff/ young people. Once your outbreak has ended it may be a good idea to look at the affected area and complete an audit.

### Confidentiality

It is important to note that Health Protection Teams are bound to manage personal case details in strict confidence. Therefore, information given to settings from the team for distribution during an outbreak will never name cases or give out any personal details. Organisations where cases are identified are also bound to manage personal case details in strict confidence.

## Section: Staff wellbeing

This section will give an overview of staff wellbeing in relation to health protection including pregnant women and staff immunisation. These sections [UKHSA: health protection in schools](#), [UKHSA: Exclusion criteria for schools](#) will give more in-depth information around staff health in relation to health protection, if you are unsure whether staff should be isolated or you have a staff pregnant and unsure what to do, speak with your local UKHSA Health Protection Team and/ or LA Health Protection Team.

### Staff exclusion

Staff employed in schools, nurseries and other childcare settings should have the same rules regarding exclusion applied to them as are applied to the children. They may return to work when they are no longer infectious, provided they feel well enough to do so. [UKHSA: Exclusion criteria for schools](#)

## Staff immunisation

All staff should undergo an occupational health check before starting employment; this includes ensuring they are up to date with immunisations, including Measles, Mumps, Rubella (MMR). Having staff vaccinated around illness that can affect children could potentially reduce the risk of a serious outbreak. However, the Public Health (Control of Disease) Act 1984, states that members of the public should not be compelled to undergo any mandatory medical treatment, including vaccinations.

## Pregnant women (staff or students)

Women who are pregnant should ensure they are up to date with the [recommended immunisations and vaccinations](#), including COVID-19. Pregnant women should consult their midwife or GP immediately if they encounter anyone with positive cases of measles, mumps, rubella, slapped cheek syndrome and chickenpox as contact with these illnesses can affect the pregnancy and/or development of the unborn baby. They should also avoid contact with animal litter trays due to the risk of toxoplasmosis.

A risk assessment should be completed if any staff members become pregnant and reviewed when diseases/ infectious agents are found. [HSE guidance for pregnant workers and new mothers](#)

### Chickenpox

Chickenpox can affect the pregnancy if a woman has not already had the infection. Shingles is caused by the same virus as chickenpox therefore anyone who has not had chickenpox is potentially vulnerable to the infection if they have close contact with a case of shingles.

### Measles

Measles during pregnancy can result in early delivery or even loss of the baby.

### Rubella (German measles)

If a pregnant woman encounters anyone with rubella she should inform her GP and midwife immediately. The infection may affect the developing baby if the woman is not immune and is exposed in early pregnancy.

### Mumps and pregnancy

In the past it was thought developing mumps during pregnancy increased the risk of miscarriage, but there's little evidence to support this. But, as a general precaution it's recommended pregnant women avoid close contact with people known to have an active mumps infection (or any other type of infection).

### Whooping Cough (Pertussis)

Whooping cough can be very serious for new born babies who are too young to be immunised themselves, so the national immunisation schedule recommends that women between 16 and 32 weeks pregnant be immunised to maximise the likelihood that the baby will be protected from birth.

## Mental health

Most people within their lives may need help with their mental health. There are several organisations that can support and can point your colleagues in the right direction.

[Healthy Sandwell Healthy You](#), [Sandwell Healthy Minds](#), [NHS Every Mind Matters website](#), [Children's mental health – NHS Every Mind Matters](#)

## Section: Appendix

A variety of tools will help support your school, for everyday and if you have an infectious disease.

### Appendix 1: Free training on preventing and managing infections

[Future learn training - preventing and managing infections in childcare and school settings](#)

### Appendix 2: Emergency planning and response

UKHSA created [emergency planning and response](#) to support with responding to emergency's.

### Appendix 3: Links to relevant information and resources

These resources below are available to the public and schools.

[Twinkl handwashing resource](#)

[Scotland children's handwashing resources](#)

[Hand hygiene poster](#)

[Stop norovirus spreading this winter leaflet](#)

[UKHSA promotional material including posters](#)

[Catch it, kill it, bin it poster](#)

[E bug](#)

[Germs journey](#)

## Appendix 4: General Infection Control Preparedness

<b>General Infection Control Preparedness</b>		
<b>Infection Control Preventions</b>	√	X
<p><b>1. Infection control policies</b> Ensure infection control policies are up to date, read and followed by all staff.</p>		
<p><b>2. Cleaning</b> Ensure a regular cleaning schedule is in place. Reduce clutter and remove difficult to clean items to make cleaning easier. Increase the frequency of cleaning, using standard cleaning products such as detergents and bleach, paying attention to all surfaces but especially ones that are touched frequently, such as door handles, light switches, work surfaces, remote controls and electronic devices. Frequently touched surfaces should be wiped down at least twice a day.</p>		
<p><b>3. Cleaning materials</b> Ensure appropriate and sufficient quantities of cleaning materials are available. A chlorine-releasing product that is active against viruses e.g. sodium hypochlorite 0.1% solution, 1000ppm available chlorine or Milton should be used,  Disposable cloths, mop heads etc also need to be available for cleaning after a confirmed</p>		
<p><b>4. Personal protective equipment</b> Ensure that Personal Protective Equipment (PPE) is available – i.e. disposable gloves and aprons.</p>		
<p><b>5. Hand washing facilities</b> Ensure liquid soap and disposable paper hand towels are available at each hand washing facility, this includes toileting areas and classrooms and stock levels adequately maintained in anticipation of increased use.  If possible and safe to do so, use alcohol gel in places where handwashing facilities are not available (e.g. entrances/exits, and classrooms under supervision), and maintain supplies in view of increased use.  <b>Please note that alcohol gel is not effective against norovirus, the winter vomiting bug.</b> If you have cases of diarrhoea and vomiting in your setting, please reinforce the need for handwashing.</p>		
<p><b>6. Respiratory Hygiene: Catch it, Bin it, Kill it</b> Ensure disposable tissues are available and staff and children understand the need for using them (whilst waiting for collection) and how to use them e.g. cover nose and mouth with tissue, use tissue, throw away and wash hands.</p>		
<p><b>7. Ensure foot operated bins are in use and in working order</b></p>		
<p><b>8. General infection control education of children and staff</b> Please reinforce general education for children and staff about washing hands and respiratory hygiene ('catch it, bin it, kill it' message). Use education materials / resources such as e-bug.</p>		

<p><b>9. Isolation facilities</b></p> <p>Check that you have procedures for isolating (with appropriate supervision) a child who falls ill during the day until their parents can collect them. This will include a suitable isolation room with hand washing facilities, PPE if needed, appropriately trained staff and plans in place for transporting children home who would usually use school bus or public transport. The isolation room should be thoroughly cleaned after use with a chlorine-based cleaning product.</p>		
<p><b>10. Staying away from school if unwell</b></p> <p>For staff or pupils who become unwell at the setting, immediately send them home and remind them not to return until they are symptom free.</p> <ul style="list-style-type: none"> <li>For diarrhoea and vomiting, people need to be 48 hours free of symptoms to return to the setting</li> </ul>		
<p><b>Reporting to the UKHSA Health Protection Team (HPT) and local HPT</b></p>	√	X
<p><b>Acute Respiratory Illness (fever, cough, sore throat)</b></p> <p>The DfE has now defined 'thresholds' to indicate that transmission may be occurring within a setting and additional control measures may be needed. For most education and childcare settings, whichever of these thresholds is reached first:</p> <ul style="list-style-type: none"> <li>You have &gt; 5 cases of confirmed COVID-19 within 10 days of each other or ARI (e.g. Fever <b>AND</b> at least one other respiratory symptom).</li> <li>10% of children, pupils, students or staff who are likely to have mixed closely test positive for COVID-19 within a 10-day period.</li> <li>There are any admissions to hospital for ARI/COVID-19.</li> <li>You are having problems implementing the control measures.</li> <li>You have applied the control measures and are still seeing a significant rise in cases.</li> </ul> <p>For special schools, residential settings, and settings that operate with 20 or fewer children, pupils, students and staff at any one time:</p> <ul style="list-style-type: none"> <li>2 children, pupils, students and staff, who are likely to have mixed closely, test positive for COVID-19 within a 10-day period.</li> </ul> <p>If you meet any of these thresholds, follow your local process. The DfE helpline will escalate to the HPT. You do not need to do this directly.</p>		
<p><b>Outbreaks of D&amp;V</b> (i.e. two or more cases linked by time and place).</p> <ul style="list-style-type: none"> <li><b>Recognise and report early</b></li> <li><b>HPT</b> will assist with a full risk assessment and further guidance (even if the nursery/school is already aware of local diarrhoea and vomiting outbreak management guidance).</li> </ul>		
<p><b>Outbreak control measures update</b></p>	√	X
<p>Follow your local process - The DfE helpline will escalate to the HPT. You do not need to do this directly (ARI/COVID-19)</p>		
<p>Contact your local HPT (D&amp;V)</p>		
<p>Refer to the relevant checklist (gastroenteritis/norovirus or acute respiratory illness)</p>		

Date completed	Completed by	
<b>Preparing for Seasonal Flu</b>		
<b>Vaccination</b>		
1. Do you have any children and/or staff in clinical risk groups (including those with chronic respiratory, cardiac, kidney, neurological disease, diabetes, pregnant or obese)? These people are eligible for flu vaccination and can obtain it through their GP or local pharmacy.	√	X
2. All pre-school children from age 2 will be given the vaccination at their general practice usually by the practice nurse. All primary school-aged children will be offered the flu vaccine in school. For most children, the vaccine will be given as a spray in each nostril.		
3. Parental/guardian consent will be required, and schools may be asked to assist with collection of the consent forms.		
4. Particularly if you are a residential establishment or special school, please consider vaccinating your staff. Now, the school may have to cover the cost of this, but you should factor in staff absence, the need for replacement staff and the disruption to school processes and learning if an outbreak should occur.		
<b>Renal impairment</b>		
5. If you are a residential establishment or special school, do any of your children have chronic renal impairment and if so, please keep a record of this together with their Creatinine Clearance or Urea & Electrolyte (U&E) results (if available). [This is so that if an outbreak occurs, the correct antiviral and dose can be prescribed without delay]	√	X
<b>Respiratory hygiene &amp; infection control precautions</b>		
6. For staff or pupils who become unwell at school/nursery, immediately send them home and remind them not to return until they are symptom free.	√	X

## Appendix 5: Diarrhoea and vomiting outbreak: education and childcare settings action checklist

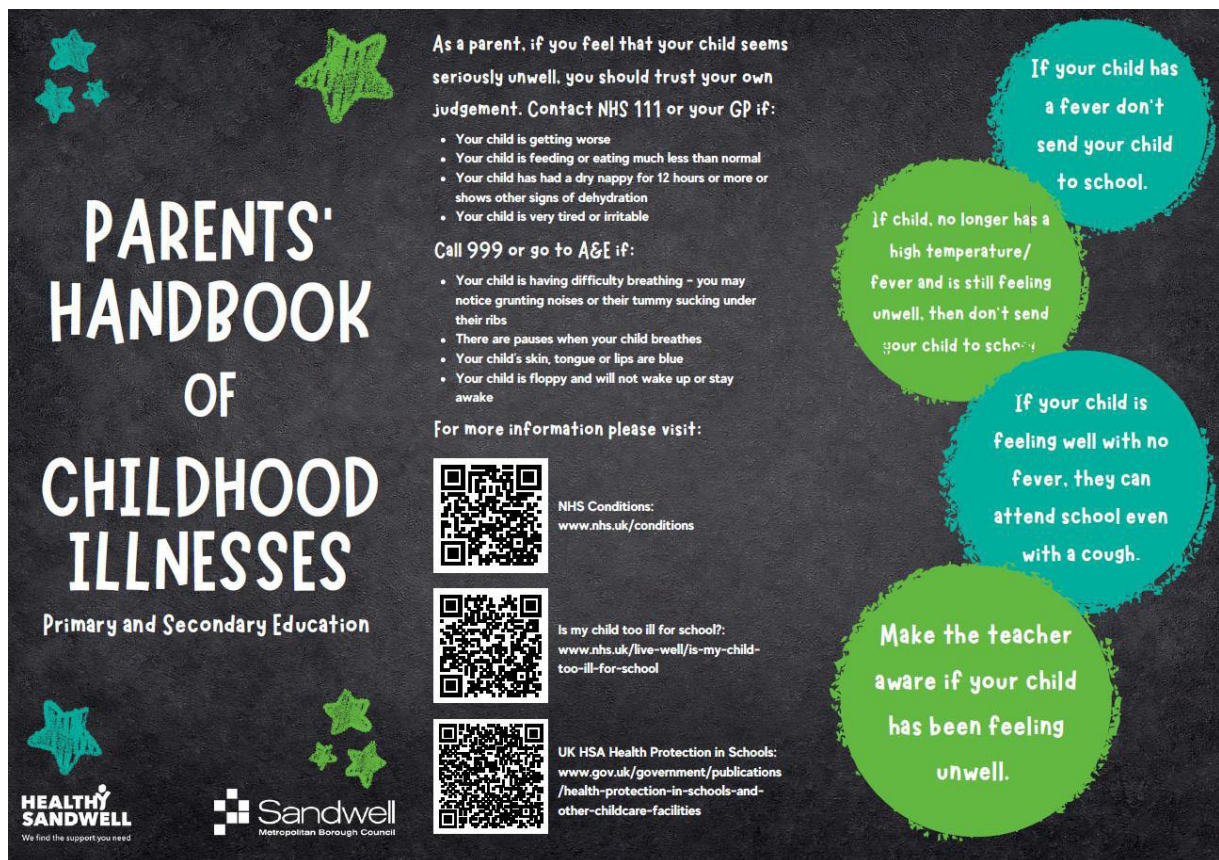
Date Completed:			
Checklist Completed By (Print Name):			
Name and Telephone Number of Institution:			
Name of Head Teacher/Manager:			
	Yes	No	Comments:
Deploy 48-hour exclusion rule for ill children, young people and staff.			
Individuals with symptoms to wait in an area away from communal/busy areas where they can be observed until parent/carer collects them			
Liquid soap and paper hand towels available at all hand wash basins			
Staff to check, encourage and supervise hand washing in children.			
Check that enhanced cleaning using appropriate products, that is, twice daily (min) cleaning is being carried out, (especially toilets, frequently touched surfaces, for example, handles and taps and including any special equipment and play areas). (See <a href="#">Preventing and controlling infections section for detail</a> ). Ensure that all staff and contractors involved are aware of and are following the guidance.			
Disposable protective clothing available (for example, non-powdered latex or synthetic vinyl gloves and aprons).			
Appropriate waste disposal systems in place for infectious waste.			
Appropriate spill kit in place. Staff to wear appropriate PPE when dealing with spills, which should be removed and disposed of quickly			

Advice given on cleaning of vomit (including steam cleaning carpets and furniture or machine hot washing of soft furnishings).			
Clean and disinfect hard toys daily (with detergent and water followed by bleach/Milton). Limit and stock rotate toys.			
Suspend use of soft toys plus water and sand play and cookery activities during outbreak.			
Segregate infected linen (and use dissolvable laundry bags where possible).			
Consider having a box of spare clean clothing to replace soiled clothing			
Visitors restricted. Essential visitors informed of outbreak and advised on hand washing.			
New children joining affected class or year group suspended.			
Keep staff working in dedicated areas (restrict food handling if possible). Inform HPT of any affected food handlers			
Trays of fruit/snacks to be covered until point of serving. Snacks should be served in individual bowls handed directly to individuals			
Drink bottles clearly labelled with names			
Consider signage on doors advising of circulating illness with exclusion advice			
Check if staff work elsewhere and that all staff are well (including agency). Exclude if unwell (see above regarding 48-hour rule).			
HPT informed of any planned events at the institution.			

## Appendix 6: Respiratory Outbreaks

	<p>Respiratory Outbreaks</p> <p>This action card aims to explain the key actions for managing respiratory infections in an education or childcare setting. It is in line with the guidance health protection in education and childcare settings</p>
Transmission Route:	Person to person spread through small droplets, aerosols and through direct contact. Surfaces and belongings can also be contaminated when people with the infection cough or sneeze or touch them. The risk of spread is greatest when people are close to each other, especially in poorly ventilated indoor spaces.
Exclusion:	<p>Guidance for children in educational settings included in people with symptoms of a respiratory infection including COVID-19</p> <ul style="list-style-type: none"> <li>• Children and young people who are unwell and have a high temperature should stay at home and where possible avoid contact with other people. They can go back to an education or childcare setting when they no longer have a high temperature and they are well enough.</li> <li>• It is not recommended that children and young people are tested for COVID-19 unless directed to by a health professional.</li> <li>• If a child or young person has a positive COVID-19 test result they should try to stay at home and where possible avoid contact with other people.</li> <li>• Adults with a positive COVID-19 test result should try to stay at home and avoid contact with other people.</li> <li>• Children and young people who usually go to school, college or childcare and who live with someone who has a positive COVID-19 test result should continue to attend as normal.</li> <li>• Children with mild symptoms such as a runny nose, sore throat, or mild cough, who are otherwise well, can continue to attend their education or childcare setting.</li> </ul>
Closures:	It is not necessary to close the school, unless there are operational reasons such as significant staff absence, which would be a decision for the school in conjunction with the relevant educational authority.
<b>Recommended actions for limiting transmission</b>	
Hand and respiratory hygiene:	<ul style="list-style-type: none"> <li>• Children should be supervised and/or encouraged to wash their hand regularly</li> <li>• Hand washing with liquid soap and warm water preferred over alcohol gel</li> <li>• Paper towels should be used for drying hands and a wastepaper bin provided for disposal.</li> <li>• Encourage good respiratory hygiene (using and disposing of tissues)</li> <li>• e-Bug   England Home has arrange of educational resources for ages 3-16 to learn about microbes, infection prevention and control, antibiotics and vaccination.</li> </ul>
Cleaning and disinfection:	<ul style="list-style-type: none"> <li>• Regular cleaning using standard cleaning products such as detergents and bleach is an important part of reducing transmission</li> <li>• Frequently touched surfaces such as door handles, light switches and work surfaces should be wiped down twice a day and one of these should be at the beginning or the end of the working day.</li> <li>• Cleaning of frequently touched surfaces is particularly important in bathrooms and communal kitchens.</li> </ul>
Ventilation and use of outdoor space	<ul style="list-style-type: none"> <li>• Consider use of outdoor spaces if possible</li> <li>• Ensure occupied spaces are well ventilated and let fresh air in. Further information: <ul style="list-style-type: none"> <li>○ Ventilating classrooms to reduce the spread of COVID 19 doesn't mean pupils need to be cold</li> <li>○ COVID-19: ventilation of indoor spaces to stop the spread of coronavirus</li> </ul> </li> </ul>
Communications	<ul style="list-style-type: none"> <li>• Consider communications to raise awareness among parents and guardians of the outbreak and reinforce key messages, including the use of hand and respiratory hygiene measures</li> </ul>

## Appendix 7: Childhood illnesses for parents, including exclusion chart



**PARENTS' HANDBOOK OF CHILDHOOD ILLNESSES**  
Primary and Secondary Education




As a parent, if you feel that your child seems seriously unwell, you should trust your own judgement. Contact NHS 111 or your GP if:

- Your child is getting worse
- Your child is feeding or eating much less than normal
- Your child has had a dry nappy for 12 hours or more or shows other signs of dehydration
- Your child is very tired or irritable

Call 999 or go to A&E if:

- Your child is having difficulty breathing – you may notice grunting noises or their tummy sucking under their ribs
- There are pauses when your child breathes
- Your child's skin, tongue or lips are blue
- Your child is floppy and will not wake up or stay awake

For more information please visit:

-  NHS Conditions: [www.nhs.uk/conditions](http://www.nhs.uk/conditions)
-  Is my child too ill for school?: [www.nhs.uk/live-well/is-my-child-too-ill-for-school](http://www.nhs.uk/live-well/is-my-child-too-ill-for-school)
-  UK HSA Health Protection in Schools: [www.gov.uk/government/publications/health-protection-in-schools-and-other-childcare-facilities](http://www.gov.uk/government/publications/health-protection-in-schools-and-other-childcare-facilities)

**HEALTHY SANDWELL**  
We find the support you need

**Sandwell**  
Metropolitan Borough Council

If your child has a fever don't send your child to school.

If child, no longer has a high temperature/fever and is still feeling unwell, then don't send your child to school.

If your child is feeling well with no fever, they can attend school even with a cough.

Make the teacher aware if your child has been feeling unwell.

# What to do:

Your child can go to school

Other children are at risk

Your child cannot go to school

What's it called?	What is it like?	Can my child go to school?	Getting Treatment	More Advice
Athlete's foot	White patches between toes	●	Pharmacy	Child should not be barefoot at school or share towels and socks or shoes
Chicken pox	Rash begins as small, red, flat spots that develop into itchy fluid-filled blisters	●	Pharmacy	Return to school at least 5 days from the onset of the rash and until all blisters have crusted over.
Cold sores	Fluid blister on mouth, then dries up and crusts over	●	Pharmacy	Avoid contact with sores
Common cold	Runny nose, sneezing, sore throat	●	Pharmacy	Encourage child to wash hands and use tissues and bin once used.
Conjunctivitis	Teary, red, itchy, painful eye(s)	●	Pharmacy	Try not to touch eye to avoid spreading
COVID-19	Runny nose, headache, coughing, loss or change in smell or taste	●	Pharmacy	Child who has a positive test result should not attend school for 3 days after the day of the test
Diarrhoea and vomiting	Stomach cramps, nausea, vomiting and diarrhoea	●	Pharmacy	Don't send child to school until 48 hours after diarrhoea and vomiting has stopped.
Flu (influenza)	Fever, cough, sneezing, runny nose, headache, body aches and pains, exhaustion, sore throat	●	Pharmacy	Encourage child to wash hands and use tissues and bin once used.
Hand foot and mouth	Fever, sore throat, small painful blisters inside the mouth on tongue and gums (may appear on hands and feet)	●	GP or III	Only need to stay off if feeling too unwell to attend
Head lice	Itchy scalp	●	Pharmacy	
Impetigo	Cluster of red bumps or blisters surround by are of redness	●	GP or III	Return to school when lesions crust or 48 hours after start of antibiotics.
Measles	Fever, cough, runny nose and watery inflamed eyes. Small red spots with white or white centers in the mouth, red blotchy rash	●	GP or III	Back to school 4 days from onset of rash and well enough
Meningitis	Fever, headache, light sensitive, neck stiffness, vomiting, sleepy	●	GP or III	Only need to stay off if feeling too unwell to attend. If you are worried contact GP, III or 999
Mumps	Swelling and tenderness of salivary gland, pain	●	GP or III	Child can return 5 days after start of swelling and if well enough.
Ringworm	Red ring-shaped rash, may be itchy, dry, scaly or wet and crusty	●	GP or III	
Scabies	Intense itching, pimple-like rash, itching all over the body but commonly between fingers, wrists, elbows and arms	●	GP or III	Back to school after first treatment
Scarlet fever	Fever, sore throat, rash pinhead in size and skin a sandpaper-like texture	●	GP or III	Child can return 24 hours after start of antibiotics
Slapped cheek	Fever, runny nose, red rash to one or both cheeks and a spotty rash will appear	●	Pharmacy	
Threadworms	Intense itchiness around anus	●	Pharmacy	Encourage child to wash hands
Tonsillitis	Intense sore throat	●	Pharmacy	See GP if child had temperature lasting over 48 hours or can't swallow.
Warts and verrucae	Small lump on skin. Verrucae has black patch under skin	●	Pharmacy	Verrucae should be covered in swimming pools, gyms and changing rooms.
TB	Night sweats, weight loss, fever, loss appetite, pain to joints	●	GP	TB team will inform when child can return.



UK Health  
Security  
Agency



A practical  
guide  
for staff

# Managing **infectious** cases of **diseases** in all education and childcare settings

The online guide offers information and resources for the following:

Introduction to infection control in all education and childcare settings

Prevention and control

Outbreak management

Immunisation

Staff health, pet and animal contact

Cleaning the environment

Managing specific infections

Exclusion table

Diarrhoea and vomiting outbreak action list



## Advice and guidance

To find out more, visit [www.gov.uk/government/publications/health-protection-in-schools-and-other-childcare-facilities](http://www.gov.uk/government/publications/health-protection-in-schools-and-other-childcare-facilities) or [bit.ly/2xiJpPZ](https://bit.ly/2xiJpPZ).

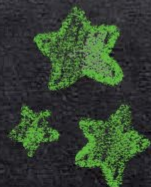






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# We would like to thank all of our partners who have been involved in creating this directory:



## The THRIVE Model



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If you are reading this on a computer/tablet, you can press ctrl and click on the blue writing to link to that service in the directory

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- ❖ [Mind Side by Side](#) pg. 21  
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- ❖ [MoodGym](#) pg. 21  
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- ❖ [National Bullying Helpline](#) pg. 22  
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- ❖ [NHS Mental Health Services](#) pg. 22  
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- ❖ [No Panic \(under 18s\)](#) pg. 22  
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# Crisis support

## Local Support

### Black Country 24 hr Helpline

0800 008 6516 or text on 07860 025 281

Open: 24 hours a day, 7 days a week

Web: <https://www.blackcountryhealthcare.nhs.uk/contact-us/help-crisis>

People of all ages who are a Black Country resident can call the Freephone number or send a text to receive support. They provide confidential support for people experiencing increased distress, anxiety or any other urgent mental health difficulties or concerns. You can also visit the Sanctuary Hubs.

### CAMHS Crisis Team

07816 075 218

Open: 8 am – 8 pm

Web: <https://www.blackcountryminds.com/crisis-button/>

If the emergency is related to a young person's mental health who is usually already known to CAMHS, aged up to 18, you can contact CAMHS Crisis Team on the above number during their opening times.

## National Support

### Child Line

0800 1111

Open: 24 hours a day, 7 days a week

Web: [www.childline.org.uk](http://www.childline.org.uk)

Available for anyone under 19 years old. The number is free to call. Help and advice about a wide range of issues, talk to a 1-to-1 counsellor online through your free account in chat, email or post on the message boards. Help is also accessible in BSL.

### Samaritans

116 123

Open: 24 hours a day, 7 days a week

Address: Freepost Samaritans letters

Email: [jo@samaritans.org](mailto:jo@samaritans.org)

Web: <https://www.samaritans.org/>

Call, email and write a letter for free (no postage required!). There is also a free Samaritans self-help app. They provide confidential emotional support for people who are experiencing feelings of distress, despair or have suicidal thoughts. This is for any age.

# Local support

## 4 Community Trust

0121 752 5659

Address: 63A Crosswells Road, Oldbury, B68 8HH and Wiltshire Way, West Bromwich, B71 1JU

Web: : [www.4communitytrust.co.uk](http://www.4communitytrust.co.uk)

4CT Emotional Health & Well-being service is working alongside schools and the community of Sandwell offering wellbeing programmes to help improve and understand emotional and physical health of children. We work with therapists and have trained staff members offering Lego Therapy, Creative Meditation, Yoga Therapy, Art Therapy, and Music Therapy and offering courses to parents on some of the more difficult aspects of parenting.

## All Age Eating Disorder Service

0121 612 8301

Open: 9am - 5pm, Mon to Fri

Web: <https://www.blackcountryhealthcare.nhs.uk/our-services/eating-disorder-service>

The All Age Eating Disorder service sees people over the age of 5 years old who have an eating disorder such as Anorexia Nervosa, Bulimia Nervosa or Binge eating disorder. Providing care and treatment to those who have Avoidant Restrictive food intake disorder and are the highest risk levels. They are a full multi-disciplinary team and aim to guide people through recovery from their eating disorder and build a meaningful life. Their Outreach element works to provide intensive support to their really sick patients to manage risks and hope to prevent specialist eating disorder hospital admission. They deliver evidence-based treatments delivered 1-to-1 or through groups and work with other internal and external services to ensure all needs are met.

## Ask Marc

0121 289 6402

Address: 1st Floor Lanchard House, Victoria Street, West Bromwich, B70 8HY

Email: [info@askmarc.org.uk](mailto:info@askmarc.org.uk)

Web: <https://askmarc.org.uk/>

Ask Marc (Male Abuse Referral Centre) is a project to support men affected by domestic abuse, stalking, and rape and sexual violence. They offer independent, confidential advice and support to help men be safer, make choices, and move forward with their lives.

## Autism West Midlands

0121 450 7575

Open: 9 am - 4 pm, Mon to Fri

Email: [info@autismwestmidlands.org.uk](mailto:info@autismwestmidlands.org.uk)

Web: <https://www.autismwestmidlands.org.uk/>

They use their expertise to support autistic people and those who care for them, including families. The helpline is for parents, autistic adults, carers and professionals who live in the West Midlands to discuss concerns they have about autism before and after diagnosis. They can also provide information about autism and local support services such as community supported living, residential support, community support services and more. Parental support in Sandwell includes autism advice appointments, 1-to-1 targeted support within the home, training, coffee mornings, support groups and other events. Some of the services are run in the children's centres.

## Black Country Support After Suicide

0800 008 6516

Open: 10 am – 6 pm, Mon to Fri *and evening appointments can be pre-arranged*  
Saturday & Sunday, *appointments can be pre-arranged*

Email: [blackcountrysupportaftersuicide@rethink.org](mailto:blackcountrysupportaftersuicide@rethink.org)

Web: <https://www.rethink.org/help-in-your-area/services/community-support/black-country-support-after-suicide/>

They provide support for next of kin and close family members who are bereaved by suicide in the Black Country who are of any age. The team have experience in working with bereavement and they are from a range of backgrounds. A translator or interpreter is available if requested. You can self-refer or refer someone else to this service via the website or email.

## Black Country Women's Aid

0121 553 0090

24 hour helpline: 0121 552 6448

Text or WhatsApp: 07384466181

Open: 9 am – 9 pm, Mon to Fri

Address: [The Cedar Centre Sandwell, 1st Floor Landchard House, Victoria Street, West Bromwich, B70 8HY](#)

Email: [info@blackcountrywomensaid.co.uk](mailto:info@blackcountrywomensaid.co.uk)

CHISVA Email: [ISVA@blackcountrywomensaid.co.uk](mailto:ISVA@blackcountrywomensaid.co.uk)

Web: <https://blackcountrywomensaid.co.uk/>

Black Country Women's Aid provide a range of services for women such as domestic abuse refuge and community support; rape; sexual violence and childhood sexual abuse support; Forced Marriage and honour-based violence support; and support for female offenders and women with complex needs. They also offer specialists counselling for children who are victims of sexual violence. CHISVA (Children's Independent Sexual Violence Advice) service supports children ages 5 - 18 years in Sandwell and the wider Black Country who have experienced rape or sexual violence. They provide practical and emotional support, including support through the criminal justice system. Referrals are via agencies such as the police, social services, sexual assault referral centres, GPs, schools, parents and self-referrals.

## Brook

Web: <https://www.brook.org.uk/outreach-and-education/sandwell/>

Free and confidential sexual health service for young people under the age of 25, we provide advice, condoms and relationship counselling, we signpost to STI testing and contraception. We provide a 1-to-1 service to referred young people who will benefit from our education and well-being sessions. Sessions can also be run within schools.

## **CAMHS Crisis Interventional and Home Treatment Team (CIHTT)**

07816 075 218

Open: 8 am – 8 pm, 7 days a week, 365 days a year

Web: <https://www.blackcountryhealthcare.nhs.uk/our-services/camhs-crisis-interventional-and-home-treatment-team-cihtt>

The Crisis Intervention & Home Treatment Team is for young people already known to CAMHS. It aims to provide a timely service, enabling them to respond both quickly and intensively to children, young people and their families and/or carers. The service is for children and young people up to age 18 in Sandwell and Wolverhampton. This means that they offer specialist services to those children and young people whose mental health is having an impact on their daily functioning (usually due to risk and / or severity of mental illness) and who require urgent intervention. The overall aim of the team is to reduce the frequency of admissions into a Child and Adolescent Inpatient Unit, keeping children and young people at home with their families, where they can receive a specialist intensive CAMHS support.

## **Child and Adolescent Mental Health Service (CAMHS)**

0121 612 6620

Open: 9 am – 5 pm, Mon to Fri

Web: <https://www.blackcountryminds.com/>

CAMHS work with all children up to 18 years old with complex, severe or enduring emotional and mental health problems who are registered with a local GP. To access these services, you must be referred by a professional, for example school staff, social worker, or health professionals through to SPA (Single Point of Access).

## **Cranstoun Sandwell**

0121 553 1333

Open: 9 am – 5 pm, Mon to Fri except bank holiday

Address: Cranstoun Sandwell, Alberta Building, 128b Oldbury Road, Smethwick, B66 1JE

Email: [sandwellreferrals@cranstoun.org.uk](mailto:sandwellreferrals@cranstoun.org.uk)

Web: <https://cranstoun.org/help-and-advice/alcohol-other-drugs/sandwell/>

Cranstoun Sandwell provides free and confidential advice and support to adults who would like to talk about alcohol or drugs. They use a person-centred and flexible approach to help you, your family and friends to make positive changes. You will have access to information and advice, assessments, drug and alcohol detoxification, family information and support, 1-to-1 sessions, group sessions and programmes, health MOTs, recovery focused treatment, needle exchange, prescribing services and recovery champions. You can self-refer via the referral form on their website or a professional can refer you.

## **Criminal Justice Mental Health Team**

Open: 9 am – 5 pm, Mon to Fri except bank holidays

Email: [bchft.criminaljusticeteamsandwell@nhs.net](mailto:bchft.criminaljusticeteamsandwell@nhs.net)

Web: <https://www.blackcountryhealthcare.nhs.uk/our-services/criminal-justice-mental-health-liaison-team>

The Criminal Justice Mental Health Team (CJMHT) provides a single integrated offer to the whole Black Country population known to the criminal justice services. The team comprises of qualified nursing staff trained in a variety of assessment and treatment options who provide short to mid length engagement for specified individualised plans of care. They work with numerous agencies such as probation, police, prison and 17+ transferring from the youth justice services to

probation. They assist with Multi-Agency Public Protection Arrangements (MAPPA), mental health treatment requirements, secure services and approved premises.

### **Cruse Bereavement Support Sandwell**

General enquiries automated answering service: 0121 558 1798

Cruse Helpline listening support: 0808 808 1677

Open: 7 days a week

Email: [sandwell@cruse.org.uk](mailto:sandwell@cruse.org.uk)

Web: [www.cruse.org.uk](http://www.cruse.org.uk) and <https://www.hopeagain.org.uk>

Hope Again is the youth website of Cruse Bereavement Support for young people. They offer support and advice solely online to children and young people who have lost loved ones.

### **DECCA**

0121 569 2201 or call 07500 785 889 or text 07781 472 746

Email: [Decca\\_Team@sandwellchildrenstrust.org](mailto:Decca_Team@sandwellchildrenstrust.org)

Web: <https://www.ourguideto.co.uk/>

Decca (Drug Education, Counselling and Confidential Advice) 1-to-1 Counselling and other services are available for drug and substance misuse for young people up to 18. The counselling approach is tailored to each individual and you can access this by a self-referral or by being referred by a professional.

### **Early Intervention in Psychosis / Early Access Service**

0121 612 6716

Open: 5 pm – 8 pm, Mon to Fri

Web: <https://www.blackcountryhealthcare.nhs.uk/our-services/early-intervention-early-access-service>

The Early Intervention in Psychosis Service (EIS) is a specialist community mental health team who offers support to young people and adults aged 14 – 35 years who are going through a first episode of psychosis, or who seem at risk of going through a first episode of psychosis.

### **Elements SEMH Support**

07398 694 790

Email: [info@elementssupport.com](mailto:info@elementssupport.com)

Web: <https://elementssupport.com/>

Elements is a creative social and emotional mental health support service for children, young people and adults in supportive roles. They work with young people aged 7 years – 18 years old mostly within schools but also those who live in residential care/foster care and those who attend college. The services that they offer include Creative 1-to-1 SEMH mentoring, Dynamic group work and the “Drip by Drip Day by Day Experience” for professionals.

### **Every Child Needs a Mentor**

0800 644 4881

Web: <https://www.everychildneedsamentor.com>

Every Child Needs a Mentor (ECNM) is an award-winning specialist youth mentoring organisation that helps to provide asset-based mentorship to support children and young people from the age of 8 – 18 years old to achieve and flourish in their confidence and well-being. ECNM provide mentoring programmes to help children to improve their mental health, attainment, self-esteem, and mindsets so they thrive in their learning, life, and families. By providing mentorship

we support schools, parents, local authorities, and other youth-based organisations to empower, equip and enable the children within their care. There is a charge for the service.

### Family Action Helping Hands Black Country

07970 994 528 or 07729 046 673

Open: 9 am – 4 pm, Mon to Fri

Email: [helpinghandsbc@family-action.org.uk](mailto:helpinghandsbc@family-action.org.uk)

Web: <https://www.family-action.org.uk>

A Helping Hand to parents and families of children with Autism/ADHD or on a pathway being assessed. They offer workshops, available virtually or face to face, where they explore behaviours of little/young people with additional needs. Their workshops: TIM: Understanding my behaviours as I have different needs; group sessions to discuss, behaviour, sensory needs, coping strategies; and more. Support is in areas such as learning coping techniques, sharing experiences in a safe space, family sensory sessions, and more. You can self-refer or be referred by another agency.

### Family Action Family Line

0808 802 6666 or text 07537 404 282

Open: 9 am – 9 pm, Mon to Fri - *out of office hours is a text crisis line run by shout*

Email: [familyline@family-action.org.uk](mailto:familyline@family-action.org.uk)

Web: <https://www.family-action.org.uk/what-we-do/children-families/familyline/>

FamilyLine is a free service available to support adult family members on all aspects of family life issues via telephone, text message and email. Whether it's emotional support or practical advice on any aspect of parenting or broader family issues.

### Heal Hub

0121 622 3603 or text 07562 692 353

Email: [mhteam@lyfeproof.co.uk](mailto:mhteam@lyfeproof.co.uk)

Web: <https://healhub.org.uk/>

Heal Hub is a community-led programme that gives young people aged 12 – 25 years old the opportunity to shape their own mental health support. They offer free therapy online and in person for those who want to talk about things in their past, calm their anxiety, understand their feelings, and more. They use a variety of therapy methods. Therapists are available in the evenings and you can self-refer, a parent can refer, or a professional can refer a person via the website. Please contact the team before making a referral.

### Health Exchange

0121 663 0007 or 0800 158 3535

Email: [info@healthexchange.org.uk](mailto:info@healthexchange.org.uk)

Secure Emails for referral forms: [scwcsu.wellbeingteam@nhs.net](mailto:scwcsu.wellbeingteam@nhs.net)

Web: <https://www.healthexchange.org.uk/services/mental-wellbeing/>

The Mental health and Wellbeing service can support you if you are feeling low, suffering from depression, anxiety or stress. We provide support through 1:1 therapy, online support, local activities and group workshops. Individuals meet with a personal Psychological Wellbeing Practitioner. We have a youth psychological service and an online platform for 16-25 year olds, an adult psychological service for 25+ adults, early help triage and group workshops.

## Inclusion Support

0121 569 2777

Email: [inclusion\\_support@sandwell.gov.uk](mailto:inclusion_support@sandwell.gov.uk)

Open: 8.30am – 5.30pm Mon -Thurs and 8.30am – 5.00pm Fri

Referrals can only be made from SENDCO's in educational settings. Inclusion Support includes educational psychologists, advisory teachers for Social Emotional Mental Health, Complex Communication and Autism team and the Preventing Primary Exclusions Team. They mainly work with young people in educational settings to provide advice and guidance to support young people's emotional health and well-being. Work includes: support following Critical Incidents, support for young people who are experiencing Emotionally Based School Non-Attendance (EBSNA), training for schools and parents to promote positive mental health, support to help autistic young people to understand and regulate their feelings and emotions and direct work with young people in their settings whilst building capacity in primary schools by developing staff skills to support children who are at risk of permanent exclusion.

## Kaleidoscope Sanctuary Hub

0121 289 6111

Open: 6 pm – 11 pm, Mon to Fri and 12pm – 11 pm Sat to Sun

Address: Sandwell Sanctuary Hub, Hope Place, 321 High Street, West Bromwich, B70 8LU

Web: <https://www.kaleidoscopeplus.org.uk/sanctuary-hub/>

This service is for anyone aged 18 years old + who is registered with a doctor in Sandwell and identifies as having primary mental health need. They can support you personally or if you are concerned about a family member or friend. You will be able to speak to a friendly support worker, who will give you a safe space to talk. We will listen, support, offer advice and empower your recovery journey. Counselling support available for people aged 18+, face to face appointments, along with telephone, text and email support. SSPARK Midlands Bereavement Support Group is on site on the first Tuesday of the month.

## Kidscape

Call or WhatsApp: 07496 682 785

Email: [parentsupport@kidscape.org.uk](mailto:parentsupport@kidscape.org.uk)

Web: <https://www.kidscape.org.uk/>

This confidential service provides parents a space to help when a child is being bullied, in any context. The helpline is there to support parents, carers and family members who are concerned about a child who is being bullied. Parents / carers are in charge of what they want to share. The Parent Support Advisor will listen and explore the situation with you and offer advice and support as appropriate.

## Kooth

Open: The website is 24 hours a day, 7 days a week

Counsellors are online 12 pm – 10 pm Mon to Fri and 6 pm – 10 pm Sat to Sun

Web: <https://www.kooth.com>

Kooth is a non-referral, online service that provides anonymous and personalised mental health support for Children and Young People 11-25 years old. Sign up for free to access magazines, forums, activity centres, messaging, and live counselling.

## Krunch

0121 552 5556

Open: 9 am – 5:30 pm, Mon to Thurs and 9 am – 1 pm, Fri

Address: Sandwell Christian Centre, Langley Crescent, Oldbury, West Midlands, B68 8RE

Email: [krunch@krunch.org.uk](mailto:krunch@krunch.org.uk)

Web: <http://krunch.org.uk/>

Krunch works with young people aged between 9 – 19 years old. They offer 1-to-1 therapeutic mentoring interventions, group workshops on dedicated current issues and alternative education placements for children and young people with SEND. They use a trauma informed, person-centred approach to building relationships with a solution-focused approach to goal setting in mentoring. Their services are delivered at their premises or out in school/college sites and in the community.

## Life in Community CIC

Text or Call 07752 659 257

Open: 11 am–3 pm, Mon, Wed, Fri

Address: St Johns Hall, Upper Church Lane, Tipton, D74 9ND

Web: <https://www.lifeincommunity.org.uk>

Support for residents aged 18 plus living in Tipton, who wish to improve their health and well-being. We offer phone/Zoom support, as well as practical help face to face. We provide assistance to individuals with low-level mental health issues, via our listening and counselling service (charged at £10ph). Furthermore, we also deliver exercise sessions and advocacy support for those who feel that they need their voice to be heard.

## Murray Hall Community Trust

01902 826 306 or 01902 826 308

Open: 9 am – 5 pm, Mon to Thurs and 9 am – 4:30 pm Fri

Email: [cts@murrayhall.co.uk](mailto:cts@murrayhall.co.uk) and [info@murrayhall.co.uk](mailto:info@murrayhall.co.uk)

Web: <https://www.murrayhall.co.uk>

A number of different projects are offered to support Young People with their mental health and wellbeing, managed by the Creative Therapeutic Services team. They work directly with children and young people in need of support using a range of therapeutic and counselling techniques to offer a bespoke therapeutic service. We offer 1-2-1 and group counselling support in school, online and face to face in our centre. Specialisms can include domestic abuse, loss and separation, looked after child, trauma and self-harm. In addition to our fully funded projects, we also offer a bespoke paid service to schools and other agencies on request.

## POhWER

0300 456 2370 or text 'pohwer' with your name and number to 81025

Open: 8 am – 6 pm, Mon to Fri except bank holidays

Email: [pohwer@pohwer.net](mailto:pohwer@pohwer.net)

Web: <https://www.pohwer.net/sandwell>

POhWER provides information, advice, support and advocacy to adults who experience disability, vulnerability, distress and social exclusion. Services in Sandwell include NHS complaints advocacy, Independent Mental Capacity Advocacy (IMCA), including Deprivation of Liberty Safeguards (DoLS), Relevant Person's Paid Representative (RPPR), Independent Mental Health Advocacy (IMHA) including an issue-based advocacy service for informal inpatients of Sandwell (Hallam St) Hospital via drop ins and Care Act Advocacy. All POhWER's services are free, independent and confidential.

## Reflexions (Mental Health Support Teams)

0121 612 6620

Open: 9 am – 5 pm, Mon to Fri

Email: [bchft.reflexions@nhs.net](mailto:bchft.reflexions@nhs.net)

The Mental Health Support Team (MHST) for schools (Reflexions) is an initiative that provides additional mental health support to children and young people aged 4 to 18 years through educational settings. Reflexions has three core functions: to deliver evidence-based interventions for mild-to-moderate mental health issues such as low mood and anxiety; support each school or college to introduce or develop whole school or college approach; give timely advice to school and college staff, and liaise with external specialist service to help children and young people to get the right support and stay in education. We also support parent and carers to manage their children's mental health. Reflexions works with external specialist services, where appropriate.

## Relate

0121 643 1638

Open: 5 pm – 8 pm Tues, 12 pm – 3.30 pm Wed and 6 pm – 9 pm Thurs

Address: Old Municipal Buildings, Freeth Street, Oldbury, B69 2AB

Email: [info@relatebirmingham.co.uk](mailto:info@relatebirmingham.co.uk)

Web: <http://www.relate.org.uk/>

Counselling service Web: <https://sandwellearlyhelp.info/service/727>

Relationship counselling, youth counselling, psychosexual counselling. They provide relationship counselling to couples, individuals and families at a charge. Their 1-to-1 youth counselling service is free of charge for children and young people ages 8 – 18 years old in the Sandwell area and is available through video call or phone. Other languages spoken by us are Punjabi, Hindi, and Urdu.

## Sandwell Advocacy

0121 520 8070

Address: 28 Wood Street, Tipton, West Midlands, DY4 9BQ

Email: [sandwelladvocacy@btconnect.com](mailto:sandwelladvocacy@btconnect.com)

Web: <https://sandwelladvocacy.org/>

The SAVE Project (Sandwell Advocacy Voice and Empowerment) provides an advocacy, enabling and support service for children and young people aged 5-18 who are experiencing poor mental health and/or behavioural issues, that empowers them to ensure that their rights are respected and their views and wishes are heard at all times. The Project will support children and young people to build confidence and skills to enable them to speak up for themselves so that they feel listened to and involved in decision making. Also, to have choices regarding accessing appropriate support services and build relationships of trust with other professionals. Our Advocacy for Young Carers Project also takes a family orientated approach to supporting children and young people who take on caring/supporting responsibilities in the home, there is also a focus on emotional wellbeing and mental health as part of this offer.

## Sandwell African Caribbean Mental Health Foundation

0121 525 1629

Open: 9.30 am – 5 pm, Mon to Fri

Address: Kuumba Centre, Boulton Road, West Bromwich, West Midlands, B70 6NW

Email: [info@sacmhf.co.uk](mailto:info@sacmhf.co.uk)

Web: <https://www.sacmhf.co.uk/>

The Sandwell African Caribbean Mental Health Foundation provides a range of culturally responsive services for people of African and Caribbean descent who are affected by mental ill health. They provide practical, emotional, and social support in addition to training and skills development. Some services that they provide include outreach support, bereaved carers support service and carer's support. The iMATTER Project (for young people aged 11 – 25 years old) provides bespoke support packages designed to guide them through to longer periods of wellness. Ujima is a forum that organises monthly meetings, organising social activities, support to make new friends, and more.

## Sandwell Crisis Resolution and Home Treatment Team

0121 543 4100

Open: 24 hours a day, 7 days a week

Web: <https://www.blackcountryhealthcare.nhs.uk/our-services/crisis-resolution-and-home-treatment-team>

This service is for adults aged 18 – 65 years old going through a severe mental health crisis as an alternative to hospital admission. They offer a flexible patient centred service and aim to treat individuals with minimum disruption to their lives. To access this service, you need to be referred by your GP or your mental health team. The team consists of Consultant Psychiatrists, Community Psychiatric Nurses (CPN), Psychologists, Support Time Recovery Worker (STR), administrative staff, and Occupational Therapists (OT). The team will take into account your cultural needs whilst caring for you.

## Sandwell Healthy Minds

0121 612 6650

Open: 9am – 5 pm, Mon to Fri except bank holidays

Email: [bcpft.sandwellhealthyminds@nhs.net](mailto:bcpft.sandwellhealthyminds@nhs.net)

Web: <https://www.sandwellhealthyminds.nhs.uk/>

Sandwell healthy minds/ Sandwell IAPT supports people who are experiencing problems such as stress, anxiety, low mood and depression. You must be aged 16 and over and registered with a GP in Sandwell. The service provides ways to improve mental well-being through a range of interventions such as Cognitive Behavioural Therapy (CBT), counselling, and Eye Movement Desensitisation Reprocessing (EMDR). They also provide specialist therapy services for maternal well-being, South Asian counselling, African-Caribbean counselling, and trauma focused therapy. Digital workshops and computerised CBT are also available. You can either self-refer or be referred through your GP to access these services.

## Single Point of Access (SPA)

0121 612 6620

Address: SPA is based within Sandwell CAMHS, 48 Lodge Road, West Bromwich, B70 8NY

Email: [bchft.sandwellspa@nhs.net](mailto:bchft.sandwellspa@nhs.net)

Web: [www.BlackCountryMinds.com](http://www.BlackCountryMinds.com)

Single Point of Access (SPA) is for all children up to 18 registered with a G.P in Sandwell. Any professional can refer and the services involved in SPA range across the Thrive model (Getting advice, getting help, getting more help, and getting risk support). The team can decide which is the most suitable service for the circumstances, this can include giving advice or signposting, onward referrals to other services including Kooth, Kaleidoscope, Murray Hall, Specialist CAMHS and the Crisis Intervention and Home Treatment Team. There is a wide offer of therapeutic interventions available from the services who work in partnership with SPA.

## Single Point of Referral (SPOR)

0121 543 4280 / 4285

Open: 9 am - 5 pm, Mon to Fri

Address: Quayside House, Rounds Green Road, Oldbury, B69 2RD

Web: <https://www.blackcountryhealthcare.nhs.uk/our-services/single-point-referral-spor>

The Single Point of Referral (SPOR) team is an assessment and signposting service, providing a single point of entry and a first level gatekeeping service into mental health services for adults 18-65 years old. They provide comprehensive assessments, including risk assessments and formulate a structured discharge plan of care to meet the individual needs. The team receives referrals mainly from General Practitioners.

## SinglePoint Plus Family Hub Oldbury

0121 544 1393

Address: SinglePoint Plus Family Hub, First Floor, 66-68 Birmingham Street, Oldbury, B69 4DE

Email: [singlepoint-oldbury@live.com](mailto:singlepoint-oldbury@live.com)

Web: <https://www.singlepointplus.org/>

SinglePoint services are available to all families and the wider community in Oldbury and the surrounding areas. They offer opportunities such as days out, community courses, workshops, upskilling sessions, healthy lifestyle groups, community resilience champions, volunteering, community mentoring, family support and counselling. Family support and counselling is available for children who attend SinglePoint's partner schools and their families. This service is confidential and you can access this via the school.

## Specialist Perinatal Mental Health Community Service

01384 314 455

Email: [Bchft.perinatal@nhs.net](mailto:Bchft.perinatal@nhs.net)

Web: <https://www.blackcountryhealthcare.nhs.uk/our-services/perinatal>

The team support women with mental health difficulties during preconception, antenatal and postnatal periods (before and during pregnancy and after the baby is born). This may include women who have a previous history of serious mental health difficulties or women who are experiencing mental health difficulties for the first time. Examples include bipolar disorder, puerperal psychosis, depression, anxiety, OCD and bonding difficulties.

## The Kaleidoscope Plus Group providing Primary Mental Health

Contact via Single Point of Access (SPA): 0121 612 6620

Email: [Bchft.sandwellspa@nhs.net](mailto:Bchft.sandwellspa@nhs.net)

Web: <https://www.kaleidoscopeplus.org.uk>

The service supports both children and young people and parents/ carers with emotional wellbeing and mental health concerns. This may include individual or group support with anxiety, low mood, depression, understanding anger and aggression, loss and bereavement, managing low self-esteem, building confidence, emotional regulation, encouraging self-care and better sleep hygiene, or support with family mediation. Depending on the referral received may depends on the type of support that is offered to the child or young person in supporting their recovery.

## The Recovery College

0121 543 4061

Open: 9 am -5 pm

Address: Quayside House, Rounds Green Road, Oldbury, B69 2RD

Email: [info@therecoverycollege.co.uk](mailto:info@therecoverycollege.co.uk)

Web: <https://www.therecoverycollege.co.uk/>

The Recovery College provides an educational learning environment for adults who have an interest in, or personal difficulties with, mental health. Their courses celebrate successes and build on existing skills and strategies rather than highlighting problems or failures. Their mission is - Recovery: A journey through learning together. All of their courses are co-created and delivered by people with both professional and lived experience. They hope to support you on your journey to live a full and satisfying life by inspiring connectedness, hope and optimism, identity, meaning and purpose and empowerment.

## The Wellbeing Crew

Charlotte 07723 054 873 and Sue 07515 328 562

Email: [charlotte@thewellbeingcrew.co.uk](mailto:charlotte@thewellbeingcrew.co.uk) and [sue@thewellbeingcrew.co.uk](mailto:sue@thewellbeingcrew.co.uk)

Web: [www.wellbeingcrew.co.uk](http://www.wellbeingcrew.co.uk)

We provide innovative Mental health & holistic wellbeing support services in schools for young people and education staff. There is a cost to schools for this service. Our offer to children includes holistic counselling, developing emotional intelligence, chill skills, mindfulness, meditation, peer massage, yoga for students, workshop, and wellbeing days. Our offer to staff includes wellbeing training days, workshops, therapy, and counselling.

## The West Midlands Regional Children and Young People Sexual Assault Service

0808 196 2340

Open: 24 hours a day, 7 days a week

Web: <https://westmidsregionalcypsas.co.uk/>

If you or a child or young person you know has experienced sexual assault, you can contact The West Midlands Regional CYPAS for help and advice 24/7. If you are under 13 years old, you will need to be referred to the centre by a social care professional or the police. If you are 13 years old or older, you can make an appointment to come to the centre without a referral from a professional. They offer counselling and other services. You can also access resources via their website.

## Tough Enough To Care

07572 314 953 (Not 24/7) or text support : Text for free to TOUGH to 85258 24/7

Email: [Info@toughenoughtocare.org](mailto:Info@toughenoughtocare.org)

Web: <https://toughenoughtocare.org/>

Tough Enough To Care offer separate peer support groups for men and women, giving a non-judgmental, safe space for people to support each other and be supported. Groups run at varied times and locations throughout the UK, check website for details of your nearest group. Tough Enough To Care also offer mental health awareness sessions, Mental Health and Suicide First Aid training as well as providing confidential online support via email & social media.

# National support

## **ADDISS**

Web: <http://www.addiss.co.uk/>

ADDISS has a wide range of resources about all aspects of ADHD and associated conditions, with special sections for parents, children, teenagers and professionals.

## **Anxiety UK**

03444 775 774 or text 07537 416 905

Open: 9:30 am – 5:30 pm, Mon to Fri

Web: <https://www.anxietyuk.org.uk/>

Anxiety UK offers a wide range of services for all ages including therapy service; helpline and text service; courses and groups; calm club; research fund; webinars; and anxious times magazine. You can access the helpline number above for a free one-off chat, for ongoing help, you will need to pay a membership fee.

## **Beat**

0808 801 0677

Open: 9 am – midnight, Mon to Fri and 4 pm – midnight, Sat, Sun and bank holidays

Email: [help@beateatingdisorders.org.uk](mailto:help@beateatingdisorders.org.uk)

Web: <https://www.beateatingdisorders.org.uk/>

Beat is a national service that encourages and empowers people of all ages to get help quickly with their eating disorder. The sooner someone starts treatment the greater their chance of recovery. The free to call helpline is open 365 days a year, including bank holidays. Advice and information are available on their website and you can search for local support in your area.

## **Counselling Directory**

Web: <https://www.counselling-directory.org.uk/>

A place to find qualified and professional Counsellors and Psychotherapists in your local area and their fees.

## **Family Lives**

0808 800 2222

Open: 9 am – 9 pm, Mon to Fri and 10 am – 3 pm, Sat to Sun

Email: [askus@familylives.org.uk](mailto:askus@familylives.org.uk)

Web: <https://www.familylives.org.uk/>

Help for people of all ages with all aspects of family life such as bonding with your new baby, dealing with tantrums, positive discipline, bullying, communicating with teens and divorce and separation. They provide a helpline, advice website, live chat and parenting/relationship support groups.

## Hearing Voices Network

Forum: <https://forum.hearing-voices.org/>

Web: <https://www.hopeagain.org.uk>

The website has resources to find healthy coping strategies, when additional help is needed and information on 'hearing voices' (which is used as an umbrella term) and includes seeing visions and having other similar experiences (including touch, taste and smell). You can access the online forum for a small fee.

## Mental Health Foundation

Web: <https://www.mentalhealth.org.uk>

Charity that provides free resources and advice on various mental health conditions and how to manage your own mental health.

## Mind

0300 123 3393

Open: 9 am – 6 pm, Mon to Fri except bank holidays

Email: [info@mind.org.uk](mailto:info@mind.org.uk)

Post: Mind Infoline, PO Box 75225, London, E15 9FS

Web: <https://www.mind.org.uk>

Offers advice and support to people of all ages. You can use their website to find your local crisis team, advice on how to cope in a crisis if it is not an emergency, and support materials for young people. If you are not a native English speaker Mind can provide an interpreter, you just need to ask for the Language Line service when you call.

## MindEd

Web: <https://minded.org.uk>

At its heart, MindEd provides practical knowledge that gives adults confidence to identify a mental health issue and act swiftly, meaning better outcomes for the child or young person involved. Advice on depression, anxiety, ADHD, self-harm and more.

## Mind Side by Side

Open: 24 hours a day, 7 days a week

Web: <https://www.mind.org.uk/information-support/side-by-side-our-online-community/>

Mind Side by Side is a supportive online community for over 18 year olds where you can talk about your mental health with others who understand what you are going through. It provides a safe space to listen, share and be heard. The online platform is available 24/7 and moderated daily from 8:30 am to midnight.

## MoodGym

Open: 24 hours a day, 7 days a week

Web: <https://moodgym.com.au/>

Moodgym is an online self-help program designed to help users 16 years old and older to prevent and manage symptoms of depression and anxiety. It is an interactive, online self-help book which teaches skills based on Cognitive Behaviour Therapy (CBT).

## National Bullying Helpline

Helpline: 0300 323 0169

Telephone: 0845 225 5787

Open: 9 am – 5 pm, Mon to Fri

Web: <https://www.nationalbullyinghelpline.co.uk/>

The National Bullying Helpline is a national confidential volunteering service that will listen to people of all ages. You can discuss topics such as bullying in school, workplace bullying, gaslighting or anything else in relation to bullying. There is some advice and help guides for people of all ages on their website. The helpline is free to call, however if you call the telephone number then you will be charged.

## NHS Mental Health Services

111

Open: 24 hours a day, 7 days a week

Web: <https://www.nhs.uk/mental-health/>

NHS 111 Web: <https://111.nhs.uk/>

Call for free and you can get advice through their website. If you go through the 111 website above and answer the questions, someone will call you back. They assist people of all ages to find the best place to get help if you cannot contact your GP during the day, or when your GP is closed.

## No Panic (under 18s)

0330 606 1174

Open: 3 pm – 6 pm, Mon, Tues, Wed, Fri and 3 pm – 8 pm, Thurs and 6 pm – 8 pm Sat

Web: <https://www.nopanic.org.uk>

Under 18s can receive support with anxiety, panic, phobias, obsessive-compulsive disorder or any other anxiety related problem. There is a youth hub with resources on the website as well as advice for parents. The No Panic app will be available soon.

## No Panic (over 18s)

0300 772 9844 or access their pre-recorded crisis message on 01952 680 835

Helpline Open: 10 am – 10 pm, 7 days a week

Crisis Message Open: 24 hours a day, 7 days a week

Email: [sarah@nopanic.org.uk](mailto:sarah@nopanic.org.uk)

Web: <https://www.nopanic.org.uk>

Those who are 18 years old and older can receive confidential support across the UK. They can help and support those living with panic attacks, phobias, Obsessive Compulsive Disorders (OCD) and other related anxiety disorders. No Panic also provides support for the carers of people who suffer from anxiety disorders. There are also resources on the website that can be accessed for free to support you on various mental health topics. Resources for carers and parents are also available. The No Panic app will be available soon.

## OCD Action

0300 636 5478

Open: 9:30 am – 8 pm, Mon to Fri

Under 18s Email: [youthhelpline@ocdaction.org.uk](mailto:youthhelpline@ocdaction.org.uk)

18 years + Email: [support@ocdaction.org.uk](mailto:support@ocdaction.org.uk)

Web: <https://ocdaction.org.uk/>

On this site, you can download information and resources, join online forums and meet other people of all ages with Obsessive Compulsive Disorder (OCD). If you would like to speak to someone confidentially, you can call the number above or email them. You may need to leave a message and they will get back to you as soon as they can.

## Papyrus and HopeLine

0800 068 4141 or text on 07860 039 967

Open: 9 am – midnight, 7 days a week

Email: [pat@papyrus-uk.org](mailto:pat@papyrus-uk.org)

Web: <https://www.papyrus-uk.org/>

Confidential support for people up to 35 years old who feel suicidal. You can call for free, text or email. The children's hotline is called HopeLine UK and parents, carers and guardians can also ring if they are concerned about a young person in crisis. They also offer advice on their website relating to coping techniques, distraction techniques and dealing with anxiety. You can search for free apps through the website for both android and iOS.

## Rethink Mental Illness

0808 801 0525

Open: 9:30 am – 4 pm, Mon to Fri except bank holidays

Email: [advice@rethink.org](mailto:advice@rethink.org)

Post: Rethink, PO BOX 18252, Solihull, B91 9BA

Web: <https://www.rethink.org>

Webchat service is open Monday to Friday (*except bank holidays*) from 10 am – 1 pm. Offers practical advice and support to people of all ages on issues such as the Mental Health Act, community care and welfare benefits, living with mental illness, medication and care. You can also find local services.

## SANEline

0300 304 7000 or request a call back on 07984 967 708

Open: 4 pm – 10 pm, 7 days a week

Email: [support@sane.org.uk](mailto:support@sane.org.uk)

Web: <https://www.sane.org.uk>

SANEline is a national out-of-hours mental health helpline offering specialist emotional support, guidance and information to anyone affected by mental illness, including family, friends and carers. This is available for people 16 years old and over. To request a call back leave a message with your first name and phone number and they will call you back within a few minutes.

## Shout

Text SHOUT to 85258

Open: 24 hours a day, 7 days a week

Web: <https://giveusashout.org/>

Shout 85258 is an anonymous, free, and confidential text support service for anyone. If you are struggling to cope and need to talk, their trained Shout volunteers are here for you, day or night. They can help with issues such as anxiety, stress, depression or sadness, suicidal thoughts, self-harm, panic attacks, loneliness, isolation, abuse and bullying.

## Survivors of Bereavement by Suicide (SOBS)

Web: <https://uksobs.org/>

The service exists to meet the needs and overcome the isolation experienced by people over 18, who have been bereaved by suicide. The website includes resources and there is a survival support group online for men on every second Tuesday of the month.

## The Girl with the Curly Hair Project

Web: <https://thegirlwiththecurlyhair.co.uk/>

The Curly Hair Project is a social enterprise which supports people on the autistic spectrum and the people around them, founded by autistic author Alis Rowe. It offers animated films, comic strips and diagrams to make their work interesting and easy to understand. It offers a wealth of research on the website.

## The Mix

0808 808 4994 or text THEMIX to 85258

Phone open: 4 pm – 11 pm 7 days a week

Text open: 24 hours a day, 7 days a week

Email: <https://www.themix.org.uk/get-support/speak-to-our-team/email-us>

Web: <https://www.themix.org.uk>

Confidential support available for those who are under 25 years old. You can ring, text, email or use the 1-to-1 chat feature on the website. This is a free service that provides you with support and advice.

## The National Autistic Society

Open: 9 am – 3 pm, Mon to Fri

Web: <https://www.autism.org.uk>

The National Autistic Society can be contacted through the website. You can browse topics on their website to receive advice and guidance, there is an autism service directory, and there is also an online community where you can talk to your peers and volunteers about autism this is accessible by anyone. They also have an autism impatient mental health casework service.

## Voice Collective

Email: [info@voicecollective.co.uk](mailto:info@voicecollective.co.uk)

Web: <https://www.voicecollective.co.uk/>

They support children and young people who see visions, hear voices, and have other 'unusual' sensory experiences or beliefs. They offer coping strategies, tool kits and a support forum. In addition, they support families/parents and offer training for youth workers, social workers, mental health professionals and more.

## Winston's Wish

0808 802 0021

Web: <https://www.winstonswish.org/>

We support grieving children and young people after the death of someone important. Anyone can reach out to us directly using our on-demand services, including live chat, helpline, email and text support. We also offer one-to-one sessions with bereavement support workers and counsellors, however these can only be accessed by making a referral. Anyone aged 13 or over can refer themselves. If you're 12 or under, please speak with a trusted adult. Our expert team provide bereavement support for parents, carers and professionals who are looking for childhood bereavement advice and support.

## Youth Beyond Blue

Web: <https://www.beyondblue.org.au/>

Information, resources and support for young people dealing with depression and/or anxiety. Youth beyond blue aims to empower young people aged 12 – 25 years old, their friends and their parents/carers.

## YoungMinds and YoungMinds Parent Helpline

Parents Helpline: 0808 802 5544

Open: 9:30 am – 4 pm, Mon to Fri

Web: <https://www.youngminds.org.uk>

Young Minds offer free, confidential online and telephone support, including information and advice, to any adult worried about the emotional problems, behaviour or mental health of a child or young person up to the age of 25. They offer three different services to parents and carers who are concerned about their child's mental health, up to the age of 25. There is a helpline, web chat and email.

# Apps



## 7 Cups

*Available on Android and iOS*

Web: <https://www.7cups.com/>

7 Cups is a free app where it can connect you anonymously and securely to real listeners in a 1-to-1 chat. A 7 Cups listener doesn't judge or try to solve problems and say what to do. They just listen. They are also accessible for chat via their website. It is free to sign up. They also offer an online counselling service via their website for a small fee.



## Calm Harm

*Available on Android and iOS*

Web: <https://calmharm.co.uk/>

Calm Harm is a clinician-developed free app that helps manage the urge to self-harm. This is for young people 13 years old and over.



## Headspace: Meditation and Mindfulness Made Simple App

*Available on Android and iOS*

Web: <https://www.headspace.com/>

Live a happier, healthier life with just a few minutes of meditation a day on the Headspace App. Meditation has been proven to help with mental health, stress and anxiety. There is a 14-day free trial then a small monthly fee.



## Stay Alive Suicide Prevention App

*Available on Android and iOS*

Web: <https://prevent-suicide.org.uk/>

Stay Alive is a free pocket suicide prevention resource. You can use it if you are having thoughts of suicide or if you are concerned about someone else who may be considering suicide. This app has some helpful features that you can personalise to help you e.g. safety plan, upload important photos and videos to your life box, fill in your reasons for living and much more.