



Safeguarding and Promoting Children's Welfare Medicine and Sickness Policy

Policy Statement

Guidance for this policy has been taken from Managing Medicines in Schools and Early Years Settings (DCSF, 2005). This policy complies with the requirements of the Statutory Framework for the Early Years Foundation Stage, the Scottish National Care Standards; Early Education and Childcare up to the age of 16, and the National Minimum Standards for Regulated Childcare (Wales).

Medicines will only be accepted into the nursery when essential; that is when it would be detrimental to a child's health if the medicine were not administered during the nursery day. Medicines may only be administered with the prior written consent of the parents.

In England and Wales we accept medicines that have been prescribed by a doctor, dentist, nurse or pharmacist. Non-prescription medicines will be accepted, please see Appendix 2. An emergency nursery supply of fever relief (Calpol) and anti-histamines (Piriton) will be stored on site. Aspirin will not be accepted unless prescribed by a doctor.

In Scotland we accept medicines that have been prescribed by a doctor, dentist, nurse or pharmacist. Non-prescription medicines will be accepted, please see Appendix 2. Parents will be able to supply an emergency stock of fever relief (Calpol), there will not be a nursery supply. Aspirin will not be accepted unless prescribed by a doctor.

Medicines must always be provided in the original container as dispensed by the pharmacist and include the prescriber's instruction for administration.

This policy :

- details the manner in which medications must be stored
- includes effective management systems to support individual children with long term or complex medical needs
- details the procedure for responding to medical emergencies, cases of notifiable diseases, communicable diseases and outlines any applicable exclusion periods.

The nursery need to be informed by the parents about any particular medical needs before a child begins attending, or as soon as the child develops a medical need. A Care Plan will be completed for children with specific medical needs, involving the parents and relevant health professionals. Care Plans must be supported by a suitable risk assessment.

Originating Author(s)	Version & Issue Date	Signed	Review Date
Phill Searle, Senior Risk Manager Sarah Rotundo, Training Advisor	V 4.0 Dec 2011	Andy Morris – CEO/MD Asquith Nurseries Ltd	May 2012



1.0 Useful Information

- 1.1 This policy refers to local Health Protection Units (HPUs). The contact details for each nursery's HPU can be found on the Health Protection Authority website www.hpa.org.uk

The contact details for the local HPU for (insert nursery name) are as follows:

Telephone number.....

E mail.....

The contact telephone number for NHS Direct is 0845 4647

2.0 Roles & Responsibilities Within This Policy

Which staff are authorised to administer Prescribed Medication?

- 2.1 Only Managers, Assistant Managers and Room Leaders, can administer prescribed medicines to children. In circumstances where a child has complex medical needs the authorised person may be a person who has been appointed as a one to one carer for that child.
- 2.2 Managers MUST record the names of all staff who have been approved to administer medicines on the Person Authorised to Administer Medicines in Nursery Form (Appendix 1)

Which staff are authorised to administer Non-Prescribed Medicines?

- 2.3 Only Managers or in their absence Assistant Managers can authorise the administration of non-prescribed medicines. The non-prescribed medicines listed in Appendix 2 can be considered for administration. This is not an exhaustive list. If a parent requests the administration of a non prescribed medicine that is not listed in Appendix 2 please contact an Operations Manager.
- 2.4 Non-prescribed medications can only be authorised for the following reasons;
1. Teething
 2. Mild skin conditions
 3. Mild allergies such as hay fever
 4. Fever relief – Parents should be reminded that administration of Calpol or Ibuprofen could mask systems of illness and if a child has a consistently high temperature appropriate medical advice should be sought.
 5. Mild eye inflammations/infections
- 2.5 For guidance on the provision of barrier cream please refer to the Care Routines; Nappy Changing and Toileting policy



- 2.6 If a parent signs in non-prescribed medication and at the designated time for administration there is no evident health reason for the child to receive the medication the Manager (Assistant Manager in their absence) may reserve the right to not administer the medication but **MUST** inform the parent of this decision immediately e.g. Calpol would not be administered to a child with no signs or symptoms of fever or pain unless advised otherwise by a medical professional.
- 2.7 In England and Wales the Manager **MUST** keep an emergency supply of fever relief sachets (Calpol) and anti-histamines (Piriton). This **MUST** be maintained to ensure the supply is adequate and in date.
- 2.8 In Scotland the Manager **MUST** ask parents at the time of registration to supply an individual SACHET of Calpol with the child's name clearly marked for use in emergencies.
- 2.9 Medicines containing Aspirin **MUST NEVER** be administered unless prescribed by a doctor.

Notifying Parents or designated adult of child's illness

- 2.10 Should a child become ill at the setting the key person, with the Manager, Assistant Manager or Room Leaders knowledge, **MUST** contact the child's parents immediately.

Notifying Health Authority or Regulatory Bodies of Notifiable Diseases

- 2.11 The Manager or Assistant Manager **MUST** notify the Health Protection Agency immediately of any suspected outbreak of a notifiable disease (Appendix 3).
- 2.12 The Manager or Assistant Manager **MUST** notify their Operations Manager who will ensure that all other relevant persons, including relevant regulatory bodies are notified.



3.0 Arrangements to Support This Policy

Storing Prescribed Medicines

- 3.1 Medicine **MUST** be stored strictly in accordance with product instructions (paying particular note to temperature) and in the original container in which dispensed. Medicine **MUST** be stored in the medicine box in the office or if the medicine requires refrigeration **MUST** be stored in a locked, labelled container in a fridge. Only one fridge per setting can be used for the storage of medication.

Staff **MUST** ensure that the supplied container is clearly labelled with the name of the child (as registered at the nursery), name and dose of the medicine and the frequency of administration.

Where a child needs two or more prescribed medicines each **MUST** be in a separate container.

ALL prescriptions **MUST** be in English.

All emergency medicines, such as asthma inhalers and Epi-pens, **MUST** be stored in a clear plastic container with the child's name and photograph visible. A copy of the child's individual Care Plan **MUST** be placed in the container. This container **MUST** be inaccessible to children, but in a location that is known and visible to staff.

Storing of Non-Prescribed Medicines

- 3.2 Non prescribed medications **MUST** be stored in the medications box in the Managers office.

Non-prescribed medication that require refrigeration **MUST** be stored in a locked, labelled container in a fridge. Only one fridge per setting can be used for the storage of medication.

Staff **MUST** ensure that the supplied container is clearly labelled with the child's name (as registered at the nursery) or with the words 'Nursery Emergency Supply' (England and Wales only).

All labels on non prescribed medicines **MUST** be in English.

In Scotland where parents provide individual Calpol sachets at registration these **MUST** be stored on each child's individual file in a locked filing cabinet

Arrangements for Staff Medication

- 3.3 Staff who are taking any medication **MUST** inform the Manager of the medication and the procedures for administration.



- 3.4 Staff who require regular medication or have complex medical needs **MUST** complete a Care Plan, of copy of which should be kept in their personnel file and within the room in which they are based. The plan **MUST** include emergency procedures and the name and contact number of a next of kin.
- 3.5 Where staff are taking medication which they believe may affect their ability to care for children, they **MUST** seek medical advice, and only work directly with the children if the advice is, that the medication is unlikely to impair their ability to look after the children.
- 3.6 Arrangements for storing staff medications are the same as for children's medications(see paragraphs 3.1 and 3.2).



4.0 Process/Procedures to be followed

Prescribed Medication and Non-Prescribed Medication for Non-Emergency Use

4.1 Staff **MUST** obtain prior written permission to administer medicine to a child for each and every medicine from their parents before any medication is given by completing the 'Medication-Parent Consent form' (Appendix 4) and the 'Daily Administration Sheet' (Appendix 5).

4.2 Prior to administering any medicine the approved staff member **MUST** check the following against the container and the Daily Administration Sheet (Appendix 4)

Name of child

Name of medicine

Dose

Method of administration

Time/frequency of administration

Side effects

Prescription date (prescribed medication)

Expiry date

For non-prescribed medicines the frequency and dose will be strictly limited to the manufacturers instructions as per labelling on the container.

4.3 Children who are taking antibiotics **MUST** not be admitted to nursery for the first 24 hours of the course treatments. The first full dose of any medicine **MUST** be given to the child at home e.g. if antibiotics are to be administered three times a day then these three doses **MUST** be given before the child returns to nursery. If a child is taking antibiotic eye drops they may return to nursery after the first administration of drops.

4.4 Only staff who have been medically trained can administer medicines such as Epi-pens, rectal diazepam, etc, which **MUST** be given in accordance with the child's individual Care Plan. This training **MUST** be attended prior to the child attending the setting.

4.5 Approved staff **MUST** wash their hands prior to administering medicines.

4.6 An approved staff member **MUST** ensure that a second staff member, where possible the child's key person, is present as a witness during the administration of medicines. This staff member should countersign the Daily Administration Sheet.(Appendix 5)

4.7 Parents **MUST** sign the Daily Administration Sheet at the end of their session to acknowledge that medicines have been administered and returned.

4.8 Daily Administration Sheets are specific to individual children. Completed records **MUST** be stored in the child's file in a locked cabinet.



- 4.9 The administration of non-prescribed medication for pain or fever relief **MUST** be restricted to 2 consecutive days. If symptoms persist beyond 2 days duration then parents should consult a doctor and the child **MUST** be excluded from nursery.

For longer term inflammatory conditions, requiring regular treatment, a doctor's letter advising the regular use of a non-prescribed medication, beyond 2 days will be required.

Children on Long Term Medication

- 4.10 A Care Plan **MUST** be completed by the Manager in consultation with the parent and medical professionals for all children on long term medication to ensure that the staff team have sufficient information to meet the child's individual medical needs. Refer to the company Care Plan Policy for further information.
- 4.11 Parents only need to complete one written permission sheet for the child's medication (this applies to long term medication only). Further permission is required if there is a change of prescription or condition of the child.
- 4.12 The prescribed medication procedure **MUST** be followed with the following change for long-term medicines; the child's medicine only needs to be signed in once onto the 'Daily Administration Sheet'. The last dose column **MUST** be completed daily.

Children with Complex Medical Needs

- 4.13 A meeting **MUST** be arranged prior to the child starting at the nursery to discuss the child's needs and arrangements for medication. This meeting will be led by the Nursery Manager and where required attended by a representative from Risk Management and a member of the Operations team. A Care Plan **MUST** be completed for all children with complex needs to ensure that the staff team have sufficient information to meet the child's individual medical needs. Refer to the company Care Plan Policy for further information..
- 4.14 If the administration of prescribed medication requires technical/medical knowledge then individual training **MUST** be provided for approved members of staff by a qualified health professional or any other person deemed competent. Further advice can be sought from a member of Risk Management.
- 4.15 The Manager **MUST** ensure that training occurs before a child starts the nursery.
- 4.16 Training **MUST** be specific to the individual child concerned, and accurate records of the training kept.

Emergency administration of non-prescribed fever-relief medication (England & Wales)

- 4.17 In England and Wales there **MUST** be an emergency nursery supply of fever relief and this **MUST** be sachets (Calpol sachets). In Scotland parents **MUST** provide individual sachets of fever relief (Calpol) (identified with the child's name) for use in an emergency.



- 4.18 Prior written consent for the administration of this in case of an emergency MUST be obtained at the time of registration.
- 4.19 If a child develops a high temperature (normal temperature usually ranges between 36.5 to 37.5 degrees Celsius) they MUST be monitored and their temperature recorded every 10 minutes (Appendix 6). To record a temperature the average of three temperature readings MUST be taken. During this period of initial monitoring a member of staff MUST attempt to cool the child by:-
1. Giving the child a cool drink of water
 2. Removing all clothing except for the child's vest/T-shirt and undergarments.
 3. Using a warm flannel to sponge bath the child
 4. Refrain from cuddling the child too closely
- 4.20 If a child has recently woken from sleep and appears feverish their temperature monitoring should commence 15 minutes after the child has been fully awake.
- 4.21 If after 20 minutes the child has maintained a high temperature of 38 degrees Celsius or above and the parent did not sign in any fever relief in the morning the Manager, or in their absence the Assistant Manager, MUST contact the child's parents and :-
1. Inform the parent of their child's temperature
 2. Ask the parents if they have administered any fever relief prior to the child arriving in nursery that day.
 3. If the parent has not administered any fever relief before nursery or if four hours have passed since the last dose then ask the parent for verbal consent to administer Calpol from the emergency nursery supply. The fever relief should be administered as directed on the manufacturers dosage guidance.
 4. If the parents are not contactable and the child has been in nursery for four hours or more then the Manager, or in their absence the Assistant Manager, can administer fever relief. The fever relief should be administered as directed on the manufacturers dosage guidance.
 5. The parents must be asked to collect their child
- 4.22 The frequency and dose will be as per the manufacturer's instructions on the container.
- 4.23 Approved staff members MUST wash their hands prior and after administering medicines.
- 4.24 An approved staff member MUST ensure that a second staff member, where possible the child's key person, is present as a witness during the administration of medicines. This staff member should also sign the Daily Administration Sheet.(Appendix 5)
- 4.25 The child's temperature MUST be monitored every 10 minutes after the emergency dose..
- 4.26 If a child's temperature rises above the following thresholds
- 3-6 month old baby: 39 degrees



Baby/child over 6 months old: 40 degrees

the parents **MUST** be informed immediately. If they are close to the nursery they **MUST** collect their child immediately, if they are not contactable or not able to collect their child within the estimated arrival time of an ambulance then an ambulance **MUST** be called

4.27 Temperatures **MUST** be taken with a digital thermometer.

4.28 The Daily Administration Sheet (Appendix 5) and an Incident Report form **MUST** be completed and parents **MUST** sign the Daily Administration Sheet at the end of their session to acknowledge that medicines have been administered. This information **MUST** then be entered into the AIMS system.

4.29 Daily Administration Sheets are specific to individual children. Completed records **MUST** be stored in the child's file in a locked cabinet.

Emergency administration of non-prescribed anti-histamines (England and Wales only)

Piriton can be only be administered to children over 12 months old

4.30 In England and Wales each nursery will hold an emergency nursery supply of anti-histamines (Piriton).

4.31 Prior written consent for the administration of anti-histamines in case of an emergency **MUST** be obtained from parents at the time of registration of a child at the nursery.

4.32 Signs and symptoms of an allergic reaction include:-

Nettle rash
Hives
Swelling
Itchy eyes, ears, lips, throat and palate.

4.33 If a child has a previously undiagnosed allergic reaction the parents **MUST** be contacted by the Manager, or in the absence of the Manager by the Assistant Manager. They **MUST**

1. Inform the parent of their child's reaction
2. If the child is **MORE THAN 12 MONTHS OLD** they **MUST** ask the parents for verbal consent to administer Piriton from the emergency nursery supply and asked to collect their child.
3. They **MUST** check whether the parents have administered any Piriton in the preceding 24 hours and check this information against the manufacturers instructions for maximum doses in a 24 hour period.
4. Piriton may then be administered as per the manufacturer's instructions on the packaging.

4.34 Approved staff members **MUST** wash their hands prior and after administering medicines.



- 4.35 An approved staff member **MUST** ensure that a second staff member, where possible the child's key person, is present as a witness during the administration of medicines. This staff member should also sign the Daily Administration Sheet.(Appendix 5).
- 4.36 The Daily Administration Sheet (Appendix 5) and an Incident Report form **MUST** be completed and parents **MUST** sign the Daily Administration Sheet at the end of their session to acknowledge that medicines have been administered.
- 4.37 Daily Administration Sheets are specific to individual children. Completed records **MUST** be stored in the child's file in a locked cabinet.
- 4.38 If the child shows any signs of anaphylaxis an ambulance **MUST** be called immediately and a qualified first aider **MUST** administer first aid.
- 4.39 Signs and symptoms of anaphylaxis include:-
Swollen eyes, lips, genitals, hands, feet and other areas
Itching
Changes in heart rate
Unconsciousness
Vomiting or diarrhoea
Nausea and fever.

Refusing Medication

- 4.40 If a child refuses to take medicine staff **MUST** not force them to do so but **MUST** note this on the Daily Administration Sheet. Parents **MUST** be informed of the refusal immediately for prescribed medications.

Emergency Procedures (Medication)

- 4.41 In the event of a child having an allergic reaction to medication or a staff member administering the wrong medicine to a child the following procedures **MUST** be followed:
- Immediately notify the most senior member of staff on duty.
 - The child **MUST** remain supervised at all times. The emergency procedures on the child's Care Plan (where there is one in place) **MUST** be followed.
 - Seek medical advice.
 - Contact the parents.
 - If necessary follow the settings emergency procedures.

Reporting and Investigating Incidences

- 4.42 Following an incident involving medication the following procedures **MUST** be followed:
1. Notify a member of the Operations team for advice who will ensure that the appropriate regulatory bodies are informed.



2. Notify Human Resources and explain the incident. Carry out an investigation following their guidance.
3. Notify a representative from Risk Management. Complete an Incident Report Form and record on AIMS. Refer to the company Accident and incident Policy

Sickness and Infection Control

- 4.43 Children **MUST** be well enough to attend the Nursery and to participate in the full range of experiences on offer, including access to opportunities outdoors.

Parents **MUST** be advised of the procedure for children who are ill or infectious and of the need for parents to inform the nursery about any illness or condition affecting their child. This **MUST** include the possibility of the child being excluded from the nursery whilst ill or infectious, as well as the procedures for contacting parents, or another person as identified on the Child Collection Authorisation Form if their child becomes ill.

Exclusions and Notifications of Communicable Diseases

- 4.44 There are some infections that require exclusion periods from the nursery to ensure the control of the spread of infections. The guidance from the Health Protection Agency **MUST** be followed as detailed in Appendix 7..

- 4.45 These exclusions also apply to staff.

When an infection has been confirmed Managers **MUST** notify The Marketing Team to ensure notifications of the infection are sent to all parents attending the nursery. In addition to this signs **MUST** be placed on the main entrance door and room doors informing parents of the infection. Fact sheets are available on the Intranet and can be given to parents upon request. All signs **MUST** be removed 48 hours after the last reported case at the nursery.

Consideration **MUST** be given to the risk of infection to all those visiting or working at the nursery particularly for those infections where there is a potential risk during pregnancy.

Notifiable diseases

- 4.46 If the Manager has reason to believe that any child/staff member is suffering from a notifiable disease (see Appendix 3) the following steps **MUST** be followed:

- Notify a member of the Operations Team and the Risk Management team for advice who will ensure that the appropriate regulatory bodies are informed
- Contact the Local Health Protection Agency and follow any advice given
- Record incident detailing child's/staff details and the type of infection. Ensure any advice received is also noted and ensure that the incident is recorded on AIMS
- Ensure staff are made aware of procedures or any symptoms that they need to be aware of
- Ensure confidentiality



5.0 Legislation, Regulations and References

England - Statutory Framework for the Early Years Foundation Stage: Welfare Requirements – Safeguarding and Promoting Children’s Well-being

Managing Medicines in Schools & Early Years Settings (DCSF 05/2005)

Scotland – National Care Standards; Early Education and Childcare up to the age of 16 (2009)

Wales – National Minimum Standards for Regulated Childcare (2011)

Associated Asquith Policies and Procedures

- Accidents and Incidents Policy
- Care Plan Policy
- Confidentiality section (3.4) from Child Protection policy
- Care Routines; Nappy Changing and Toileting policy



Appendix 1

Address of Nursery _____

Person Authorised to Administer Medicines in Nursery

Name	Position	Date authorised	Manager Signature



Appendix 2

Approved Non-prescribed Medicines List

<p><u>Creams</u></p> <p>E45 Aqueous Cream Oilatum Diprobase Sudocrem Drapolene Vaseline Any over the counter barrier or moisturising creams</p>	<p><u>Temperature Control</u></p> <p>Calpol Own Brand Nurofen or other Ibuprofen</p>	<p><u>Mild Allergies</u></p> <p>Piriton</p>
<p><u>Teething Gels</u></p> <p>Calgel Parsons and Johnsons (Teething Powder) Bonjela Teething Gel</p>	<p><u>Digestive aids</u></p> <p>Gripe Water Infacol</p>	<p><u>Eye drops</u></p> <p>Any over the counter eye drops for minor inflammations & infections Saline drops for children aged 2 years & over</p>

Non-prescribed aspirin MUST NEVER be authorised for administration within the nursery



Appendix 3

List of Notifiable Diseases

Diseases notifiable (to Local Authority Proper Officers) under the Health Protection (Notification) Regulations 2010:

- Acute encephalitis
- Acute meningitis
- Acute poliomyelitis
- Acute infectious hepatitis
- Anthrax
- Botulism
- Brucellosis
- Cholera
- Diphtheria
- Enteric fever (typhoid or paratyphoid fever)
- Food poisoning
- Haemolytic uraemic syndrome (HUS)
- Infectious bloody diarrhoea
- Invasive group A streptococcal disease and scarlet fever
- Legionnaires' Disease
- Leprosy
- Malaria
- Measles
- Meningococcal septicaemia
- Mumps
- Plague
- Rabies
- Rubella
- SARS
- Smallpox
- Tetanus
- Tuberculosis
- Typhus
- Viral haemorrhagic fever (VHF)
- Whooping cough
- Yellow fever



Appendix 4

Medication – Parent consent Form

Medicines MUST be in the original containers as dispensed by the pharmacy

Room:	Date:
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Child's name:

Name of medicine (as recorded on container)	Prescribed (please ✓)	Non-Prescribed (Please ✓)

Name of medicine (as recorded on container)	Prescribed (please ✓)	Non-Prescribed (Please ✓)

Name of medicine (as recorded on container)	Prescribed (please ✓)	Non-Prescribed (Please ✓)

Reason for Medicine:

Day/Date	Dosage	Time

End date of course:

Review date for long-term medications:
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Additional Information:

GP's name and Tel No.:

Daytime phone number of parent or appointed adult:
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Appendix 4 (continued...)

The above information is to the best of my knowledge accurate at the time of writing and I give consent to the nursery staff administering medicine in accordance with the nursery policy.

Long-Term Medicines - I will inform the nursery immediately, in writing, if there is any change to dosage or frequency of the medications.

Name of parent:	Signature of Parent:
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Appendix 6 Record of Child's Temperature Chart.

Child's Name: _____ D.O.B: _____
Room: _____

Date	Time	Temperature	Staff Name	Date	Time	Temperature	Staff Name



Appendix 7 Exclusion Criteria for Communicable Diseases Part 1 of 3

Disease/Illness	Exclusion period	Notifiable disease	Additional information
Athletes foot	None	No	Treatment is recommended
Campylobacter	48 hours symptom free	No	
Chickenpox	5 days from onset of rash	No	Seek advice with regards to vulnerable children (those with reduced immunity) and pregnant staff/visitors who have not already had chickenpox
Cold sores	None	No	Avoid kissing and contact with the sores
Conjunctivitis	None		Contact HPU if an outbreak occurs
Cryptosporidiosis	48 hours from last episode	No	No swimming for 2 weeks after diarrhoea subsides
Diarrhoea and/or vomiting	48 hours from last episode	No	
Diphtheria	Seek advice from HPU	Yes	
E-Coli	Seek advice from HPU	No	
Food poisoning (non-specific)	48 hours symptom free	No	
Flu (influenza)	Until recovered	In some circumstances check with HPU	Seek advice with regards to vulnerable children (those with reduced immunity)
German measles (rubella)	6 days from onset of rash	Yes	Seek advice with regards to vulnerable children (those with reduced immunity) and pregnant staff/visitors
Glandular fever	None	No	
Hand, foot and mouth	None	Contact HPU if large numbers of children are affected	



Appendix 7 Exclusion Criteria for Communicable Diseases Part 2 of 3

Disease/Illness	Exclusion period	Notifiable disease	Additional information
Head lice	None	No	Treatment is recommended
Hepatitis A	7 days from onset of jaundice or from system onset if no jaundice	Yes	Seek advice with HPU if outbreak occurs
Hepatitis B and C	None	Yes	All bodily fluid spills must be cleaned immediately, wearing PPE, dispose of waste such as paper towels as clinical waste
HIV/AIDS	None	No	As above
Impetigo	Until lesions are crusted and healed or 48 hours after commencing antibiotic treatment	No	
Measles	4 days from onset of rash	Yes	Seek advice with regards to vulnerable children (those with reduced immunity) and pregnant staff/visitors
Meningococcal meningitis/septicaemia	Until recovered	Yes	Seek advice from HPU
Meningitis – bacterial	Until recovered	Yes	Seek advice from HPU
Meningitis – viral	None	Yes	
Molluscum contagiosum	None	No	
MRSA	None	No	
Mumps	5 days from onset of swelling	Yes	
Ringworm	None	No	Treatment is required
Roseola (infantum)	None	No	
Salmonella	48 hours symptom free	No	
Scabies	After first treatment	No	Close contacts require treatment



Appendix 7 Exclusion Criteria for Communicable Diseases Part 3 of 3

Disease/Illness	Exclusion period	Notifiable disease	Additional information
Scarlet fever	24 hours after commencing antibiotics	Yes	
Shingella/dysentery	Seek advice from HPU	No	No swimming for 2 weeks after diarrhoea has subsided
Shingles	Only if rash is weeping and can not be covered	No	Seek advice with regards to vulnerable children (those with reduced immunity) and pregnant staff/visitors who have not already had chickenpox
Slapped cheek/fifth disease/parvovirus B19	None	No	Seek advice with regards to vulnerable children (those with reduced immunity) and pregnant staff/visitors before the 20 th week of pregnancy
Threadworms	None	No	Treatment is recommended
Tonsillitis	None	No	
Tuberculosis	Seek advice from HPU	Yes	
Typhoid/paratyphoid/enteric fever	Seek advice from HPU	Yes	
Warts and verrucae	None	No	Should be covered in swimming pools and changing rooms
Whooping cough	5 days from commencing antibiotic treatment or 21 days from onset of illness if no antibiotic treatment	Yes	