

Eastlands Primary School

PE Health & Well-being

October 2020 Bulletin 1

Here is some useful material to maintain good health over the coming months and some clarity of school practice.

Thank you for your continued support

Hydration:

At Eastlands, we encourage every pupil to bring a water bottle to school to maintain their hydration levels.

Why? Recent studies suggest that adequately hydrated children may perform better in school as they are able to maintain their focus and attention throughout the entirety of the school day.

What should we drink?

As the infographic shows, the best liquid to be consumed regularly is water as it hydrates without providing extra energy (calories) or harming teeth.

As a result of this information, we insist that children arrive at school equipped with a water bottle that contains **WATER ONLY**.

Be a 'Hydration Hero'
and make sure your
bottle ONLY contains
water.



Eastlands Primary School

PE Health & Well-being

Healthy Snacks:



During break, we have a 'healthy snacking policy'. This requires pupils in years 3 –6 to bring a healthy snack to school to be consumed during break.

Fruit/ Veg is provided, under the Government scheme, for pupils in Reception and years 1&2.

Why?

Too much sugar can lead to harmful fat building up inside and serious health problems, including painful tooth decay. Therefore, fruit and vegetables are always the best choice for a break time snack

Fun Concerning fact: Half the sugar children are having comes from snacks and sugary drinks. On average, that's the equivalent to 2,500 sugar cubes a year!

Exercise:

As a school, it is a requirement that we provide a curriculum that offers pupils with the opportunity to be physically active throughout the day. Each day, a pupil should be physically active for a minimum of 30 minutes a day.

But, what is actually recommended?

It is recommended by the Department of Health and Social Care that a child over the age of 5 should aim to be active for a minimum of 60 minutes per day (on average); whilst a child of age 5 or under should aim to be active for a minimum of 180 minutes (3 hours) a day. The images, on the following pages, provide suggestions about raising physical activity both inside and outside of school.

Useful websites:

<https://www.nhs.uk/change4life>

<https://www.bbc.co.uk/teach/supermovers>

<https://www.gonoodle.com/>



Safeguarding is Everybody's Responsibility

Eastlands Primary School

Lansdowne Place, Rugby CV21 3RY Tel: 01788 57328

Eastlands Primary School

Physical activity for early years (birth – 5 years)

CLICK
HERE

Active children are healthy, happy,
school ready and sleep better



BUILDS
RELATIONSHIPS
& SOCIAL SKILLS



MAINTAINS
HEALTH &
WEIGHT



CONTRIBUTES TO
BRAIN DEVELOPMENT
& LEARNING



IMPROVES
SLEEP



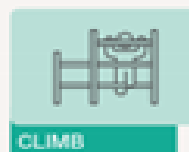
DEVELOPS
MUSCLES
& BONES



ENCOURAGES
MOVEMENT
& CO-ORDINATION

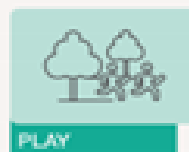
Every movement counts

Aim for at least
180
 Minutes
 per day
 for children 1-5 years



Under-1s

at least
30 minutes
across the day



Get Strong. Move More. Break up inactivity

We all have the right to feel safe all the time.

Eastlands Primary School Protective Behaviours Curriculum

Eastlands Primary School

CLICK
HERE

Physical activity for children and young people (5–18 Years)



BUILDS
CONFIDENCE &
SOCIAL SKILLS



MAINTAINS
HEALTHY
WEIGHT



DEVELOPS
CO-ORDINATION



STRENGTHENS
MUSCLES
& BONES



IMPROVES
SLEEP



IMPROVES
CONCENTRATION
& LEARNING



IMPROVES
HEALTH
& FITNESS



MAKES
YOU FEEL
GOOD

Be physically active

Spread activity
throughout
the day

Aim for an
average of at least

60

minutes per day
across week

All activities
should make you
breathe faster
& feel warmer



Activities to
develop
movement
skills, and
muscle and
bone strength
**ACROSS
WEEK**



Get strong



Move more

Find ways to help all children and young people accumulate an average of at least 60 minutes physical activity per day across the week

We all have the right to feel safe all the time.

Eastlands Primary School Protective Behaviours Curriculum

Eastlands Primary School

Warwickshire School Health and Wellbeing Service

Your school nurse led service is friendly, confidential and free for all school aged children (aged 5 – 19 years*) and their families. We can offer you and your child support on a wide range of health related issues such as:



Child Development
e.g. bedwetting, sleep, diet

Relationships

Physical Health

Healthy Eating & Lifestyle Choices

Emotional & Mental Health

Bullying

Managing Medicines

Childhood Immunisations

Smoking

Alcohol & Drugs

Sexual Health

If your child has a learning need, disability or long term health condition (e.g. epilepsy, asthma, diabetes, allergies) we can help you get the right care and support.

Friendly

Helpful

Safe

*up to 25 years for young people with special educational needs or disabilities.

For more information about this service please contact the team on:

03300 245 204 or

warwickshireSH&WBSservice@compass-uk.org

Compass



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Eastlands Primary School Protective Behaviours Curriculum

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Guidance on infection control in schools and other childcare settings



March 2017

visit www.publichealth.hscni.net or www.gov.uk/government/organisations/public-health-england if you would like any further advice or information, including the latest guidance. Children with rashes should be considered infectious and assessed by their doctor.

Prevent the spread of infections by ensuring routine immunisation, high standards of personal hygiene and practice particularly handwashing, and maintaining a clean environment. Please contact the Public Health Agency Health Protection Duty Room (Duty Room) on 0300 555 0119 or

Rashes and skin infections	Recommended period to be kept away from school, nursery or childminders	Comments
Athlete's foot	None	Athlete's foot is not a serious condition. Treatment is recommended
Chickenpox*	Until all vesicles have crusted over	See Vulnerable children and female staff – pregnancy
Cold sores (herpes simplex)	None	Avoid kissing and contact with the sores.
German measles (rubella)*	Four days from onset of rash (see per "Green Book")	Cold sores are generally mild and self-limiting. Preventable by immunisation (MMR x 2 doses). See Female staff – pregnancy
Hand, foot and mouth	None	Contact the Duty Room if a large number of children are affected. Exclusion may be considered in some circumstances
Impetigo	Until lesions are crusted and healed, or 48 hours after commencing antibiotic treatment	Antibiotic treatment speeds healing and reduces the infectious period
Measles*	Four days from onset of rash	Preventable by vaccination (MMR x 2). See Vulnerable children and female staff – pregnancy
Molluscum contagiosum	None	A self-limiting condition
Ringworm	Exclusion not usually required	Treatment is required
Roseola (infantum)	None	None
Scabies	Child can return after first treatment	Household and close contacts require treatment
Scarlet fever*	Child can return 24 hours after commencing appropriate antibiotic treatment	Antibiotic treatment recommended for the affected child. If more than one child has scarlet fever contact PHA Duty Room for further advice
Slapped cheek (fifth disease or parvovirus B19)	None once rash has developed	See Vulnerable children and female staff – pregnancy
Shingles	Exclude only if rash is weeping and cannot be covered	Can cause chickenpox in those who are not immune i.e. have not had chickenpox. It is spread by very close contact and touch. If further information is required, contact the Duty Room. See: Vulnerable Children and Female Staff – Pregnancy
Warts and verrucae	None	Verrucae should be covered in swimming pools, gymnasiums and changing rooms

Good hygiene practice

Handwashing is one of the most important ways of controlling the spread of infections, especially those that cause diarrhoea and vomiting, and respiratory disease. The recommended method is the use of liquid soap, warm water and paper towels. Always wash hands after using the toilet, before eating or handling food, and after handling animals. Cover all cuts and abrasions with waterproof dressings.

Coughing and sneezing easily spread infections. Children and adults should be encouraged to cover their mouth and nose with a tissue. Wash hands after using or disposing of tissues. Spitting should be discouraged.

Personal protective equipment (PPE). Disposable non-powdered vinyl 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). Goggles should also be available for use if there is a risk of splashing to the face. Correct PPE should be used when handling cleaning chemicals.

Cleaning of the environment, including toys and equipment, should be frequent, thorough and follow national guidance. For example, use colour-coded equipment, follow Control of Substances Hazardous to Health (COSHH) regulations and correct decontamination of cleaning equipment. Monitor cleaning contracts and ensure cleaners are appropriately trained with access to PPE.

Cleaning of blood and body fluid spillages. 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 affected 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.

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. Children's soiled clothing should be bagged to go home, never rinsed by hand.

Clinical waste. 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.

Sharps, eg needles, should be discarded straight into a sharps bin conforming to BS 7320 and UN 3291 standards. Sharps bins must be kept off the floor (preferably wall-mounted) and out of reach of children.

Sharps injuries and bites

If skin is broken as a result of a used needle injury or bite, encourage the wound to bleed/wash thoroughly using soap and water. Contact CP or occupational health or go to A&E immediately. Ensure local policy is in place for staff to follow. Contact the Duty Room for advice, if unsure.

Animals

Animals may carry infections, so wash hands after handling animals. Health and Safety Executive for Northern Ireland (HSENI) guidelines for protecting the health and safety of children should be followed.

Animals in school (permanent or visiting). Ensure animals' living quarters are kept clean and away from food areas. Waste should be disposed of regularly, and litter boxes not accessible to children. Children should not play with animals unsupervised. Hand-hygiene should be supervised after contact with animals and the areas where visiting animals have been kept should be thoroughly cleaned after use. Veterinary advice should be sought on animal welfare and animal health issues and the suitability of the animal as a pet. Reptiles are not suitable as pets in schools and nurseries, as all species carry salmonella.

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Visits to farms. For more information see <https://www.hse.gov.uk/publications/preventing-or-controlling-ill-health-animal-contact-visitor-attractions>

Vulnerable children

Some medical conditions make children vulnerable to infections that would rarely be serious in most children, these include those being treated for leukaemia or other cancers on high doses of steroids and with conditions that seriously reduce immunity. Schools and nurseries and childminders will normally have been made aware of such children. These children are particularly vulnerable to chickenpox, measles and parvovirus B19 and, if exposed to either of these, the parent/carer should be informed promptly and further medical advice sought. It may be advisable for these children to have additional immunisations, for example pneumococcal and influenza. This guidance is designed to give general advice to schools and childcare settings. Some vulnerable children may need further precautions to be taken, which should be discussed with the parent or carer in conjunction with their medical team and school health.

Female staff – pregnancy

- If a pregnant woman develops a rash or is in direct contact with someone with a potentially infectious rash, this should be investigated by a doctor who can contact the duty room for further advice. The greatest risk to pregnant women from such infections comes from their own children, rather than the workplace.
- Chickenpox can affect the pregnancy if a woman has not already had the infection. Report exposure to mink life and CP at any stage of pregnancy. The CP and antenatal care will arrange a blood test to check for immunity. Shingles is caused by the same virus as chickenpox, so anyone who has not had chickenpox is potentially vulnerable to the infection if they have close contact with a case of shingles.
- German measles (rubella). If a pregnant woman comes into contact with German measles she should inform her GP and antenatal care immediately to ensure investigation. The infection may affect the developing baby if the woman is not immune and is exposed in early pregnancy.
- Staged chlamydia (with disease or parvovirus B19) can occasionally affect an unborn child. If exposed early in pregnancy (before 20 weeks), inform whoever is giving antenatal care as this must be investigated promptly.
- Measles during pregnancy can result in early delivery or even loss of the baby. If a pregnant woman is exposed she should immediately inform whoever is giving antenatal care to ensure investigation.
- All female staff born after 1970 working with young children are advised to ensure they have had two doses of MMR vaccine.

*The above advice also applies to pregnant students.

Immunisations

Immunisation status should always be checked at school entry and at the time of any vaccination. Parents should be encouraged to have their child immunised and any immunisation missed or further catch-up doses organised through the child's GP.

For the most up-to-date immunisation advice and current schedule visit www.publichealth.hse.ie or the school health service can advise on the latest national immunisation schedule.

When to immunise	Diseases vaccine protects against	How it is given
2 months old	Diphtheria, tetanus, pertussis (whooping cough), polio and Hib Pneumococcal infection Rotavirus	One injection One injection Orally
3 months old	Meningococcal B infection	One injection
4 months old	Diphtheria, tetanus, pertussis, polio and Hib Rotavirus	One injection Orally
4 months old	Diphtheria, tetanus, pertussis, polio and Hib Pneumococcal infection Meningococcal B infection	One injection One injection One injection
Just after the first birthday	Measles, mumps and rubella Pneumococcal infection Hib and meningococcal C infection	One injection One injection One injection
Every year from 2 years old up to 17	Meningococcal B infection Influenza	One injection Nasal spray or injection

Diarrhoea and vomiting illness	Recommended period to be kept away from school, nursery or childminders	Comments
Diarrhoea and/or vomiting	48 hours from last episode of diarrhoea or vomiting	Further exclusion is required for young children under five and those who have difficulty in adhering to hygiene practices
E.coli O157 VTEC*	Should be excluded for 48 hours from the last episode of diarrhoea	Children in these categories should be excluded until there is evidence of microbiological clearance. This guidance may also apply to some contacts of cases who may require microbiological clearance
Typical* [and paratyphoid*] (enteric fever)	Further exclusion may be required for some children until they are no longer excreting	Please consult the Duty Room for further advice
Shigella* (dysentery)	Exclude for 48 hours from the last episode of diarrhoea	Exclusion from swimming is advisable for two weeks after the diarrhoea has settled
Cryptosporidiosis*	Exclude for 48 hours from the last episode of diarrhoea	
Respiratory infections	Recommended period to be kept away from school, nursery or childminders	Comments
Flu (influenza)	Until recovered	See Vulnerable children
Tuberculosis*	Always consult the Duty Room	Requires prolonged close contact for spread
Whooping cough* (pertussis)	48 hours from commencing antibiotic treatment, or 21 days from onset of illness if no antibiotic treatment	Preventable by vaccination. After treatment, non-infectious coughing may continue for many weeks. The Duty Room will organise any contact tracing necessary
Other infections	Recommended period to be kept away from school, nursery or childminders	Comments
Conjunctivitis	None	If an outbreak/cluster occurs, consult the Duty Room
Diphtheria *	Exclusion is essential. Always consult with the Duty Room	Family contacts must be excluded until cleared to return by the Duty Room. Preventable by vaccination. The Duty Room will organise any contact tracing necessary
Glaucoma fever	None	
Head lice	None	Treatment is recommended only in cases where live lice have been seen
Hepatitis A*	Exclude until seven days after onset of jaundice (or seven days after symptom onset if no jaundice)	The duty room will advise on any vaccination or other control measure that are needed for close contacts of a single case of hepatitis A, and for suspected outbreaks.
Hepatitis B*, C, HIV/AIDS	None	Hepatitis B and C and HIV are bloodborne viruses that are not infectious through casual contact. For cleaning of body fluid spills, see Good Hygiene Practice
Meningococcal meningitis*/ septicemia*	Until recovered	Some forms of meningococcal disease are preventable by vaccination (see immunisation schedule). There is no reason to exclude siblings or other close contacts of a case. In case of an outbreak, it may be necessary to provide antibiotics with or without meningococcal vaccination to close contacts. The Duty Room will advise on any action needed.

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3 years and 4 months old	Diphtheria, tetanus, pertussis and polio Measles, mumps and rubella	One Injection One Injection
Girls 12 to 13 years old	Cervical cancer caused by human papillomavirus types 16 and 18 and genital warts caused by types 6 and 11	Two injections over six months
14 to 16 years old	Tetanus, diphtheria and polio Meningococcal Infection ACWY	One Injection One Injection

This is the Immunisation Schedule as of July 2016. Children who present with certain risk factors may require additional immunisations. Always consult the most updated version of the "Green Book" for the latest immunisation schedule on www.gov.uk/government/collections/immunisation-against-infectious-diseases-the-green-book

From October 2017 children will receive hepatitis B vaccine at 2, 3, and 4 months of age in combination with the diphtheria, tetanus, pertussis, polio and Hib vaccine.

Staff Immunisations. All staff should undergo a full occupational health check prior to employment; this includes ensuring they are up to date with immunisations, including two doses of MMR.

Original material was produced by the Health Protection Agency and this version adapted by the Public Health England,
12-22 Trenchard Street, Bellingham, B17 8BS.
Tel: 0300 555 0114.
www.publichealth.hcni.net
Information produced with the assistance of the Royal College of Paediatrics and Child Health and Public Health England.

Meningitis* due to other bacteria	Until recovered	Hib and pneumococcal meningitis are preventable by vaccination. There is no reason to exclude siblings or other close contacts of a case. The Duty Room will give advice on any action needed
Meningitis viral*	None	Milder illness. There is no reason to exclude siblings and other close contacts of a case. Contact tracing is not required
MISIA	None	Good hygiene, in particular handwashing and environmental cleaning, are important to minimise any danger of spread. If further information is required, contact the Duty Room
Mumps*	Exclude child for five days after onset of swelling	Preventable by vaccination (MMR x 2 doses)
Threadworms	None	Treatment is recommended for the child and household contacts
Tonsillitis	None	There are many causes, but most cases are due to viruses and do not need an antibiotic

* denotes a notifiable disease. It is a statutory requirement that doctors report a notifiable disease to the Director of Public Health via the Duty Room.

Outbreaks: if a school, nursery or childminder suspects an outbreak of infectious disease, they should inform the Duty Room.

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