

GLYNE GAP SCHOOL

Curriculum Guideline 13: Health and Hygiene to Support Pupils' Wellbeing March 2026

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Introduction

Pupil safety and wellbeing is at the heart of what we do as a school. In a school environment there are a number of risks to that safety and wellbeing, so clear procedures are established and followed as a means of reducing those risks. We all share a responsibility to keep pupils, other staff and ourselves safe by following procedures and ensuring others are following them too. All staff receive training in Health and Hygiene as part of their induction programme.

Aims of this Policy

- To outline the risks posed to pupils and staff
- To enable staff to reduce those risks by giving clear procedures to follow
- To give staff the confidence to support pupil health and wellbeing

Infection Control

When a large number of people come together in a setting, there is an increased risk of spread of infection. Germs can spread quickly and easily from person to person. This risk is increased in our population as many of our pupils are unable to or are still developing their ability to carry out personal care routines hygienically. In addition, the handling of bodily fluids and some of the health procedures we carry out can also lead to the spread of infection. Many of our pupils are more vulnerable to infection as they have weakened immune systems and less strength to fight infection.

It is therefore vital that steps are taken to reduce the spread of infection as much as possible.

a) Hand washing

Effective hand washing can significantly impact on the spread of infection. It is important that it is done frequently and thoroughly. Hands should always be washed...

- on arrival at and departure from work
- after using the toilet
- after blowing your nose or covering a sneeze
- before and after carrying out any pupil procedure e.g. giving medication, gastrostomy feed, etc., before eating or handling food, and after handling any bodily fluids.
- whenever hands become obviously soiled

NHS guidance on hand washing says that washing your hands properly should take about as long as singing "Happy Birthday" twice (around 20 seconds). These are the steps they recommend:

1. Wet your hands with water (warm or cold)
2. Apply enough soap to cover all over your hands. You can use alcohol-based handrub if you don't have immediate access to soap and water.
3. Rub hands palm to palm.

4. Rub the back of your left hand with your right palm with interlaced fingers. Repeat with the other hand.
5. Rub your palms together with fingers interlaced.
6. Rub the backs of your fingers against your palms with fingers interlocked.
7. Clasp your left thumb with your right hand and rub in rotation. Repeat with your left hand and right thumb.
8. Rub the tips of your fingers in the other palm in a circular motion, going backwards and forwards. Repeat with the other hand.
9. Rinse hands with water (warm or cold).
10. Dry thoroughly, ideally with a disposable towel.
11. Use the disposable towel to turn off the tap.

A video of this process can be found at:

<http://www.nhs.uk/Livewell/homehygiene/Pages/how-to-wash-your-hands-properly.aspx>

b) Use of Personal Protective Equipment (PPE)

Personal Protective Equipment forms a barrier between a contaminated (or potentially contaminated) item and a non-contaminated item. Examples of PPE in our setting are gloves and aprons. Using PPE can protect the wearer or prevent the transfer of germs already on the wearer.

Gloves should be worn whenever there is a risk of infection from bodily fluids. This includes:

- Personal care routines (toileting)
- Clearing up spillages of bodily fluids (e.g. vomit, blood, urine)
- Handling clothes which are heavily soiled with bodily fluids
- Dealing with open wounds
- Carrying out medical procedures
- If the wearer has open wounds on their hands

In the case of emergency where there is not time to put gloves on, staff should ensure they wash their hands thoroughly.

Disposable aprons are also available where there is a risk of splashing. Barriers to offer protection when giving mouth to mouth resuscitation are kept in all First Aid boxes and may be used by staff.

c) Open wounds

Open wounds should be covered at all times to prevent spread of infection. Those with wounds should not use the swimming pool until the wound is completely healed.

d) Cleaning of the Environment

The school is cleaned thoroughly every day by our cleaning contractors to reduce the presence of germs and therefore the risk of infection.

Antibacterial cleaner is provided for class staff and should be kept out of the reach of children.

In addition toys and equipment should be regularly cleaned by classroom staff to reduce the risk of spread of infection. This is particularly the case when items are mouthed by pupils.

e) Cleaning of blood and bodily fluids

All spillages of blood, faeces, saliva, vomit and urine should be cleaned up immediately (always wear PPE). All classes should have access to appropriate cleaning products. If there is none available, they can be obtained from the cleaners' cupboard. Bodily fluids should be cleaned up with anti-bacterial cleaner using paper towels (not mops). Discarded paper towels should be bagged up in a tied bag, before being placed in the designated bathroom waste bin. A spillage kit is available for significant bodily fluid spills and can be obtained from the site manager.

f) Infectious Diseases

Where someone is suffering from an infectious condition, it is important that they stay away from school to reduce the risk of spreading the condition to others (pupils and staff). Generally the school states that pupils and staff should stay off until they are well enough to be in school. Details of exclusion periods for specific infectious diseases (e.g. chicken pox, conjunctivitis, scarlet fever) are available in the school office.

In the case of vomiting or diarrhoea, pupils and staff should stay off school for 48 hours after the last occurrence.

If a pupil is prescribed antibiotics, they should stay off school for at least 48 hours after starting the treatment and return only when well enough.

If a child becomes unwell during the school day and is judged not well enough to be in school, parents should be contacted and asked to collect their child from school.

Staff are encouraged to keep their Tetanus and inoculations up to date. The employee should contact their GP to arrange this. Where a bite from a child breaks the skin, the person bitten should be checked by a medical professional.

g) Head lice

If a child is suffering from head lice, parents should be informed and asked to treat the lice and a letter (available from the school office) should be sent to all parents in the class. If the child returns without any indication of being treated, parents should be contacted by phone to re-request treatment and the Designated Safeguarding Lead should be informed. They will suggest further action to be taken.

Continence / Intimate Care

Personal/Intimate Care is essential learning for our pupils and, as such, forms one of the strands of our Tier 1 PSHE Curriculum. It is therefore important that pupils are encouraged to be as independent as possible in their personal care routines to develop those skills for themselves.

However, many of our pupils need support with their personal care as they are not able to carry these routines out independently. Pupils needing support will have a personal/intimate care policy which has been written by the class teacher and shared with the team. It should be displayed in the bathroom area where the pupil is supported with their personal/intimate care. This IPA is reviewed at least annually as part of Autumn term curriculum intent liaison.

This is part of what the school provides for its pupils and, as such, staff members are expected to support pupils with this area. Staff members should be shown how each child's personal care is managed supported by the IPA, the personal care should be led by a familiar adult who knows the pupils well. When supporting a pupil's personal care routine, it is important that this is done in a way that maintains the pupil's dignity at all times.

Communicating with the pupil throughout enables them to develop awareness of the process. If at any point staff members are unsure of what they are being asked to do they must report it to the class teacher.

Gloves should always be used where there is a risk of coming into contact with bodily fluids. Used wipes, gloves and pads should be disposed of in the designated bin provided in the bathroom area (not down the toilet).

First Aid

In the case of an accident, First Aid should be given immediately. The class team can deal with minor bumps and a First Aid box is available in each class. In addition, there are a number of qualified First Aiders trained to deal with more serious incidents. A list of trained first aiders is posted on the notice board in the front office at school. First Aiders will treat pupils and/or staff and make decisions about whether they need further medical attention. They will also contact parents by phone if they have concerns about the injury. In cases where a pupil needs to go to A&E they should be accompanied by a member of staff who knows them well.

a) First Aid equipment

First Aid boxes are kept in all classrooms and in the school office. It is the class team's responsibility to advise the lead first aider if contents are missing. The lead first aider carries out regular checks of all first aid boxes. Portable First Aid kits are taken on educational visits and are available from the School Office.

Oxygen is kept in certain classrooms where pupils are likely to need access to it. A list of oxygen canister locations is kept in the main school office and classrooms are identified by an oxygen notice on the classroom door.

Pupils' individual emergency medication is kept in their classes (or an agreed place for cold storage) and is taken with them when they go offsite.

b) Head Injuries

Head injuries can result in concussion, so particular care needs to be taken when a pupil has a head injury. Any pupil who has a head injury must be seen by a First Aider who will treat them and advise whether they need to go to A&E. Parents should be informed by telephone as soon as possible after the event. In addition a Head Injury form, which outlines the signs of concussion, is completed and sent home and the pupil is given a bumped head sticker. If the pupil stays in school, it is the responsibility of the class team to monitor them throughout the day for signs of concussion and alert the First Aider in the case of any concerns.

c) Recording of incidents

If a pupil receives First Aid an Accident / Incident form should be completed on CPOMS. All first aid on CPOMS is allocated to the lead first aider. If the incident was as a result of pupil behaviour, a Behaviour Incident form should also be completed on CPOMS.

Any injuries to staff should also be recorded on an accident/incident form and placed in the yellow file in the staffroom. They are checked and signed by the lead first aider. The information from the accident/incident form are input through BROM/COM onto staff files.

The lead first aider reports all first aid administered to the learning and working safely committee.

Numbers of accidents / behaviour related incidents are reported to Governors termly in the Head teacher's report.

d) Training

All staff receive basic first aid training on a yearly basis, which covers choking, resuscitation and recovery position. In addition a group of people receive accredited First Aid training and become our school First Aiders. This training is renewed every 3 years and they receive annual update training.

Some of our pupils require emergency medication in the case of epileptic seizures, allergic reactions and asthma. Individuals working with these pupils are trained to administer this medication and receive regular updates to maintain their status as having been trained. Pupils requiring this emergency medication should always have someone with them or in the vicinity who has been trained. Further information on training around medical procedures is available in CG4 Meeting Pupils' Medical Needs.

Medical needs

In school we take a holistic approach to the education of all pupils, and are committed to meeting all their needs throughout the school day, including their medical needs.

a) Medication

Medication administered generally falls into 3 categories:

- Routine medication that the pupil takes at set times every day (e.g. epilepsy medication)

- Temporary medication that the pupil is taking for a fixed period of time (e.g. antibiotics)
- Emergency medication, given in the case of emergency (e.g. seizure or allergic reaction)

Further information on meeting pupils' medical needs is available in CG4 Meeting Pupils' Medical Needs.

b) Return to School Meetings

If a pupil has had surgery, a medical intervention or an extended period of absence through ill health, a Return to School Meeting should be held to get a multidisciplinary picture of any changes to the pupil's needs, and to agree on a suitable time for the pupil to return to school, once the teacher is confident that all needs can be met within the context of the classroom.

Class teachers should:

- Inform parents of the requirement to call a meeting, ensuring they understand their child must not return to school until the meeting has been held.
- Request that parents inform the school when the surgery has taken place and the child is home. The meeting should not be arranged before this.
- Fix a date and time for the meeting, and inform the necessary people using the letter in Appendix 1. (Suggested invitees – pupil's physiotherapist; occupational therapist; parents; paediatric home care team).
- The Healthcare lead will chair the meeting, ensuring adequate information is gained, in order to make an informed decision as to whether the pupil can return to school (this could be part time initially if necessary). Ensure that any necessary modifications to the environment / routine are discussed (see appendix 2).
- If it is agreed that the pupil cannot yet return to school, another follow up meeting should be fixed to re-evaluate the situation.
- After the meeting, file the information in the pupil's file in the office.

Staff Health and Wellbeing

Working in a school such as this is an enormous privilege but can also be physically, mentally and emotionally demanding. As a school we place significant importance on staff health and wellbeing and take responsibility for all our staff. In order to do this we ensure the school provides a supportive environment based on trust, respect and strong relationships. In addition, school policies, procedures and training aim to equip staff with the skills and knowledge they need to be successful and there are clear channels for staff to discuss any difficulties they may be having.

However, staff have a responsibility for looking after themselves and seeking help when needed. Staff can do this by...

- Following school procedures, which are designed with both staff and pupils in mind.
- Taking time off to fully recover from illness and not rushing back to work.
- Telling people if they are finding something difficult; asking for help.
- Swapping with another team member if they need to; accepting that we all have good days and bad days, days when we can and can't cope with different things.
- Speaking to someone –Mental Health First aider, team members, Head of School, friends and family, anyone!

The school has access to a counselling service, please see Business Manager for details.

Staff should also take the time to familiarise themselves with the Staff Handbook which can be found on the intranet.

Reporting concerns

The school is committed to the highest standards of openness and expects employees to come forward and voice appropriate concerns. In many situations the voicing of a concern to the person in question may be sufficient, however it may be that concerns need to be raised with the Headteacher, the Designated Safeguarding Lead or another member of the Senior Leadership Team. Please see SH10 Reporting Professional Concerns and CG2 Safeguarding and Child Protection for further information.

References and Appendices

Relevant Policies

CG4 Meeting pupil's medical needs

CG2 Safeguarding and Child Protection

SH10 Reporting Professional Concerns

Appendices

Appendix 1: Invitation letter for Return to School Meeting

Appendix 2: Minutes of Return to School Meeting

February 2025

Appendix 1: Invitation letter for Return to School Meeting



Glyne Gap School

**School Place, Hastings Road
Bexhill on sea,
East Sussex TN40 2PU**

Headteacher: Kirsty Prawanna

Date

Dear

Re: Return to School Planning Meeting

Child's Name.....

You are invited to attend this meeting on at Glyne Gap School.
The time of the meeting is.....

The purpose of this meeting is to agree a plan for the care and management of the child on their return to school, and to agree a suitable return date. This is to ensure that we can continue to meet their needs and that everyone understands issues relating to correct positioning, exercise, mobility, rest etc.

Your input to this meeting is of the highest importance, so we hope this is a suitable date and time. Please ring and let us know whether or not you will be attending. You may remember that the school has a policy of not readmitting pupils after surgery/intervention/extended periods of absence through ill health until this meeting has taken place.

Thank you for your cooperation.

Yours sincerely

Healthcare Lead

Copies to:
Parents

Physiotherapist
Occupational Therapist
Paediatric Home Care Team

Appendix 2: Minutes of Return to School Meeting

GLYNE GAP SCHOOL

Return to School Meeting

Pupil Name:

Date of Meeting:

Present:

What has been done? (Information re surgery, intervention, etc.)

Where are we now? (Medication, pain control, routines, mobility, physical management, etc.)

Implications for return to school: (Activities, physical management, positioning, safety, transport, mobility, pain, stamina, etc.)

Agreed plan for return: (How many days or part days per week, etc.)

Date for review of plan if necessary