Leicestershire Partnership NHS Trust

The Management of Infectious Events and Exclusion from Childcare and School for Childhood Infections Policy

This policy describes the management of infectious events and any exclusion from childcare and school to reduce the spread of infection. This relates to childhood infections. The policy has been developed for staff working within Community Health Services, Community Inpatient Facilities and Primary Care

Key words: Childhood infections, incubation period, Exclusion,

Version: 9

Approved by: Infection Prevention and Control Assurance Group

Ratified By: Health and Security Committee

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Review date: December 2026

Expiry date: June 2027

Type of Policy: clinical and non-clinical.

Please add if this policy is sensitive and cannot be made Public on the website.

Contents

Policy On A Page

SUMMARY & AIM

The purpose of this policy is to inform healthcare workers of the most common forms of infection that affect babies, children and young people and is inclusive of disease and incubation periods, infections and periods of exclusion required from school, etc. This policy is for all staff employed by LPT.

When children are in close and frequent contact with each other, infectious diseases can spread rapidly. Excluding a child from a childcare setting or school when not necessary can be a burden on parents or guardians; however, failing to exclude an infected child (with signs or symptoms of infection) could lead to an increased incident or outbreak of infection in the childcare setting/school.

Infection prevention and control safety is a legal requirement under the Health & Safety at Work Act 1974. This policy provides information to staff who may come into contact with children as part of their work on the common illnesses and infections that affect babies, children and young people and the appropriate management which include timescales for exclusion from schools, nurseries or crèches.

TARGET AUDIENCE:

This policy is for all staff employed by or working for Leicestershire Partnership Trust.

TRAINING

There is no requirement for training regarding this policy

KEY REQUIREMENTS

When children are young, because their immunity may not have fully developed, they are often highly susceptible to infectious diseases. When children are in close and frequent contact with each other, infectious diseases can spread rapidly. There are a number of simple procedures which can be implemented to help protect children from infections including:

- Good hygiene practices, including hand hygiene
- Exclusion of children and adults with infections, when appropriate, from the relevant setting
- Prompt and appropriate treatment of infections

Generally, the main sources of infection are people, domestic animals, contaminated raw food and water.

This policy includes the most common childhood infections and diseases and the infectious periods, including exclusion from nursery/school/care environment and that of contacts.

1.0 Quick look summary

Please note that this is designed to act as a quick reference guide only and is not intended to replace the need to read the full policy.

1.1 Version control and summary of changes

Version number	Date	Comments (description change and amendments)
Version 1	March 2008	Infection Control guideline for Childhood Infections in community health services, inpatient facilities and primary care
Version 2	January 2009	Review of Guideline by Amanda Howell
Version 3	October 2010	Review of guideline for and distributed for Consultation
Version 4	November 2010	Amendments following consultation process.
Version 5	July 2011	Harmonised in line with LCRCHS, LCCHS (Historical organisation's) and LPT.
Version 6	August 2014	Review of document in line with expiry date
Version 6	June 2018	Review of policy in line with expiry date
Version 7	May 2021	Review of policy in line with expiry date, looking at any new guidance including Covid-19
Version 8	July 2021	Review of policy
Version 9	June 2024	Review of policy in line with expiry date

For Further Information Contact:

1.2 Key individuals involved in developing and consulting on the document

- Accountable Director – James Mullen Interim Director of Nursing, AHPS & Quality, Emma Wallis Deputy Director of Nursing & Quality
- Implementation Lead – Amanda Hemsley Head of Infection Prevention & Control
- Author(s) – Reviewed by Amanda Hemsley Head of Infection Prevention & Control
- Core policy reviewer Group – Infection Prevention & Control Assurance Group
- Wider Consultation – Infection Prevention & Control Assurance Group Members

Trust Policy experts

- Corporate Governance Lead with a responsibility for policies
- Head of Quality Governance and Quality Improvement
- Deputy Head of Nursing
- Equality and Diversity Lead
- Patient Safety Lead
- Patient Experience and Engagement Lead
- HR representative
- Health and Safety Representative
- Clinical Safety Officer
- Infection Control Representative
- Trust Secretary
- Head of Training and Development

1.3 Governance

Level 2 or 3 approving delivery group – Infection Prevention and Control Assurance Group

Level 1 Committee to ratify policy – Quality and Security Committee

1.4 Equality Statement

Leicestershire Partnership NHS Trust (LPT) aims to design and implement policy documents that meet the diverse needs of our service, population and workforce, ensuring that none are placed at a disadvantage over others. It takes into account the provisions of the Equality Act 2010 and promotes equal opportunities for all. This document has been assessed to ensure that no one receives less favourable treatment on the protected characteristics of their age, disability, sex (gender), gender reassignment, sexual orientation, marriage and civil partnership, race, religion or belief, pregnancy and maternity.

If you would like a copy of this document in any other format, please contact lpt.corporateaffairs@nhs.net

1.5 Due Regard

LPT will ensure that due regard for equality is taken and as such will undertake an analysis of equality (assessment of impact) on existing and new policies in line with the Equality Act 2010. This process will help to ensure that:

- Strategies, policies and procedures and services are free from discrimination.
- LPT complies with current equality legislation.
- Due regard is given to equality in decision making and subsequent processes.
- Opportunities for promoting equality are identified.

Please refer to due regard assessment (Appendix 4) of this policy

1.6 Definitions that apply to this policy.

Consent: a patient's agreement for a health professional to provide care. Patients may indicate consent non-verbally (for example by presenting their arm for their pulse to be taken), orally, or in writing. For the consent to be valid, the patient must:

- be competent to take the particular decision;
- have received sufficient information to take it and not be acting under duress.

Due Regard: Having due regard for advancing equality involves:

- Removing or minimising disadvantages suffered by people due to their protected characteristics.
- Taking steps to meet the needs of people from protected groups where these are different from the needs of other people. Encouraging people from protected groups to participate in public life or in other activities where their participation is disproportionately low.

Children vulnerable to infections: Some medical conditions make children more vulnerable to infections that would not usually be serious in most children. Children vulnerable to infection include those being treated for leukaemia or other cancers, on high doses of steroids by mouth, and with conditions which seriously reduce their immunity.

Consultant in Public Health: A consultant who is knowledgeable in infectious diseases.

Exclusion period: The period of time that a person with and infectious disease must be excluded from, for example childcare settings to limit the risk of infection being passed on to other people.

Immunocompromised: An immune system that is impaired by disease or treatment, where an individuals ability to fight infection is decreased.

Incubation period: The time from the moment of exposure to an infectious agent until signs and symptoms of the disease appear.

Infection: An organism present at a site and causes and inflammatory response, or where an organism is present in a normally sterile site.

Transmission: Transmission is the act of transferring something from one spot to another, like a disease going from one person to another.

Treatment: Care provided to improve a situation (especially medical procedures or applications that are intended to relieve illness or injury).

Vesicle: A small blister

2.0 Purpose and Introduction/Why we need this policy

The purpose of this policy is to inform healthcare workers of the most common forms of infection that affect babies, children and young people and is inclusive of disease and incubation periods, infections and periods of exclusion required from school, etc. This policy is for all staff employed by LPT.

When children are in close and frequent contact with each other, infectious diseases can spread rapidly. Excluding a child from a childcare setting or school when not necessary can be a burden on parents or guardians; however, failing to exclude an infected child (with signs or symptoms of infection) could lead to an increased incident or outbreak of infection in the childcare setting/school.

Infection prevention and control safety is a legal requirement under the Health & Safety at Work Act 1974. This policy provides information to staff who may come into contact with children as part of their work on the common illnesses and infections that affect babies, children and young people and the appropriate management which include timescales for exclusion from schools, nurseries or crèches.

It is not a treatment therapy guideline. Alternative advice should be sought regarding treatment.

3.0 Policy Requirements

When children are young, because their immunity may not have fully developed, they are often highly susceptible to infectious diseases. When children are in close and frequent contact with each other, infectious diseases can spread rapidly. There are a number of simple procedures which can be implemented to help protect children from infections including:

- Good hygiene practices, including hand hygiene
- Exclusion of children and adults with infections, when appropriate, from the relevant setting
- Prompt and appropriate treatment of infections

Generally, the main sources of infection are people, domestic animals, contaminated raw food and water.

Infections can be transmitted in a variety of ways:

Direct contact with infected people, animals, blood and other body fluids, e.g. contact with blood spills during first aid.

- Self-infection from the body's own germs, e.g. bladder infections are commonly due to normal gut organisms invading the urinary tract.
- Gastrointestinal infections (tummy upsets) usually arise from consuming contaminated food or water (food poisoning) but sometimes result from faecal germs being carried to the mouth on unwashed hands (faecal-oral transmission)
- Airborne transmission of infection occurs in two ways: either germs are carried on skin scales as they are shed from our bodies or by respiratory droplets expelled when we cough, sneeze or talk.
- Infections spread indirectly e.g. on unwashed hands to surfaces
- Insects, other pests and pets can act as vehicles for transfer of infection

3.1 Exclusions from schools, nurseries or crèches

The following table outlines the most common forms of infection that affect babies, children and young people. The table identified is a guide. For further advice please contact the infection prevention and control team or Public Health England.

Table 1: Childhood Infections – exclusions from schools, nurseries or crèches

Disease	**Incubation period**	**Infectious period**	**Infectious person – exclusion period**	**Contact – exclusion period**
Bronchiolitis	5 – 8 days	During the acute stage of the illness	Until the child is well	None
Chickenpox and shingles	13 – 21 days	1 – 2 days before and 5 days after the rash develops	Until all vesicles have crusted over	If the contact is pregnant seek advice from GP/Obstetrician
Conjunctivitis	12 – 72 hours	During active infection prior to treatment	None	None
Campylobacter **Dysentery** **E. Coli 0157Food poisoning** **Gastro-enteritis** **Giardiasis** **Salmonellosis**	Few hours to a few days	When having symptoms of diarrhoea and/or vomiting	Further exclusion may be required for some children until they are no longer excreting the bacteria (irrespective of symptomatic diarrhoea)	Further exclusion is required for children aged five years or younger and those who have difficulty in adhering to hygiene practices. Children in these categories should be excluded until there is evidence of microbiological clearance, (this may also apply to some contacts).
Diarrhoea and vomiting		When having symptoms	For 48 hours from the last episode of diarrhoea and/or vomiting In some circumstances,	A risk assessment will be undertaken by Public Health England to identify any actions

			advice may need to be sought from the Consultant in Health Protection	required for contacts dependent on the organism identified
Covid-19				
Cryptosporidiosis		When having symptoms	Exclude for 48 hours from the last episode of diarrhoea	Exclusion from swimming is advisable for two weeks after diarrhoea has settled.
Fifth Disease Parovirus, or slapped cheek syndrome	Variable 4 – 20 days	Infectious before onset of rash	Until the child feels well	Pregnant women should seek advice from antenatal services
Hand, Foot and mouth disease	3 – 5 days	During acute stage of illness	Until the child feels well	None
Head and Body Lice (Pediculosis)	Eggs hatch between 7 – 10 days	As long as eggs or lice remain alive	None, treatment should be commenced as soon as the condition has been confirmed	None
Hepatitis A	2 – 6 weeks	Several days before first symptoms until 7 days after onset of jaundice (most infectious before jaundice starts)	No designated time for exclusion. The child can return to school when they feel well enough to do so. Children under 5 and those with poor hygiene should be excluded for 7 days from the onset of jaundice or stools going pale.	Public Health England will undertake risk assessment and advise GP on any action for contacts
Hepatitis B and C	6 months to 6 weeks	Not infectious under normal school conditions	No designated time for exclusion. The child can return to school when they feel well enough to do so.	Public Health England will undertake risk assessment and advise GP on any action for contacts
Herpes Simplex Cold sores	2 – 12 days	During infection	None. Avoid kissing and contact with the sores	None
Human Immunodeficiency Virus (HIV) Infection	Variable	Not infectious under normal school conditions	None	None
Impetigo	4 – 10 days	As long as septic spots are discharging pus	Until lesions are crusted or healed, or 48 hours after commencing antibiotic treatment	None
Measles	7 – 14 days	1 day before first symptoms until 4 days after the onset of rash	Until 5 days from the onset of rash and the child feels well	None
Meningitis	2 – 10 days depending	Clinical cases are rarely infectious	None. Until the child feels well (For	None. Household

	on cause		meningococcal meningitis Public Health England will give advice on any action needed)	contacts may be given antibiotic treatment
Mumps	12 – 25 days Commonly 18 days	6-7 days before and up to 6 days after the onset of swelling	5 days from onset of swollen glands and when child feels well	None
Ringworm on body Tinea Corporis		As long as rash is present	None, treatment needed from GP	None
Rubella German Measles	16 – 18 days	Most infectious before rash appears	6 days from onset of the rash	None. If contact is a pregnant woman, seek advice from GP
Scabies	1 day to 6 weeks, depending on previous exposure	Until mites and eggs are destroyed by treatment	Until day after treatment	None. Household contacts should be treated at the same time
Scarlet Fever and Streptococcal Infection	1 – 3 days	Start of sore throat starts until 24 hours after antibiotics started	Child can return 24 hours after commencing appropriate antibiotics	None
Threadworms	2 – 6 weeks for life cycle to complete	As long as eggs are shed in the faeces (stools)	None, but the child should be treated	None, household contacts should be treated at the same time
Tuberculosis TB	4 – 6 weeks	As long as sputum contains the bacteria	Public Health England will undertake risk assessment and advise	None. Close contacts may need screening
Verrucae Planter warts	2 – 3 months	As long as the wart is present	Verrucae must be appropriately covered in swimming pools, gymnasium and changing rooms.	None
Whooping Cough Pertussis	6 – 20 days	2-4 days prior to symptoms occurring, up until 21 days after the start of cough. If treated with antibiotics, 5 days after starting the course	5 days from commencing antibiotic treatment, or 21 days from onset of illness if no antibiotic treatment	None

More information can be found from the Department of Health leaflet, guidance on infection control in schools and other childcare settings.

Patients with known or suspected meningitis should be referred immediately to the emergency department either by dialing 999 or via their GP.

It is essential that all cases of notifiable diseases are reported immediately to the United Kingdom Health Security (UKHSA), East Midlands Health Protection Team:

- During office hours 0344 225 4524
- Outside of office hours on 0115 967 5099
- Or via East Midlands Ambulance Service on 0115 9296477 (in the case of an emergency)

Young girls in school who may be pregnant and in contact with others who have or have had an infectious disease should seek advice from their Public Health Nurse/General Practitioner

3.2 Immunisations

Immunisations status should always be checked at school entry and at the time of any vaccination. Any vaccinations that have been missed should be given and further catch-up doses organised at school or through the child's GP. Appendix 1 shows the vaccines that are routinely offered and the age at when they should ideally be given.

4.0 Duties within the Organisation

For duties regarding the implementation and responsibilities please refer to the Infection Prevention and Control Assurance Policy

5.0 Consent

Clinical staff must ensure that consent has been sought and obtained before any care, intervention or treatment described in this policy is delivered. Consent can be given orally and/ or in writing. Someone could also give non-verbal consent if they understand the treatment or care about to take place. Consent must be voluntary and informed and the person consenting must have the capacity to make the decision.

In the event that the patient's capacity to consent is in doubt, clinical staff must ensure that a mental capacity assessment is completed and recorded. Someone with an impairment of or a disturbance in the functioning of the mind or brain is thought to lack the mental capacity to give informed consent if they cannot do one of the following:

- Understand information about the decision
- Remember that information
- Use the information to make the decision
- Communicate the decision

6.0 Monitoring Compliance and Effectiveness

Compliance with policy is outlined in the LPT Infection Prevention and Control Assurance Policy.

7.0 References and Bibliography

Control in Schools and other childcare settings DH (2010) Health Protection Legislation (England) London.

DH Public Health Agency (2017) Guidance on Infection

LPT Infection prevention and control management of patients requiring source isolations policy

Wilson, J. (1995) Infection Control in Clinical Practice. London: Bailliere Tindall

8.0 Fraud, Bribery and Corruption consideration

The Trust has a zero-tolerance approach to fraud, bribery and corruption in all areas of our work and it is important that this is reflected through all policies and procedures to mitigate these risks.

Fraud relates to a dishonest representation, failure to disclose information or abuse of position in order to make a gain or cause a loss. Bribery involves the giving or receiving of gifts or money in return for improper performance. Corruption relates to dishonest or fraudulent conduct by those in power.

Any procedure incurring costs or fees or involving the procurement or provision of goods or service, may be susceptible to fraud, bribery, or corruption so provision should be made within the policy to safeguard against these.

If there is a potential that the policy being written, amended or updated controls a procedure for which there is a potential of fraud, bribery, or corruption to occur you should contact the Trusts Local Counter Fraud Specialist (LCFS) for assistance.

UK Health Security Agency

Routine childhood immunisations

From September 2023

Age due	Diseases protected against	Vaccine given and trade name		Usual site[1]
Eight weeks old	Diphtheria, tetanus, pertussis (whooping cough), polio, Haemophilus influenzae type b (Hib) and hepatitis B	DTaP/IPV/Hib/HepB	Infanrix hexa or Vaxelis	Thigh
	Meningococcal group B (MenB)	MenB	Bexsero	Left thigh
	Rotavirus gastroenteritis	Rotavirus	Rotarix[2]	By mouth
Twelve weeks old	Diphtheria, tetanus, pertussis, polio, Hib and hepatitis B	DTaP/IPV/Hib/HepB	Infanrix hexa or Vaxelis	Thigh
	Pneumococcal (13 serotypes)	PCV	Prevenar 13	Thigh
	Rotavirus	Rotavirus	Rotarix[2]	By mouth
Sixteen weeks old	Diphtheria, tetanus, pertussis, polio, Hib and hepatitis B	DTaP/IPV/Hib/HepB	Infanrix hexa or Vaxelis	Thigh
	MenB	MenB	Bexsero	Left thigh
One year old (on or after the child's first birthday)	Hib and MenC	Hib/MenC	Menitorix	Upper arm/thigh
	Pneumococcal	PCV booster	Prevenar 13	Upper arm/thigh
	Measles, mumps and rubella (German measles)	MMR	MMRvaxPro[3] or Priorix	Upper arm/thigh
	MenB	MenB booster	Bexsero	Left thigh
Eligible paediatric age group[4]	Influenza (each year from September)	Live attenuated influenza vaccine LAIV	Fluenz Tetra[5,6]	Both nostrils
Three years four months old or soon after	Diphtheria, tetanus, pertussis and polio	dTaP/IPV	Boostrix-IPV	Upper arm
	Measles, mumps and rubella	MMR (check first dose given)	MMRvaxPro[3] or Priorix	Upper arm
Boys and girls aged twelve to thirteen years	Cancers and genital warts caused by specific human papillomavirus (HPV) types	HPV[6]	Gardasil 9	Upper arm
Fourteen years old (school Year 9)	Tetanus, diphtheria and polio	Td/IPV (check MMR status)	Revaxis	Upper arm
	Meningococcal groups A, C, W and Y	MenACWY	Nimenrix	Upper arm

1. Intramuscular injection into deltoid muscle in upper arm or anterolateral aspect of the thigh.
2. Rotavirus vaccine should only be given after checking for SCID screening result.
3. Contains porcine gelatine.
4. See annual flu letter at: www.gov.uk/government/collections/annual-flu-programme
5. If LAIV (live attenuated influenza vaccine) is contraindicated or otherwise unsuitable use inactivated flu vaccine (check Green Book Chapter 19 for details).
6. See Green Book chapter 18a for immunising immunocompromised young people who will need 3 doses.

Selective immunisation programmes

Target group	Age and schedule	Disease	Vaccines required
Babies born to hepatitis B infected mothers	At birth, four weeks and 12 months old[1,2]	Hepatitis B	Hepatitis B (Engerix B/HBvaxPRO)
Infants in areas of the country with TB incidence >= 40/100,000	Around 28 days old[4]	Tuberculosis	BCG
Infants with a parent or grandparent born in a high incidence country[3]	Around 28 days old[4]	Tuberculosis	BCG
Children in a clinical risk group	From 6 months to 17 years of age	Influenza	LAIV or inactivated flu vaccine if contraindicated to LAIV or under 2 years of age
Pregnant women	At any stage of pregnancy during flu season	Influenza	Inactivated flu vaccine
	From 16 weeks gestation	Pertussis	dTaP/IPV (Boostrix-IPV)

1. Take blood for HBsAg at 12 months to exclude infection.
2. In addition hexavalent vaccine (Infanrix hexa or Vaxelis) is given at 8, 12 and 16 weeks.
3. Where the annual incidence of TB is >= 40/100,000 – see www.gov.uk/government/publications/tuberculosis-tb-by-country-rates-per-100000-people
4. Check SCID screening outcome before giving BCG.

For vaccine supply information for the childhood programme please visit portal.immform.phe.gov.uk and check vaccine update for all other vaccine supply information.

immunisation | The safest way to protect children and adults

NHS

Appendix 1 Training Needs Analysis

Training required to meet the policy requirements must be approved prior to policy approval. Learning and Development manage the approval of training. Send this form to lpt.tel@nhs.net for review.

Training topic/title:	No training required to support implementing this policy		
Type of training: (see Mandatory and Role Essential Training policy for descriptions)	**Yes - Not required** ☐ Mandatory (must be on mandatory training register) ☐ Role Essential (must be on the role essential training register) ☐ Desirable or Developmental		
Directorate to which the training is applicable:	☐ Directorate of Mental Health ☐ Community Health Services ☐ Enabling Services ☐ Estates and Facilities ☐ Families, Young People, Children, Learning Disability and Autism ☐ Hosted Services		
Staff groups who require the training: (consider bank /agency/volunteers/medical)			
Governance group who has approved this training:		Date approved:	
Named lead or team who is responsible for this training:			
Delivery mode of training: elearning/virtual/classroom/ informal/adhoc			
Has a training plan been agreed?			
Where will completion of this training be recorded?	☐ uLearn ☐ Other (please specify)		
How is this training going to be quality assured and completions monitored?			
Signed by Learning and Development Approval name and date	A O'Donnell ALISON O'DONNELL	Date: 12.6.2024	

Appendix 2 The NHS Constitution

- The NHS will provide a universal service for all based on clinical need, not ability to pay.
- The NHS will provide a comprehensive range of services.

Shape its services around the needs and preferences of individual patients, their families and their carers Answer yes/no to all

Respond to different needs of different sectors of the population yes/no

Work continuously to improve quality services and to minimise errors yes/no

Support and value its staff yes/no

Work together with others to ensure a seamless service for patients yes/no

Help keep people healthy and work to reduce health inequalities yes/no

Respect the confidentiality of individual patients and provide open access to information about services, treatment and performance yes/no

Appendix 3 Due Regard Screening Template

Section 1			
Name of activity/proposal			
Date Screening commenced			
Directorate / Service carrying out the assessment			
Name and role of person undertaking this Due Regard (Equality Analysis)			
Give an overview of the aims, objectives and purpose of the proposal:			
AIMS:			
OBJECTIVES:			
Section 2			
Protected Characteristic	If the proposal/s have a positive or negative impact please give brief details		
Age			
Disability			
Gender reassignment			
Marriage & Civil Partnership			
Pregnancy & Maternity			
Race			
Religion and Belief			
Sex			
Sexual Orientation			
Other equality groups?			
Section 3			
Does this activity propose major changes in terms of scale or significance for LPT? For example, is there a clear indication that, although the proposal is minor it is likely to have a major affect for people from an equality group/s? Please tick appropriate box below.			
Yes		No	
High risk: Complete a full EIA starting click here to proceed to Part B		Low risk: Go to Section 4.	
Section 4			
If this proposal is low risk please give evidence or justification for how you reached this decision:			
Signed by reviewer/assessor		Date	
Sign off that this proposal is low risk and does not require a full Equality Analysis			
Head of Service Signed		Date	

Appendix 4 Data Privacy Impact Assessment Screening

Data Privacy impact assessment (DPIAs) are a tool which can help organisations identify the most effective way to comply with their data protection obligations and meet Individual's expectations of privacy.
The following screening questions will help the Trust determine if there are any privacy issues associated with the implementation of the Policy. Answering 'yes' to any of these questions is an indication that a DPIA may be a useful exercise. An explanation for the answers will assist with the determination as to whether a full DPIA is required which will require senior management support, at this stage the Head of Data Privacy must be involved.

Name of Document:	**The Management of Infectious Events and Exclusion from Childcare and School for Childhood Infections Policy**	
Completed by:	**Amanda Hemsley**	
Job title	**Head of Infection Prevention and Control**	**Date 05/06/24**

Screening Questions	**Yes / No**	**Explanatory Note**
1. Will the process described in the document involve the collection of new information about individuals? This is information in excess of what is required to carry out the process described within the document.	No	
2. Will the process described in the document compel individuals to provide information about them? This is information in excess of what is required to carry out the process described within the document.	No	
3. Will information about individuals be disclosed to organisations or people who have not previously had routine access to the information as part of the process described in this document?	No	
4. Are you using information about individuals for a purpose it is not currently used for, or in a way it is not currently used?	No	
5. Does the process outlined in this document involve the use of new technology which might be perceived as being privacy intrusive? For example, the use of biometrics.	No	
6. Will the process outlined in this document result in decisions being made or action taken against individuals in ways which can have a significant impact on them?	No	
7. As part of the process outlined in this document, is the information about individuals of a kind particularly likely to raise privacy concerns or expectations? For examples, health records, criminal records or other information that people would consider to be particularly private.	No	
8. Will the process require you to contact individuals in ways which they may find intrusive?	No	

If the answer to any of these questions is 'Yes' please contact the Data Privacy Team via Lpt-dataprivacy@leicspart.secure.nhs.uk
In this case, ratification of a procedural document will not take place until review by the Head of Data Privacy.

Data Privacy approval name:	
Date of approval	

Acknowledgement: This is based on the work of Princess Alexandra Hospital NHS Trust