



Child Illness Policy

Woolgrove School Special Needs Academy

**Michelle Swift and Anne Linnell
October 2014**

Woolgrove School

Child Illness Policy

The following guidelines have been produced in discussion with the School Nurse.

Any child suffering from a doubtful rash, raised temperature, sore throat, discharge from the eyes or nose should be kept at home until they feel well enough to return to school.

If you are unsure we suggest contacting your GP Surgery or **NHS Direct call 111** for further advice.

(Taken from the NHS Direct website October 2013)

If you're feeling unwell...

Check your symptoms online now

We have over 40 health and symptom checkers on the NHS Choices website. [View the full list of our health and symptom checkers](#) and get health advice now.

For NHS [health A-Z information](#), [common health questions](#) and [local NHS service provider information](#), visit [NHS Choices](#).

Or call NHS 111 by dialling 111 from landline or mobile free of charge.

You can also call us on this number if you have a non-urgent medical query or would like information about another health related issue.

Form 3B

When children need medication during the school day written parental consent form 3B needs to be completed (available from the school office or on the School website- see below.)

Sickness

If, in the opinion of the Head Teacher or Senior Leadership Team, a child is too sick to attend school, the school reserves the right to refuse to accept that

child. Every effort will be made to contact the Parents/Carers. If your child has Transport provided by County, the pupil will be unable to travel back home in the taxi. The school will require a nominated person to collect the child if symptoms of sickness or diarrhoea occur during the school day. Please ensure the school has up to date emergency contact details (especially if you have recently changed your mobile phone contract or moved house.) The Teacher, Family Support Worker and yourself will work together to ensure your child returns home as soon as possible.

The school also reserves the right to remove a child to hospital in the event of an emergency.

If your child is too ill to attend school, you should contact school between 8.00am and 9.30am **at the latest** on the first day of absence and on subsequent days thereafter. This is to maximise security and safety measures. If no message is received from Parents / Carers regarding a child's absence, then a member of staff from the class will contact you to clarify their absence on that day at 9:30am approximately.

TO MINIMISE THE RISK OF TRANSMISSION OF INFECTION TO OTHER CHILDREN AND STAFF, THE FOLLOWING GUIDELINES ARE SUGGESTED REGARDING HOW LONG A PUPIL COULD REMAIN ABSENT FROM SCHOOL

(Please be aware medical advice may change from the time this Policy was written. If in any doubt professional medical advice should be sought)

Medical Condition

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| Diarrhoea & Vomiting | Until there has been no diarrhoea or vomiting for 48 hours (two clear days) |
| Head lice | Treat with appropriate lotion on 1 st day. Treat with same lotion 7 days later. No period of exclusion necessary, parents and carers to inform school as soon as they notice infestation of lice. |
| Meningitis | Child may return to school once they feel well enough and the Dr has confirmed the child is well enough to take part in activities. |
| Asthma | Child must have an in date inhaler with a prescription label attached to both the inhaler and spacer if appropriate. Please ensure you have asked the dispensing pharmacist to included clear directions on the prescription label for administration. If the Asthma attack is severe the |

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| | school may choose to request an ambulance for assistance. Parents/Carers will be requested to meet their child and a member of Woolgrove Staff will meet you at the hospital |
| Epilepsy | Some children will receive Buccal Midazolam or equivalent (see further guidance below) |
| Mumps | 5 days from onset of swollen glands and child feels well |
| Impetigo | Once the spots have crusted or healed and the child feels well |
| Scabies | Child can return to school once treatment has been completed |
| Verruca | Child does not need to stay away from school and can go swimming if verruca covered with a waterproof plaster |
| Threadworm (known as worms) | Child may return day after treatment |
| Ringworm | Child may return day after treatment |
| Chickenpox & Shingles | 5 days after appearance of the last crop of spots and the vesicles are crusted over |
| Conjunctivitis (also known as- pink eye) | The eyes may have yellow discharge as well as appearing bloodshot or itchy. A child should remain at home until treated and/or eye(s) appear normal again |
| German Measles (Rubella) or Measles | 5 days from onset of rash and until child feels well |
| Scarlet Fever | When child feels well, usually after about 5 days |
| Whooping Cough | 5 days from commencing antibiotics or 21 days without treatment |
| Slapped Cheek | Child may return to school once they feel well enough to take part in activities. |
| Travel Sickness | If travelling on county transport it is the responsibility of Parents /Carers to provide a suitable plastic bag / container for their child to use in the event that they are sick. If this occurs on the way to school, staff will dispose of fluids appropriately to assist transport. On the way home, the taxi staff will pass this onto Parents /Carers for disposal. |
| Scabies | Child may return to school after one course of treatment is completed. |
| Cold sores | Child may return to school after the sore has been |

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| | tried has dried and crusted over. |
| Croup | Mild croup, if child feels well enough they may attend school. Severe croup please keep child home and seek medical advice. Child can return to school when feeling better. |
| Hand, Foot and Mouth | Child may return once they feel better, ready to take part in activities |
| Scarlet fever and Strep Throat | Child may return to school 24 hours after treatment started. |

Parental consent form - once completed this will give permission for a member of class staff to administer / supervise your child having their medication. If a child is on a long-term medication you will be asked to complete one of these forms on a yearly basis, or if the prescription changes mid year.

Hand over of medication form - A member of staff will ask parents / carers to sign to acknowledge that they have received their child's medication. If the child has County Transport provided, the taxi staff will be involved in this process as will staff who receive the medication in the morning. This enables the school to monitor where the child's medication is at all times. On rare occasions a Parent/Carer may be required to visit the school during the school day to assist with dosage of medications or to complete the necessary medical forms needed by the school.

Medication for Epilepsy - school staff are trained to administer Buccal Midazolam medication. This can only be given with the parental permission form3b, an RD1 form. The RD1 is completed by your family Dr / Consultant and a Care Plan that has been agreed with the Parent / Carer and Nurse must be completed. Without all of the 3 forms we cannot administer epilepsy medication. You will be contacted by a Senior Member of Staff informing you of any seizure; the school will call 999 immediately (if the Care Plans specifies this) and ask the Parent / Carer to meet their child at the hospital. A member of staff will travel with the child and meet you at the hospital and hand over responsibility to you.

To download any Woolgrove medication forms via the website please go to www.woolgrove.herts.sch.uk - then click: **INFORMATION** - then click **OTHER INFORMATION**, this will take you to the downloadable medical page.

All medications will need to be taken on school trips if the dose is required whilst the child is offsite. Asthma pumps will accompany the child; this includes swimming, horseracing or any other trips.

To manage the different medicines in school, each child requiring medicine is assigned a clear sealable plastic wallet. This is clearly named and includes their medicine, photo ID, and the relevant medical forms kept inside. Copies of these forms are also filed with the Family Support Worker, the Head teacher and stored in the child's main folder in the School Office.

Where are medicines stored?

Certain medicines are kept in the locked cupboard in the Medical Room. Other medicines are stored in the Safe, other medications need refrigeration and asthma pumps and creams are kept in locked COSHH cupboards in each class, for ease of access. A record sheet is on the door of the COSHH cupboard with child's name, medication and expiry date.

Prescribed Medicines - to ensure that we are administering the correct medication to a child we can **only accept** medication that is clearly labelled from a pharmacist and dated. In the event of any prescribed medication coming into school that is not labelled, it **will not** be given.

Bought over the counter medication - will need to be clearly named and in date for this to be administered and agreed with the same parental permission form completed.

Out of date medication:

The following measures are put in place to ensure out of date medication is **NOT** administered to any children.

- A chart is attached to the outside of each classroom COSHH cupboard.
- Asthma pumps stored in the cupboard are listed, also quoting expiry dates.
- Forms 3B are completed with medication expiry dates.
- Anne Linnell - checks all medication in - medical room cupboard, the safe and COSHH cupboards.
- If medication expires, then the Medical Officer will contact parents/carers asking them to arrange for safe disposal. If this is not convenient, parents/carers are required to sign a letter in agreement; the Medical Officer will dispose of these on their behalf. The pharmacist is asked by the school to sign a receipt in acknowledgement of the medication and their agreement to dispose of it safely.

Running out of medication - We will send home a letter to parents / carers letting them know that we are running out of medication in time for them to send in some more.

Medical Data form

The School will also ask Parents/Carers to complete a Medical Data form at least once a year or more frequently if required should new medical diagnosis happen during the school year.

Form 6

When a child is given / supervised having their medication a named member of staff supporting a child's needs will record this in a log named "Record Book for the Administration of Medication/Creams etc"

Pregnant staff-

It is important to inform the school if your child is diagnosed with specific conditions that could affect our staff should they be pregnant. Examples include measles, chicken pox, slap cheek. Please seek advice from medical staff if unsure.

Medication- three times a day

If your child needs to have medication three times a day. This should ideally be given before school, after school and at bedtime. If there are four daily doses required, the school can assist with a lunchtime dose after completing a form 3B.

For further information please see the Department for Education

Supporting pupils at school with medical conditions- September 2014.

Ref: DFE-00393-2014

<https://www.gov.uk/government/publications/supporting-pupils-at-school-with-medical-conditions--3>

Also please see

MANAGING MEDICINES IN SCHOOLS AND EARLY YEARS SETTINGS

March 2005

Reference: 1448-2005DCL-EN

Also please see

Statutory guidance

Supporting pupils with medical conditions: links to other useful resources

Published 1 September 2014

<https://www.gov.uk/government/publications/supporting-pupils-at-school-with-medical-conditions--3/supporting-pupils-with-medical-conditions-links-to-other-useful-resources--2>

If you have any queries regarding medicines and dietary needs in school, please speak to

Mrs. Anne Linnell, Family Support Worker on 01462 622422