



**WOOLGROVE SCHOOL,  
SPECIAL NEEDS ACADEMY**

# **Child Illness Policy**



‘Equal opportunities lie at the heart of all that we do at Woolgrove.  
We are committed to ensuring that every member of the school community,  
whatever their position, race, gender, disability or religion is given the  
same chance as any other to access the services  
and support of the school’

Anne Linnell

Updated: July 2023

Review Date: July 2026

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.

### **Form 3B**

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

### **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, Anne Linnell and parents/carers will work together to ensure that the 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 or school office will contact you to clarify their absence on that day by approximately 9:30am.

### **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 Conditions**

#### **Pupils can return to school when:**

Covid 19	The child and their immediate household have self isolated for the appropriate Government recommended timescale and are symptom free. Alternatively the child and the family have been tested for Covid 19 and results are negative. As this is an ever-changing situation up-to-date advice will need to be sought on <a href="https://www.gov.uk/coronavirus">https://www.gov.uk/coronavirus</a> and/or from Public Health England (PHF).
Diarrhoea & Vomiting	There has been no diarrhoea or vomiting for 48 hours (two days clear) from the last bout or sickness (Health Protection Agency (HPA) guidance).

**Medical Conditions****Pupils can return to school when:**

Head Lice	Treat with appropriate lotion on 1st 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 doctor has confirmed the child is well enough to take part in activities.
Epilepsy	Some children will receive a prefilled syringe of 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 the verruca is 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 treated, has dried and crusted over.
Croup	<b>Mild croup:</b> if child feels well enough they may attend school. <b>Severe croup:</b> 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.

### **IHCP (Individual Health Care Plan)**

Each child diagnosed with a medical condition will have an IHCP which will be written in consultation with the parents/carers, class teacher and Anne Linnell. Copies of these are given to the class team and electronically saved on the staff server, with paper copies filed in the Medical Room and with Anne Linnell; these are filed under the child's first name. IHCP's are also attached to the child's Education Health Care Plan (EHCP).

### **Handover 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 when the following paperwork has been completed:

1. Parental permission on Form 3B
2. Epilepsy Care Plan completed by the child's Epilepsy Consultant and agreed with the parent/carer and Epilepsy Nurse
3. IHCP completed with Anne Linnell, Class Teacher and parent/carer.

Unless all of the 3 forms are agreed and signed staff cannot administer epilepsy medication.

Parents/carers will be contacted by a Senior Member of Staff informing them 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 parents at the hospital and hand over responsibility to them.

To download any Woolgrove medication forms via the website please go to our school website, [www.woolgrove.herts.sch.uk](http://www.woolgrove.herts.sch.uk) – then click Pupils – then click medical forms, 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, 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 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.

### **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.

### **Running out of medication**

We will send home a letter, letting you know that we are running out of medication in time for you 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 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", this process will be witnessed and signed by a second member of staff.

### **Pregnant staff**

Please notify us if your child has any illness. 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, CMV etc. Please seek advice from medical staff if unsure.

### **Medication given three times a day**

If your child needs to have medication three times a day this should 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.

(Taken from the NHS Direct website September 2017)

If you're feeling unwell...

For an assessment of your symptoms and advice on your next steps, please call 111 or, if it's less urgent, see your GP

For NHS health [A-Z information](http://www.nhs.uk/conditions/pages/hub.aspx) please see <http://www.nhs.uk/conditions/pages/hub.aspx>

For further information please see the Department for Education

Supporting pupils at school with medical conditions- December 2015

[https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/638267/supporting-pupils-at-school-with-medical-conditions.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/638267/supporting-pupils-at-school-with-medical-conditions.pdf)

## Administering Medicines in School

The table below contains advice that members of staff can refer to when administering medicines to pupils in school. It is based on the Department for Education's (DofE's) statutory guidance on supporting pupils at school with medical conditions.

DO	DO NOT
<ul style="list-style-type: none"><li>Remember that any member of school staff may be asked to provide support to pupils with medical conditions, but they are not obliged to do so.</li><li>Check the maximum dosage and when the previous dosage was taken before administering medicine.</li><li>Keep a record of all medicines administered. The record should state the type of medicine, the dosage, how and when it was administered, and the member of staff who administered it.</li><li>Inform parents if their child has received medicine or been unwell at school.</li><li>Store medicine safely.</li><li>Ensure that the child knows where his or her medicine is kept, and can access it immediately.</li></ul>	<ul style="list-style-type: none"><li>Give prescription medicines or undertake healthcare procedures without appropriate training.</li><li>Accept medicines unless they are in date, labelled, in the original container and accompanied by instructions.</li><li>Give prescription or non-prescription medicine to a child under 16 without written parental consent, unless in exceptional circumstances.</li><li>Give medicine containing aspirin to a child under 16 unless it has been prescribed by a doctor.</li><li>Lock away emergency medicine or devices such as adrenaline pens or asthma inhalers.</li><li>Force a child to take their medicine. If the child refuses to take it, follow the procedure in the individual healthcare plan and inform their parents.</li></ul>

DfE: Supporting pupils with medical conditions: links to other useful resources.

Updated 16 August 2017

<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