



Inspire Education Trust

Together we achieve, individually we grow

Managing/Preventing Illness (Children) Procedure - Primary

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Document History

Version	Status		Date	Author	Summary Changes
V1			Feb 22	Rob Darling	

• Aims

School recognises its responsibility to promote a culture where health issues are discussed in an open and positive way to achieve high standards. The health and well-being of children is of paramount importance. In order to maintain a clean and healthy environment for all our children we ask that parents refrain from bringing children to school if they are sick and displaying signs of illness

Aims:

- To ensure sick children are identified
- To ensure sick children are cared for appropriately
- To protect children and adults from preventable infection
- To enable staff and parents to be clear about the requirements and procedures when children are unwell
- To deal efficiently and effectively emergencies that may arise while children are in our care.

• First Aid

Under duties set out in the Health & Safety (First Aid) Regulations 1981, the School recognises its responsibilities in providing adequate and appropriate equipment, facilities and personnel to enable suitable first aid to be given at the School.

The School has at a number of designated members of staff responsible for First Aid. First aiders hold current First Aid Certificates. They are responsible for maintaining the correct contents of all First Aid boxes and administering First Aid when necessary and appropriate. A member of staff also holds the Paediatric First Aid qualification.

The names of staff who are nominated First Aiders or who have completed First Aid qualifications are displayed on posters around the school.

The Headteacher / Foundation Phase Leader will ensure that there is a fully trained First Aider available at all times during the school day and is responsible for enabling the members of staff concerned to receive adequate First Aid training.

The First Aid box will be regularly checked to ensure its contents are up to date, in good condition and fulfil the criteria set out in the Health and Safety (First Aid) Regulations 1981.

The box should contain

- A card or leaflet giving general guidance
- Sterile triangular bandages
- Adhesive plasters
- A sterile eye pad with attachment
- Cotton wool
- Crepe bandaged
- A sterile gauze
- Micropore tape
- Sterile cornering for serious wounds

- Individual wrapped assorted dressings
- Waterproof disposable gloves
- A disposable bag for soiled material

The location of the First Aid box, and the names of any other qualified first-aiders, will be clearly displayed around the School's premises.

A First Aid box will be taken on all off site visits or outings. This is the responsibility of the designated First Aider, or where this is not possible, the Phase Leader.

• **In the Event of a Major Accident, Incident or Illness**

The School requests that parents/carers complete and sign the emergency medical treatment form (see Appendix 2) enabling the Phase Leader or any member of staff so empowered, to give permission for emergency medical treatment for their child in the event of a major accident, incident or illness occurring at the School.

In the event of such an event, the following procedures will apply:

In the first instance, the First Aider will be notified and take responsibility for deciding upon the appropriate action.

The First Aider will assess the situation and decide whether the child needs to go straight to hospital or whether they can safely wait for their parent/carer to arrive.

If the child needs to go straight hospital, an ambulance will be called. The parents/carer will also be contacted. A member of staff will accompany the child to hospital and will consent to medical treatment being given, so long as the emergency medical treatment form has been completed and signed.

If the child does not need to go straight to hospital but their condition means they should go home, the parent/carer will be contacted and asked to collect their child. In the meantime, the child will be made as comfortable as possible and be kept under close supervision (from this point on, the provisions of the School's infectious and communicable diseased policy will govern the child return to the School).

Parents/carers will be made fully aware of the details of any incidents involving their child's health and safety, and any actions taken by the School.

All such accidents or incidents will be recorded in detail and logged in the Incident Record Book or the Accident Record Book. Parents/carers will be asked to sign in the relevant section of the book to acknowledge the incident or accident and any action taken by the School.

The Headteacher / Foundation Phase Leader and other relevant members of staff should consider whether the accident or incident highlights any actual or potential weaknesses in the School's policies or procedures, and act accordingly, making suitable adjustments where necessary.

• **In the Event of a Minor Accident, Incident or Illness**

In first instance, the designated First Aider will be notified and take responsibility for deciding upon any appropriate action.

If the child does not need hospital treatment and is judged to be able to safely remain at the School, the First Aider will remove the child from the activities and, if appropriate, treat the injury/illness themselves.

If and when the child is feeling sufficiently better, they will be resettled back into the activities, but will be kept under close supervision for the remainder of the session.

At the end of the session, the First Aider will fully inform the parent/carer of the incident or accident and any treatment given.

If the injury or illness incurred is such that treatment by the First Aider is deemed inappropriate but does not warrant hospitalisation, the parent/carer will be contacted immediately and asked to collect their child. Until the parent/carer arrives, the child will be kept under close supervision and as comfortable as possible (from this point on, the provisions of the School's infectious and communicable diseases policy will govern the child's return to the School).

All such accidents and incidents will be recorded in detail and logged in the Incident Record Book or the Accident Record Book and parents/carers should sign to acknowledge the incident and any other action taken.

The headteacher and any other relevant staff should consider whether the accident or incident highlighted in any actual or potential weaknesses in the School's policies or procedures, and make suitable adjustments if necessary.

The Headteacher / Foundation Phase Leader will notify Ofsted and the Health and Safety executive of any hospital visits due to an accident in the School

• **Medication**

- In circumstances where the designated First-Aider is absent, the Phase Leader will assume all responsibilities, or nominate an appropriately trained replacement.
- Wherever possible, children who are prescribed medication should receive their doses at home. If it is necessary for medication to be taken during sessions at the School, children should be encouraged to take personal responsibility for this, where this is appropriate. Parents/carers and staff should discuss such situations at the earliest possible opportunity and decide together on the best course of action.
- Staff may only administer medication to the child if it is prescribed by a GP, and if the request to do so is from the child's parent or carer and is given in writing at the start of the session, stating frequency and dosage. Parents/carers can make such a request by completing and

signing the administering medication form

- Staff have the right to decline such a request from a parent/carer if they are in any way uncomfortable with this. The School is likely to decline a request from parents/carers to administer medication where this involves technical knowledge or training. Where this occurs a medical plan is likely to be drawn up.

- **The Procedure for Administering Medication at the School is as follows:**

Medication will never be given without the prior written request of the parent/carer and a written and signed instruction from the child's GP, including frequency, dosage, any potential side effects and any other pertinent information (See Administering Medication Form – Appendix 3).

A member of staff will be assigned to administer medication for each individual child concerned. They will also be responsible for ensuring that:

- Prior consent is arranged
- All necessary details are recorded
- That the medication is properly labelled and safely stored during the session
- Another member of staff acts as a witness to ensure that the correct dosage is given
- Parents/carers sign in the medication record book to acknowledge that the medication has been given

If for any reason a child refuses to take their medication, staff will not attempt to force them to do so against their wishes. If and when such a situation occurs, the Phase Leader and the child's parent/carer will be notified, and the incident recorded in the Medication Record Book.

Staff will not administer 'over the counter' medication, only that prescribed by the child's GP. Where children carry their own medication (asthma pumps or insulin for example), the School recommends that staff hold onto the medication until it is required. This is to minimise possible loss of medication and to ensure the safety of other children. Inhalers should always be labelled with the child's name.

If there is any change in the type of medication – whether regarding dosage or other changes to the information given on the administering medication form – a new form must be completed.

Full details of all medication administered at the School. Along with all administering medication forms, will be recorded and stored in the medication record book.

7 Sun Protection

The Phase Leader and staff understand the dangers posed to children and themselves by over exposure to the sun.

In hot weather, parents/carers are encouraged to provide sun screen for their children. A store of sun protection should also be kept on the premises. Children will also be encouraged to wear a hat when playing outside in the sun.

In hot weather, staff will encourage children to drink water frequently. Staff should also ensure that shady areas out of the sun are always available to children when playing outside.

Closing the School in an emergency

In very exceptional circumstances, the School may need to be closed at very short notice due an unexpected emergency. Such incidents should include:

- Serious weather conditions (combined with heating system failure)
- Burst water pipes.
- Discovery of dangerous structural damage
- Fire or bomb scare/explosion
- Death of member of staff
- Serious assault on a staff member by the public
- Serious accident or illness

In such circumstances, under the direction of the Headteacher, the Phase Leader and staff will ensure that all steps are taken to keep both the children and themselves safe. All staff and children will assemble at the pre-arranged venue, where a register will be taken.

Steps will then be taken to inform parents/carers and to take the necessary actions in relation to the cause of the closure. All children will be supervised until they are safely collected.

We understand the needs of working parents and do not aim to exclude children from school unnecessarily. However the decision of the school is final when requesting the exclusion of a child for illness or infection. Decisions will take into account the needs of the child and those of the group.

Children with infectious or contagious diseases will be excluded for certain periods. If a member of staff suspects that a child has an infectious or contagious disease, they will request that parents consult a doctor before returning the child to school.

We recommend that no child may attend the school while suffering from one of the communicable diseases and they should be excluded for the minimum periods recommended. Please see guidelines to illness / communicable diseases.

Coughs and colds do not normally require the child to be excluded but this depends on the severity and how the child is able to cope with the school routine. If a child appears unwell we may ask that the child is taken home.

Although exposure of children to a communicable disease is not in itself sufficient reason to require their exclusion from school, any child who becomes a home contact of diphtheria, poliomyelitis, typhoid and paratyphoid fevers will be excluded.

A child who has sickness or diarrhoea whilst at the school is to be collected immediately and kept away for 48 hours following the last bout of sickness or diarrhoea.

Parents will always be contacted and informed if their child has a high temperature of 101F / 38C

or above.

To prevent the spread of conjunctivitis, suspected cases will be reported immediately to parents who will be requested to take their child from school to be seen by a doctor.

Chicken Pox – children need to be absent from nursery for a minimum of 5 days from the onset of the rash. After this time, if all the spots have dried and scabbed over, the child can return to school.

Parents will also be contacted if their child develops a rash or suspected thrush. This will need to be checked by a Doctor whose advice should be followed.

Disease / Illness	Minimal Exclusion Period
Diarrhoea / Vomiting Illnesses	
Diarrhoea / Vomiting	48 hours from last episode of diarrhoea or vomiting
E.coli 0157 VTEC	Exclusion is important for some children - consult with your local Health Protection Unit
Typhoid* [and Paratyphoid*] (Enteric Fever)	Exclusion is important for some children - consult with your local Health Protection Unit
Shigella (Dysentery)	Exclusion may be necessary
Respiratory Infections	
'Flu' (Influenza)	Excluded until recovered
Tuberculosis*	Consult with your local Health Protection Unit
Whooping cough* (Pertussis)	Excluded for five days from commencing anti-biotic treatment or 21 days from onset of illness if no antibiotic treatment

Rashes / Skin Infections	
Athletes Foot	Is not a serious condition but treatment is recommended
Chicken Pox	Excluded for 5 days from the onset of the rash
Cold Sores (Herpes Simplex)	No exclusion necessary
German Measles (Rubella)*	Excluded for 5 days from the onset of the rash
Impetigo	Excluded until lesions are crusted or healed
Measles*	Excluded for 5 days from the onset of the rash
Molluscum Contagiosum	No exclusion necessary
Ringworm	Excluded until treatment commences
Roseola (Infantum)	No exclusion necessary
Scabies	Excluded until first treatment
Scarlet Fever*	Excluded for 5 days after commencing antibiotics
Slapped Cheek / Fifth Disease Parvovirus B19	No exclusion necessary
Shingles	Excluded until treated
Warts & Verrucae	No exclusion necessary

* denotes a notifiable disease.

This list is advisory and should not be considered exhaustive.

In addition, we reserve the right to consult the NHS Direct website for further advice and information.

Reviewed by: M Smith/R Darling February 2022

Next Review Date: February 2025

Approved by Head of Education, Primary: 15 March 2022

Signed:



Rob Darling
Head of Education, Primary