



## **Illness, Medication and Quarantine Periods**

The following information provides guidance on Illness, Medication, Quarantine Periods and Infection Control within school. It is paramount for us to prevent the spread of infection through routine immunisation, high standards of personal hygiene and practice, particularly hand washing.

### **Administration of Medicines**

It is the school's policy that we can only administer medicines to children that have been prescribed by a GP, Consultant and for children with a Health Care Plan. School requires parents/carers to complete and sign an Administration of Medicines form with all relevant information pertaining to their child's medication and/or medical condition. We do not administer Paracetamol, Calpol, Nurofen as it is not a prescription medicine.

Controlled Medication will be administered by a member of staff in the presence of a second member of staff. Each member of staff will sign the Administration of Controlled Medication form. All Controlled Medication will be kept in a secure coded box which will be kept in the central medicines cupboard which is locked.

**Safeguarding - See School Safeguarding Policy.** All staff have appropriate child protection and safeguarding training with the Head of School as designated lead responsible for monitoring safeguarding issues in school. We actively encourage our children to use modern technology to the fullest of its potential. In this school we believe that the best protection from the dangers that can exist around online safety is to develop pupil's awareness through our teaching and their learning. **All staff have had PREVENT training and are aware of the dangers that can exist to children's well-being in its many forms.** [SEP]

## **Covid -19 Coronavirus**

- *With the spread of Covid-19 coronavirus - hand sanitizers have been placed around the school where hand washing is not available.*
- *Good hygiene is critical at all times. All waste generated must be dealt with as a contaminated waste and disposed of in a clinical waste bag.*

## **COVID-19 Control Measures**

1. **Ensure good hygiene for everyone.**
2. **Maintain appropriate cleaning regimes.**
3. **Keep occupied spaces well ventilated.**
4. **Follow public health advice on testing, self-isolation and managing confirmed cases of COVID-19.**

## **Hygiene**

Frequent and thorough hand cleaning is now regular practice. All pupils and staff

are to continue to ensure they clean their hands regularly with soap and water or hand sanitiser.

## **Respiratory Hygiene**

The 'catch it, bin it, kill it' approach continues to be important and used in school.

Refer to the [e-bug COVID-19 website](#) for free resources, including materials to encourage good hand and respiratory hygiene.

## **DFE Schools COVID-19 Operation Guidance**

### **COVID-19 Coronavirus**

Children can get Coronavirus (COVID-19), but they seem to get it less often than adults and it is usually less serious.

#### **Symptoms of COVID-19 Coronavirus in children**

The main symptoms are:-

- **A high temperature (fever)**
- **A new continuous cough** - This means coughing a lot, for more than an hour, or 3 or more coughing episodes in 24 hours
- **A loss or change to sense of smell or taste** - this means they cannot smell or taste anything, or *things smell or taste different to normal.*

#### **What to do if your child has symptoms or is suspected of having COVID-19**

- If COVID-19 symptoms are present or suspected at school your child will be isolated in a separate room while waiting for transport home. Your child will be supervised by a member of staff in full PPE.
- Your child will need to take a LFT
- If there is a negative test result and symptoms have gone then the child can return to school.
- If a child has a positive test result they must remain at home for 10 days.

#### **Asthma**

If your child suffers from Asthma, we ask that two Inhalers including one Spacer be provided for school. One inhaler will be kept in the central medicines cupboard and the second will be kept in the classroom. An Administration of Medicines form will need to be completed with dosage requirements. Each child's inhaler will be labelled with the child's name and the expiry date.

#### **Allergies**

If your child suffers from any form of allergy the school must be notified. This includes food allergies, allergies to medicines, latex, lactose intolerance and dairy. Where possible (if it a food allergy a Doctor's Letter or letter from a Consultant is required, along with the child's personal Health Care Plan and any medication appertaining to that allergy, epipens etc are required by school in a clear, secure, named box (including expiry dates).

#### **Nut and Food Allergies**

- We are a 'Nut Free' school as we have children in school with Nut Allergies. We ask that no foods/snacks containing nuts or traces of nuts be brought into school at any time. This includes packed lunches, snacks, on school trips and residential visits.
- Other food allergies include fish, dairy products, eggs and some fruits.

#### **Hay Fever**

- Hay fever can be controlled using over-the-counter medication from your pharmacist. If the pollen count is high, and your child suffers with Hay Fever we would recommend that you take

preventative measures by giving your child their antihistamine medication before leaving for school in the morning.

- If your child's symptoms require prescription medication this can be administered in school and will need an Administration of Medicines form to be completed with dosage requirements.

### **Allergies to Medicines**

- If your child is allergic to any medicines, such as Penicillin, Antibiotics etc, school has to be notified of this as a record needs to be kept in case a child is admitted to hospital or requires medical attention on or off- site.

### **Conjunctivitis/Eye drops**

- The recommended period to be kept away from school is none. However, Conjunctivitis can be treated by using the recommended treatment for Conjunctivitis., This is over-the-counter eye drops from your pharmacist. Eye-drops are administered every two hours for the first 48 hours, (as this is the most contagious period), then four hourly after that.
- To enable the regularity of the two hourly doses we suggest your child stays at home for this period. When four hourly doses begin school will be able administer the eye drops. Eye drops need to be labelled with the child's name and date of purchase as they only have a four weeks shelf life once opened.

### **Diarrhoea and/or Vomiting**

The recommended period to be kept away from school is 48 hours from the last episode of diarrhoea or vomiting.

### **Head Bumps**

If a child has a bump to the head during school time the appropriate first aid will be administered ie cold compress, sit quietly and will be monitored throughout the day. A 'Head Bump' letter will be sent home to parents/carers making them aware of the bump, including signs and symptom to be aware of.

### **Head Lice (Nits)**

Treatment is recommended only in cases where live lice have been seen. Treatment can be purchased from a pharmacist. The recommended period to be kept away from school is NONE.

## **Rashes and Skin Infections**

### **Chickenpox \* (*refer to vulnerable children and female staff – pregnancy at end of policy*)**

The recommended period to be kept away from school is until all vesicles (spots) have crusted over.

### **German Measles - (Ruebella) \* (*refer to vulnerable children and female staff – pregnancy at end of policy*)**

The recommended period to be kept away from school is Four days from onset of rash. This is preventable by immunisation (MMR x 2 doses).

### **Hand, Foot and Mouth**

The recommended period to be kept away from school is NONE.

### **Impetigo**

The recommended period to be kept away from school is until lesions are crusted and healed, or 48 hours after starting antibiotic treatment.

### **Measles \* (*refer to vulnerable children and female staff – pregnancy at end of policy*)**

The recommended period to be kept away from school is Four days from the onset of the rash.

### **Ringworm**

Exclusion is not usually required. Treatment is required.

### **Scabies**

Children can return to school after the first treatment. Household and close contacts require treatment.

### **Scarlet Fever**

Children can return to school 24 hours after starting appropriate antibiotic treatment, Antibiotic treatment is recommended for the child.

### **Slapped Cheek\*** (*refer to vulnerable children and female staff – pregnancy at end of policy*)

The recommended period to be kept away from school is NONE (once rash has developed).

### **Shingles\*** (*refer to vulnerable children and female staff – pregnancy at end of policy*)

- The recommended period of time kept away from school is NONE, UNLESS the rash is weeping and cannot be covered. Rash must be dry, scabbed over and covered.
- Shingles can cause chickenpox in those who are not immune, ie have not had chickenpox. It is spread by close contact and touch.

### **Warts and Varrucae**

- The recommended period of time to be kept away from school is NONE.
- Varrucae should be covered during swimming lessons, during gym lessons and changing rooms.

## **Respiratory and Other Infections**

### **Respiratory Hygiene**

The 'catch it, bin it, kill it' approach continues to be important and used in school.

### **Flu (Influenza)**

The recommended period to be kept away from school is Until Recovered. A Flu vaccination programme is in place for children at our school. (***Details of this will be posted when dates are available***).

### **Whooping Cough**

The recommended period of time to be kept away from school is Five days from starting antibiotic treatment or 21 days from onset of illness if no antibiotic treatment. This is preventable by vaccination. After treatment, non-infectious coughing may continue for many weeks.

### **Mumps**

The recommended period of time to be kept away from school is Five days after onset of swelling. This is preventable by vaccination (MMR x2 doses).

### **Threadworms (Pin worms)**

The recommended period of time to be kept away from school is NONE. Treatment is recommended for the child and household contacts.

### **Tonsillitis**

This depends on the severity of the illness, whether it is a viral or bacterial infection. The recommended period of time to be kept away from school is NONE. There are many causes, but most cases are due to viruses and do not need an antibiotic.

## **Good Hygiene Practice**

**Hand washing** – Hand washing is one of the most important ways of controlling the spread of infections, especially those that cause diarrhoea and vomiting, and respiratory disease. Always wash hands after using the toilet, before eating or handling food.

**Coughing & Sneezing** – Spread infections. Children and adults should be encouraged to cover their mouth and nose with a tissue. You must wash hands after using or disposing of tissues. Spitting should be discouraged.

## **Residential Visits**

When children are participating in school residential visit parents and carers are requested to complete a form providing emergency contact details, family doctor, allergies and permission to give a pain relief in the event of an emergency. Parents and carers are asked which pain relief their child can take, which the school provides for the visit.

If your child has other medical needs or medicines to take during a school residential visit, you are asked to complete an Administration of Medicines form to accompany your child's medication. All medication needs to be in a named bag with clear instructions for dosage.

### **\* Vulnerable Children and Female staff – \* Pregnancy**

- *Some medical conditions make children vulnerable to infections that would rarely be serious in most children, these include those being treated for leukaemia or other cancers, on high doses of steroids and with conditions that seriously reduce immunity. These children are particularly vulnerable to Chickenpox/Shingles and Measles.*
- *Chickenpox, \*Shingles, German Measles and Slapped Cheek Disease can also cause risk to pregnant women. If this applies and the member of staff has had Chickenpox/Shingles they should be immune. It is advisable for that member of staff to consult with their own GP on this matter.*

*Further guidance and information can be obtained from -*

***The Spotty Book: Notes on Infectious Diseases in Schools and Nurseries***  
*published by Public Health England*

<https://www.gov.uk/government/collections/immunisation-against-infectious-disease-the-green-book>

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