

# Parent guide to short term illness

# **School Mission Statement**

"...if you have faith as small as a mustard seed...nothing will be impossible." (Matthew: 17 v20)

### **VISION STATEMENT:**

Our vision is to put *God* and *Family* at the heart of all we do. As a *nurturing* community, we use the parable of The Mustard Seed "...if you have faith as small as a mustard seed...nothing will be impossible." (Matthew: 17 v20) This guides the way we value and treat all members of our school community. Through our pastoral care and our rich curriculum experiences we provide a safe and dynamic learning environment in which all can flourish.

## To grow in: Faith, Love, Compassion, Kindness, Respect & Forgiveness

Our six Christian Values are at the heart of our vision. Every day we aspire to grow in **Faith, Love, Compassion, Kindness, Respect and Forgiveness**, so that our school family may experience the joy and hope of **"life in all its fullness"** (John: 10 v10)

| Review every three years |                        |
|--------------------------|------------------------|
| Reviewed: Sept 2021      | Next review: Sept 2022 |

### **Northbourne Church of England Primary Schools**

## Parent guide to short-term illness

### Introduction

This guide has been drawn up to ensure that our children receive the proper care and support whilst at school and parents have a reference to our guidelines regarding short-term illnesses.

Parents or guardians have prime responsibility for their child's health and should provide the school with up to date information about their child's medical conditions, treatment and/or any special care needed. Staff have a duty of care towards the children to ensure that they are healthy and safe whilst attending school and this may extend to the administering of medication and/or taking appropriate action in the case of a medical emergency. This duty of care also extends to any off site education visits.

It remains the parent responsibility to assure medication kept in school is in date.

### **Procedures for Managing Medication**

Prescription medication should only be brought in to school when essential. Mostly this will be for a short period of time only, e.g. to complete a course of antibiotics, or for seasonal ailments such as hay fever. However, medicine such as calpol can be administered to children for headaches, etc. but only after permission has been sought from the child's parents. All medication must be handed in to the school office, clearly marked with the child's name and class. A 'Record of Medication' will be completed by the administrator of the medication and kept in the school office.

### **Safety, Storage and Access**

Medicines can often be harmful to anyone for whom they are not prescribed and we recognise that it is our duty to ensure that the risks to others are properly controlled. Medicines must, therefore, be in their original box or container, with the prescribed information clearly visible.

All medicines needing refrigeration, such as antibiotics, will be stored accordingly in the school office. All other medicine will be kept secure in the medicine cabinet in the school office and only accessed by authorised staff.

Epipens must be kept in a secure container, clearly labelled with the child's name and any instructions applicable to the child. Only first aid trained staff will be authorised to administer the Epipen medication.

We have additional guidance of the use, safety and storage guidelines of asthma inhalers. Please see our **Asthma Policy** including the procedures for the use of Emergency Inhalers.

## **Injuries Sustained at School**

There is a rolling programme of first aid refresher courses, both at an emergency first aid level and at a higher level. Staff who have undergone training include, midday supervisors, office staff and members of the Senior Leadership Team. Each site will always have a designated first aider. An initial assessment of injuries sustained in the playground is made by the on-duty first aiders, and minor cuts and bruises are dealt with at the scene accordingly. Any child sustaining a head injury must be checked and treated according to the severity of the injury and will be given a bumped head note. However, accidents of a more serious nature are assessed by the first aiders in the school office and rated according to their seriousness. All accidents, however, minor are recorded in the accident book. Should further medical treatment be required, then parents will be contacted and the necessary arrangements made to treat the injury. Any child taken to hospital will be accompanied by their parent or a member of staff.

## **School Trips**

Staff present on school trips must always be aware of any medical needs and relevant emergency procedures. All classes have a Medical Alert File, which is taken on trips. These must be written in to the visit Risk Assessment.

### **Northbourne Church of England Primary Schools**

#### **Nose Bleeds**

Any nose bleed incidents are recorded and monitored. This includes the frequency and time scale of a bleed. If a child becomes a regular sufferer or the bleed lasts for unusually long periods of time the parent will be notified. We will also notify parents when a child who is a regular sufferer (noted on our medical records) has a bleed during school time.

If you would like to read our Supporting Children with Medical Needs Policy or the Asthma Policy please see the additional sections within the 'Medical' section on our website. Paper copies are available from our school offices.

#### **Sickness and Diarrhoea**

NHS advise that a child who has sickness and / or diarrhoea should stay at home for 48 hours following the last bout of sickness and / or diarrhoea.

This 48 hour rule is essential in order to protect other children or staff from contracting any sickness and / or diarrhoea.

Please see the below table for other illnesses and requirements linked to attendance:

| Illness                 | Return to school  |
|-------------------------|---|
| Sickness / diarrhoea    | One or both symptoms — 48hrs from last bout.  |
| Whooping cough          | 5 days from start of antibiotics or 21 days from start if no antibiotics.                 |
| Flu                     | Is medically diagnosed and as per GP advice.  |
| Chicken Pox             | When blisters are scabbed over.   |
| German Measles          | 6 days from onset of rash.  |
| Scabies                 | After 1st treatment   |
| Impetigo                | 48 hours after antibiotics or until lesions are scabbed over.                             |
| Slapped Cheek virus     | No exclusion necessary  |
| Ringworm                | Treatment required but no exclusion necessary.  |
| Threadworm              | Treatment is recommended for the child and household contacts but no exclusion necessary. |
| Scarlet Fever           | 24hrs after antibiotics commenced (must inform school)                                    |
| Hand, Foot and Mouth    | No exclusion necessary  |
| Temperature information | Normally a child's temperature is anywhere between 34.5 C and 37.5 C                      |