

SECTION 15
HEALTH SERVICES

HEALTH SERVICES

15.1 Introduction

The school employs two school nurses who are available daily from 7.10am to 3.15pm. They are based in the nurse's room on the ground floor near the administration offices. The nurses can be contacted via telephone on extension 423.

15.2 Overview of Health Services

The school nurse provides a range of health services including:

- a. attending to accidents and medical emergencies within the school, administering initial treatment and assessing the need for further medical treatment or intervention
- b. assessing health needs of children, agreeing individual and school health care plans
- c. playing an advisory role in immunisation and vaccination programmes
- d. supporting children with medical needs
- e. sign posting students for counselling support as deemed necessary
- f. contributing to the maintenance of a safe school environment and prevention of accidents
- g. contributing to personal health and social education, as well as to citizenship training
- h. providing support and advice to teachers and other school staff on a range of child health issues
- i. contributing to the identification of social care needs, including the need for protection from abuse
- j. liaising between the school, family and community health providers to help meet the health and social care needs of children
- k. working with parents to promote their child's health

It is expected that parents/guardians are primarily responsible for the arrangement of health consultations via their own family doctor or hospital services. The school nursing service is not a substitute for this provision. It is advised that any student who has been absent due to fever or vomiting, should be free of symptoms for 24 hours before returning to school.

15.3 Accident Reporting

All accidents occurring either within the school, on school outings/activities or within close proximity to the school, are recorded using an accident report form. Once completed, a copy is sent home whilst the original form is retained by the school nurse, who has a responsibility to monitor all accidents and report them to the health and safety committee.

In the case of a serious accident, the School Nurse will be called to attend the scene and assess the situation. If necessary, she will contact the emergency services. Her first priority will be to care for the injured person yet as soon as safe to do so, she will make contact with parents, or delegate another member of staff to do so. If there is a need for a student to be taken to hospital, and parents or other family representatives (nanny, driver etc.) are not present to accompany in the ambulance, a senior member of staff will designate someone to accompany the student to the hospital.

15.4 First Aid Posts

The school nurses have overall responsibility for the maintenance of first aid kits throughout the school campus. There are a number of nominated members of staff who have received first aid training, who can be called upon if the school nurses are unavailable.

15.5 Administration of Medicines

The school has a strict policy with regard to administration of medicines. The school nurses use their professional judgment and will only rarely administer medications during the course of the school day. Permission will be sought from parents via the annual health record. All medications to be administered are clearly documented and are listed on the health record with parental permission for use.

15.6 Request Authorisation for Administration of Medication by school nurse

A parent/guardian must provide a written request for medications to be administered. The medication must be in the original container and properly labelled with the student's first and last name. Clear instructions for administration must be provided. The nurse will administer household medication only where the current academic year's Health Form has been returned and signed for administration of that particular drug, and where the nurse feels it will be of benefit.

15.7 Request Authorisation for Self-Carry/Administration of Medicine at school

The school recognises that some students need medications during school. However, no child is permitted to carry their own medications without the school having prior knowledge via written communication. Only those medications that are medically necessary during school hours for a student's attendance or individual health care plan should be sent to school. The only people who may assist a child with their medication are the school nurses or a designated responsible person in their absence. The school will permit a responsible, trained student to carry and/or self-administer medication for asthma, severe allergic (anaphylactic) reaction, or diabetes, on his/her person for immediate use in a life threatening situation. The school nurse must be aware of students who wish to self-carry/administer medication and authorise each case individually. School personnel are not responsible for any adverse effects which might occur from self-administered medication.

15.8 Record Keeping

15.8.1 Daily Records

The school nurses maintain records of each student's visit. In order to monitor student attendance, times of visits and outcomes are recorded together with visit trends over a period of time. Medical information is also recorded, however this is strictly confidential and is only be released on a need- to-know basis.

15.8.2 Admission Records

Upon admission to the school, parents are required to give full medical information regarding their children's medical conditions, allergies and dietary requirements. It is essential that this information is brought to the attention of the school nurses as soon as the child enters the school. Admission staff may also consult with the school nurses to ensure the medical needs of any prospective student can be met sufficiently by the school's nursing service. The school nurses will liaise with parents if they consider it necessary to make any special arrangements or implement an emergency health plan, for example, in the case of a reported previous severe allergic reaction.

Following admission to the school, parents will be required to inform the school nurses of any changes in their child's medical history. In the case that medical information is withheld, the school cannot be held responsible. The school also requests that each child's vaccination record is made available. A copy of this will be made and kept by the school nurses. Parents/guardians will also be asked to complete a declaration authorising the school to administer any necessary emergency medical treatment or medication to the student, through qualified personnel acting on the directions of the school.

It is the parents/guardians responsibility to inform the school's administration office of any changes in emergency contact details kept by the school. The school cannot be held responsible if unable to contact parents in an emergency due to out-of-date information being held.

15.8.3 Individual Health Care Plans (IHCP)

Many children have special health care needs and require an IHCP. Children do not need to be classified as requiring special educational needs to benefit from an IHCP. Plans may be developed for children who have, for example, asthma, diabetes, epilepsy, allergy, or post-operative rehabilitation. However, it should be noted that if an underlying medical diagnosis has an impact upon a child's educational achievement, referral to the learning support unit may be beneficial.

- An individual health care plan
- identifies the needs of the individual student and changes according to those needs
- contains relevant nursing diagnosis and lists interventions
- describes actual and potential problems
- sets parameters for evaluation

IHCPs may be delivered through multi-disciplinary partnerships, for example, family doctor, community paediatrician, physio-therapist, counsellor, development psychologist etc. All IHCPs are agreed with the parent/guardian and student where appropriate and are confidential. The information contained within an IHCP is shared with school staff on a need-to-know basis in order to protect and promote the health and wellbeing of that particular student.

15.9 Vaccination Programmes

Occasionally, the Supreme Council for Health (SCH) will initiate a vaccination campaign. SCH staff will work in tandem with the school nurses to determine the arrangements for these vaccinations to take place. The school nurses will be responsible for informing parents of the vaccinations available and for collection of the consent forms. Wherever possible the school nurse will endeavour to supply information to enable an informed choice to be made regarding participation in vaccination programmes.

15.10 Learning Support

The school nurses liaise closely with the school learning support unit. The role of the school nurse is to address the health needs of students and assess how those needs impact upon the child's education.

In such cases, the nurses are responsible for developing an individual health care plan that may be incorporated into a student's individual education plan. The school nurses liaise closely with the pastoral team and may also advise referral to outside specialists.

15.11 School Excursions

All school excursions are supervised by a member of teaching staff. The school nurses ensure that first aid kits are maintained and available for the purpose of school excursions and are stocked according to the number of students and staff and the type of activity undertaken. The kits are allocated to the responsibility of an adult for the duration of the excursion.

15.12 Exclusion Periods

It is widely recognised that education and health go hand-in-hand, both impacting on children's current and future well-being. As such, one of the school's priorities is to ensure our students' health does not have a negative impact upon their education. One

of the school nurses' priorities is to ensure minimal exclusion from school due to illness. With this in mind, the school nurses will only send children home from school when they consider this absolutely necessary. Students will be actively encouraged to cope with minor ailments with the school nurses' support on a day-to-day basis. However, there are occasions where exclusion is unavoidable and has to be recommended, particularly when an individual child's health status may have a negative effect upon other students or staff well-being. Please consider the information below when deciding whether or not to exclude a child from school.

15.13 Advice on whether to keep a child at home

| Illness | Infectious Period | Exclusion Period |
|-----------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Pyrexia – High Temperature =>37.8 celsius | This may be the first sign of an infectious illness. Assess child, are there behavioural changes and/or clear symptoms of illness? | A child should be kept at home if they have a high temperature and are symptomatic/unwell. If the temperature persists for more than 48 hours, does not come down or a child seems unusually ill, they should see a doctor promptly to determine the cause. |
| Diarrhoea | Many cases of diarrhoea are not infectious. However, if it is, it is easily transferred due to poor hand washing technique | A child with diarrhoea should be excluded until infection is excluded or symptoms stop. |
| Conjunctivitis | Both viral and bacterial infections are contagious from onset. Easily transmitted via hands. | Unless otherwise stated by school nurse, children, in particular primary, should be excluded and referred for medical evaluation. Students may return 24 hours after treatment has commenced. |
| Head Lice | From appearance until successful treatment | No exclusion. Treatment must be commenced immediately |
| Chicken Pox | From the day before the rash appears until all the spots are dry | From appearance of rash to when the spots are all dry (5-7days). |
| Meningitis | Bacterial: 2-10 days from the onset of symptoms Viral: From the onset of symptoms – 21 days | Should be excluded until bacteriological examination is clear. |
| Impetigo | From appearance until successful treatment | Until all spots have healed – unless lesions can be covered. |
| Ringworm of Feet | From appearance until successful treatment | Exclusion from barefoot activities until certified free from infection. |
| Ringworm of the Scalp or Body | From appearance until successful treatment | Until adequate treatment instituted, provided lesions are covered. |

This list is not exhaustive. Further information regarding various illnesses and their detection are available from the school nurse.