



MEDICAL AID POLICY

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1.0 Policy Statement

This Policy outlines the school's responsibilities to provide adequate and appropriate equipment and facilities for First Aid at Moor Park, and the procedure in place to meet this requirement.

- Moor Park aims to provide a safe system for the storage and administration of medicines so that those children with long or short-term medical needs can fully participate in school life, as far as reasonably practicable.
- This policy serves as an umbrella for all areas of the school; however, certain details may be modified based on the age range of the children. Please refer to the Moor Park Early Years Medical Policy for Tick Tock.
- This policy is in conjunction with the Medical Room Handbook, and detailed procedures should therefore be taken from this.
- Compliance with this policy will ensure that Medical Aid is administered in a timely and competent manner.

2.0 Organisation

- First Aid is under the control of the School Nurse, assisted by the Matrons who are available daily. Boarding staff care for pupils outside the normal school hours.
- Every area of the school has at least one, age appropriate, qualified first aider when children are present.
- Full time boarders will be registered at the School Doctor's surgery in Leominster.
- House Parents are responsible for arranging any medical and dental appointments as necessary for Full Time Boarders.
- In the case of sudden injury, accident or illness a qualified first aider will give immediate first aid, including, if necessary, CPR until the Duty Matron takes over.
- There are two defibrillators on site, one is located in the Front Hall, behind the desk and the other on the external wall of the Old Dairy.



3.00 Staff Training

- All members of staff who are required to administer medication (for example during school visits or residential trips) will receive the statutory certificated, training, Administering Medication in Schools.
- In cases where the administration of prescription medication requires specialist medical knowledge the School Nurse will arrange either in-house, or external training from a health care professional.

4.00 Medical Records

On admission to the school, all parents are required to complete a Confidential Health Record together with an Emergency Medical Consent Form detailing:

- Medical Conditions
- Allergies
- Regular Medication
- Emergency Contacts
- Consent for Treatment
- Details of GP and/or Consultants
- Record of Childhood Vaccinations/Immunisations
- Any special Concerns
- Any Dietary Requirements.
- Details of Special Diets and any Medical Conditions will be available to Staff via the Staff Server. Dietary Requirements are posted in the Catering Department, Boarding Houses, Servery, Front Office and Sickbay.

5.0 Administration of Medicines

5.1 Roles and Responsibilities of School/Staff and Parents.

- It is the responsibility of parents to inform the school, in writing should their child require a specific medicine. The request should include the child's name, date, medication required and instructions for use. A form for this is available on our website or from the Front Office.
- The School Nurse and/or Matrons are responsible for recording a child's medication usage.
- All medication must be in the original packaging.
- We are unable to administer medication without the fully completed and signed form 'Parental Consent for School to Administer Medication'.
- Records should be accurate, legible and current. They should provide a complete audit trail for all medications.
- All medicines administered by the School Nurse/Duty Matron are recorded on the electronic system iSAMS.
- In the absence of the School Nurse/Duty Matron, and following assessment by a first aider, medication may be given. However, it is strongly encouraged that staff contact the School Nurse for advice prior to administration.



- Any medication given by a nominated person must be documented on the child's Medicine Consent Form (if a planned medication). Or on paper, the School Nurse will then upload this information onto iSAMS (electronic record). Boarders medication is recorded in the Boarding Diary, and the above procedure followed.
- Any medication given whilst on a trip is recorded on a paper Administration of Medication sheet. On the child's return this information is entered into the child's electronic notes.

5.2 Prescription Medication

- The School Nurse/Matrons will administer prescription medicines to a child provided that the following criteria have been met:
- Only medication prescribed by a doctor or other medical professional will be accepted. This must have the pharmacist's label stating the child's name, dosage and frequency that the medication must be given.
- The medicine is in its original, unaltered dispensed container.
- The School Nurse/Duty Matron will crosscheck the information contained on the consent form with the instructions on the container and raise any discrepancies with the parent/s prior to administering.
- The School Nurse/Duty Matron will log all medicines given to pupils by way of the Home Medication Chart and on iSAMS – Medical Centre.
- All medicine will be kept in a locked medicine cabinet, within a locked room.
- Any staff member administering medication will do so in accordance with the Guidelines for Administering Medication as outlined in the Medical Room Handbook.

5.3 Non-Prescription Medication

- The school keeps a small stock of proprietary Over The Counter (OTC) medicines, in a locked medicine cabinet in sickbay. These are for general use.
- During enrolment, parents are requested to complete an Emergency Medical Consent form, this includes the administration of OTC medicines.
- The school reserves the right to refuse to administer a non-prescribed medicine, even if requested to administer it by the parents. The decision rests with the Headmaster/School Nurse.
- A record of all non-prescription medication administered is logged on the schools Medical Centre in iSAMS.
- If a child has a high temperature – 38.00 degrees or over, we will attempt to contact the parents prior to administering paracetamol-based products. However, should we be unsuccessful, we reserve the right to administer to the child in accordance with the signed Emergency Medical Consent Form.
- Parents will be asked to collect their child; children will not be allowed back into school until they have been temperature free for a period of 48 hours following the last high temperature. For guidance, please see chart below:

We operate a 48 hour rule following absence with a high temperature or diarrhoea and vomiting, this applies to all cases. This policy is designed to minimise the spread of virus and infection, to keep our school community safe.

Day '0' First day of return to normal temperature or last period of diarrhoea and vomiting



Day '1' Next day - 24 hours

Day '2' Following day - 48 hours

Using this example, if your child has a return to a normal temperature/diarrhoea and vomiting on Sunday that is Day '0' (the first day of 'wellness'):

Day '0' Sunday

Day '1' Monday 24 hours

Day '2' Tuesday 48 hours

The child may return to school on Wednesday, but no earlier.

Children that present with a high temperature will have a body check for a rash, appropriate action will be taken if a rash is present.

5.4 Controlled Drugs

- Controlled Drugs Good practice dictates that the storage of controlled drugs should comply with the Misuse of Drugs (Safe Custody) Regulations (1973 as amended).
- Controlled drugs will be kept in a locked, non-portable container within the locked medicine cupboard) which contains nothing else, to which only named staff will have access.
- Only those with authorised access should hold the keys to the cupboard.
- Separate records for the administration of controlled drugs should be kept in an appropriate, bound record book with numbered pages.
- The balance remaining should be checked at each administration and monthly.
- There is a clear protocol for the disposal of unused controlled drugs which should be returned to the pharmacy.
- No child should have access to or self-administer controlled drugs.
- Parents are responsible for handing the medication to the School Nurse.
- Some controlled drugs such as Methylphenidate may be prescribed for children. A designated member of staff (usually the School Nurse, Matron or House Parent) may administer a controlled drug to the child for whom it has been prescribed.
- Any controlled drugs required on the boarding wings will be dispensed into named pots by the Nurses and handed to Boarding House Parent/s to administer to children. This is recorded in the Blue Controlled Drugs Book.
- A record of the drug stock and its administration will be kept for audit and safety purposes in accordance with the regulations for the storage and administration of Controlled Drugs. (Individual records are recorded in the blue Controlled Drug Recording Book).
- Controlled drug registers must be kept for 2 years from the date of last entry, in line with Regulation 23 of the Misuse of Drugs Regulations.



5.5 Storage of Medicines

Medicines will be stored in the Medical Room in strict accordance with the product instructions (paying particular attention to temperature) and in the original container in which dispensed,

5.6 Long Term or Complex Medical Needs

- The school will do everything possible to support any child with a long term or complex medical need.
- A child with a serious medical condition will have a written health care plan, developed by the School Nurse and the child's parents. This health care plan will be made available to appropriate relevant staff as required.
- It is the responsibility of the School Nurse to ensure this information is disseminated as needed.
- When taking a child off site it is the responsibility of the teacher in charge to take with him/her any medication or equipment as needed.
- If necessary, staff members will receive training and support from the School Nurse, GP, School Doctor or outside agency in how to manage a child with a particular medical condition.

5.7 Self-Management of Medication by Pupils

- No pupil is to self-administer, as the majority of the pupils at Moor Park School are less than 12 years of age.
- The only exception to this rule would be in a life-threatening situation where a child is competent enough to administer their inhaler or Epipen themselves. They must inform a member of staff at the time who will inform the School Nurse and seek further medical care if required.
- The school does not encourage self-medication.

5.8 Medicine Management for Trips

- Trip information must be given to the School Nurse at least one week in advance.
- The Duty Matron will give medication for that trip to the member of staff in charge immediately prior to departure.
- The member of staff in charge will be briefed about medical conditions of pupils and appropriate training will be offered where required.
- In the event of a child requiring Controlled Drugs on a trip, an appropriate storage place will be identified, and a trained member of staff will be responsible for the storage, administration and recording of the medication. Parents will be required to provide a letter from the GP confirming the prescription of the Controlled Drug including the child's name, DOB, Drug name and dose.

5.9 Disposal of Medicines

- At the end of the academic year parents are asked to collect any unused medicines belonging to their child. Any medication not collected by the parent will be disposed of at the end of the summer term unless there has been prior agreement with the School Nurse.



- No medication should be left in the fridges over the school holidays as these will not be checked during this time.
- All expired medication is disposed of in the yellow Medicinal Waste Bin which is collected and disposed of safely and responsibly by a company contracted by Moor Park School to remove medical waste.
- Controlled Drugs will be disposed of through the designated GP Surgery.

5.10 Medicines Given in Error/Incorrect Dosage

- If a medication error is made, then advice must be sought immediately.
- Any medical advice on the medicine container will be followed.
- Medical advice can be sought by dialling 111 or in an emergency dial 999.
- A Medical Incident Form should be completed.
- The child's parents will be informed.
- An investigation will be carried out as to the cause of the error and every effort made to ensure lessons are learnt and policies are reviewed to prevent further errors.

5.10.1 Side Effects

- Medications can cause side effects in some people.
- If a pupil experiences adverse side effects to a medication, then no further doses should be given.
- The child's parents will be contacted, and further medical advice sought.
- A Medical Incident Form will be completed.
- If a serious reaction occurs, then immediate medical help must be sought by dialling 999.

5.11 Risk Assessment

- In addition to the generic Risk Assessment for First Aid and the Medical Room facility, individual assessments may be required for children with specific medical conditions.
- Any assessment would form part of the health care plan, with findings being made available to all relevant staff.
- Medical issues are included in any risk assessment relating to trips and outings.

6.00 Off Games Procedure

- In the case of recent illness or injury the School Nurse or Duty Matron may declare a child unfit and Off Games.
- Children are only allowed to be Off Games following completion of an Off Games Form or if the School Nurse/Duty Matron or Coach deems it necessary.
- This form must include the date, time, reason and duration that the child is to be taken Off Games. The Medical Room must be informed of this information.
- Off Games form are available on the School Website, under Welfare, how do I put my child Off Games. Hard copies are also available from the Front Office.
- Children who are Off Games must report to the Medical Room and will be advised where to go for Off Games supervision.



7.0 Accidents and Record Keeping – Including Tick Tock

- All accidents/illnesses/medical incidents are to be reported to the School Nurse/Duty Matron, who is responsible for recording the event. EYFS will make their own entries on iSAMS.
- In addition to the above, the following records are controlled by the School Nurse/Matrons:
 1. iSAMS - Medical Centre. A record of all accidents, incidents and medical issues referred to the Medical Rom will be recorded on the school's electronic system, detailing name, time, incident, treatment and/or medication given plus any other actions.
 2. The Controlled Drugs Record (blue book). A record of the administration of all controlled drugs.
 3. The Accident Book (green RIDDOR) – the statutory record of any potentially reportable accidents (this book is kept in the Bursar's Office)
 4. Off Games Records – A record of all children who have been put Off Games at the request of a parent, guardian, School Nurse or Duty Matron.
 5. Accident/Incident Form – internal form used if the injury or illness could have been serious, especially if due to organisation or premises.
 6. Record of Stock Medicines – A full record of all purchased stock medicines is kept and logged on iSAMS.

7.1 RIDDOR

Most incidents that happen in schools or on school trips do not need to be reported to the HSE. If a pupil is injured in an incident and remains at school, is taken home or is simply absent from school for a number of days, the incident is not reportable.

Injuries to pupils, staff and visitors who are involved in an accident at school, or an activity organised by the school are only reportable under RIDDOR when an injury that arose out of, or in connection with a work activity and the person is taken directly from the scene of the accident to hospital for treatment (examinations and diagnostic tests are not treatment).

The HSE Information Sheet EDIS 1 (Rev.3) gives guidance and examples of whether an injury arises out of, or in connection with work.

If in doubt, guidance should be sought from the HSE, for example when a pupil from another school is injured (specified injury) during a sports match (not reportable) as opposed to a pupil of the school who is injured similarly during a timetabled games lesson (reportable).

Reportable Major Injuries:

- Fracture, other than fingers, thumbs and toes.
- Amputation
- Dislocation of the shoulders, hip, knee or spine.
- Loss of sight (temporary or permanent)
- Chemical or hot metal burn to the eye or any penetrating injury to the eye.



- Electric shock.
- Injury leading to hypothermia.
- Unconsciousness needing resuscitation/hospital admission for over 24 hours.

8.00 First Aid Boxes

There are eighteen First Aid Boxes mounted/stored around the school as well as six First Aid bags used for matches/games/trips.

At the beginning of each term, the First Aid boxes and bags are checked to ensure their contents are in date and sterile. Any missing or out of date items are replaced immediately.

All members of staff are first aid trained, to a minimum standard, of Basic First Aid for Schools. Tick Tock, Boarding and Medical Staff hold the Level 3 Paediatric First Aid Qualification, In addition, certain staff are qualified to deal with Catastrophic Injuries, these include the School Nurse, Head of Tick Tock and Grounds Staff.

9.00 Major Illnesses

9.1 Infectious Diseases

In the event of a pandemic being declared, the school will follow the guidance from the Government and Local Authority regarding appropriate action.

Government guidelines recommend that in the event of a pandemic schools should operate as normal until otherwise advised. Children are highly efficient 'spreaders' of viruses. Closing the school for a period might significantly reduce the number of children and adults infected. However, this would only occur should circumstances develop that indicate that this is the most appropriate course of action; the decision to close the school will be made by the Headmaster in consultation with the local Health and Education Authorities and/or Government direction.

The school will reopen once the Government and/or Local Authority deems it advisable to do so.

9.2 Managing a Pandemic in School (keeping the school open)

- Signs to be placed around the school reminding children and staff to maintain high hygiene standards: hand washing, used tissues, sneezing, coughing.
- Appropriate hand gel to be available throughout the school for all pupils, staff and visitors.
- Appropriate PPE to be made available to all staff dealing with potentially infected members of the school.
- Any pupil or staff member presenting with symptoms to report to sickbay where they will be kept in isolation until they go home.
- Boarders will be isolated in the dormitories.
- Cleaning staff will be asked to provide additional cleaning of hard surfaces.



9.3 Minor Illnesses/Injuries

- Administer First Aid, if appropriate. The patient should then be escorted to Sickbay for the School Nurse/Matron to provide care.
- The patient will be treated and observed in Sickbay. Where possible the patient will be returned to the classroom.
- The incident will be recorded on iSAMS and if necessary, the parents contacted. In cases in Pre-Prep it is the responsibility of the Form Teacher to inform the parents and to provide a completed Accident & Injury Report, keeping a duplicate copy in the Accident and Injury book.

9.4 Sports Field Accidents

- In the case of a suspected serious injury (particularly to the spine or head) or unconsciousness, do not move the casualty, even if they are in the middle of the field/court. Phone for an ambulance.
- Any player who is bleeding (but no other serious injuries) must be removed from the field of play and not allowed to return if there is the slightest possibility of a further spillage of blood. Bleeding wounds must only be dealt with by someone wearing disposable gloves.
- ANY head injury, the player will be removed from the sports field and NOT allowed to return that day and then only after having been closely observed.
- Staff should have access to a phone when teaching on the fields or at the pool.
- Have an escort take all patients to sickbay, other than those requiring an ambulance.
- Do not give any sort of drink to patients who may require medical attention in case they later require anaesthetic.

9.5 Head Injuries

Head injuries may range from a minor bruise to a fractured skull with potentially serious consequences.

- All head injuries should be notified to the School Nurse/Duty Matron as soon as possible, who will see the child and make a note on their medical records.
- Any child who is unconscious as a result of a head injury must be taken to hospital via an ambulance. If they are unconscious monitor their breathing. Move to the recovery position but keep the head, neck and body in line in case of spinal injury.
- Any child who is knocked out and regains consciousness must be taken to casualty for assessment. Parents will be contacted and requested to accompany their child. In the case of a full-time boarder, a member of staff will take the child to hospital.
- Following concussion or suspected concussion a child will follow a graduated return to sports/games.



10.00 Specific Medical Conditions

10.1 Diabetes

The Management of pupils is closely monitored by the School Nurse and staff are made aware of these pupils and their needs. Any member of staff who has concerns regarding a child with diabetes take the child to sickbay. Treatment details are in the individual Care Plans.

10.2 Epilepsy

A seizure is caused by a temporary burst of excess electrical activity in the brain.

- Absence Seizures, are common in childhood epilepsy but are brief and don't generally cause any harm. Normally lasting a few seconds, the child will usually be unaware of it happening.
- Make sure the patient is away from any potential danger, reassure them until they are fully awake and alert.
- Generalised Seizures, normally follow three stages. Tonic Phase, Clonic Phase and Recovery. It is important not to move the patient during this time but to make sure that they are safe and away from any potential dangers. Patients generally wake within a few minutes but may not be alert for 20 minutes.

During seizures:

- Move dangerous objects away.
- NOTHING should be placed in the mouth
- Gently protect the head with a folded coat or your hands.
- DO NOT try to restrain them.
- Note the time and duration.
- Loosen tight clothing.
- Call 99 for emergency help if :
 - The seizure lasts longer than 5 minutes,
 - They have a second seizure.
 - They have become injured.
 - This is the child's first seizure.

After the seizure:

- Open the airway and check for normal breathing
- Start CPR if needed.
- Move bystanders away.
- Call 999 if you cannot wake them after 5 minutes.
- Constantly monitor Airway and Breathing.
- Talk to any pupils who may have witnessed the seizure and reassure them.
- Once the child has recovered from the seizure the child's parents should be contacted and the child collected.



10.3 Asthma

General

Pupils with asthma who have a prescribed inhaler (and spacer) for emergencies are kept in:

Tick Tock, Kindergarten, Reception, Year 1, Year 2,

For Years 3,4, 5, 6, 7 & 8 they are kept in Sickbay.

A pupil's inhaler will be placed in the First Aid bag for games, PE and any school trips. A spare inhaler is always packed in the First Aid bag in case of failure of the pupils' own inhaler, or in case of emergencies.

Asthma attack on the School Premises

An asthma attack is a reaction in the lungs, triggered by such things as cold, hay fever, exercise, excitement or prolonged laughing, fumes, viral infection, dust.

Children who are known asthmatics may have a care plan from their GP which is kept in Sickbay.

Recognition of an asthma attack

- Difficulty breathing/speaking
- Wheezing
- Coughing or 'tight' feeling in the chest.
- Pale, clammy skin with grey or blue lips if the attack is severe.
- Use of muscles in the neck and upper chest when breathing.
- Exhaustion.
- In a prolonged attack they may become unconscious and stop breathing.

In the first instance the School Nurse, Matron or First Aider should be called, in the absence of any of these staff, the following should be implemented:

1. Give or get the pupil to take 2 puffs of their reliever inhaler immediately (Normally the blue one).
2. Sit the pupil upright, or leaning slightly forwards. Encourage slow, steady breathing. DO NOT allow them to lie down.
3. If there is no improvement, give two puffs of their reliever (one puff at a time) every 2 minutes for up to 10 puffs.
4. If there is no improvement call 999 for an ambulance.
5. If an ambulance does not arrive within 10 minutes and they are still unwell, repeat step 3.
6. Stay calm and reassure the pupil.



10.4 Allergies, Anaphylaxis & Adrenalin Auto Injectors (AAIs)

If a pupil has the potential of a severe allergic reaction, or anaphylaxis, to an allergen, they will be prescribed an AAI such as an Epipen or Jext.

Pupils with a severe allergy have an AAI for emergencies kept in:

- The white (unlocked) medicine cabinet, located under the window, behind the reception desk, in the Front Hall.
- In Sickbay, and for boarders on the Boarding House wing.
- There is also a spare Epipen, in the Front Hall medicine cupboard, which can be used in an emergency situation.

A pupil's AAI will be placed in the First Aid bag and taken to all off-site events, including games and school trips.

A severe allergic reaction may present with the following symptoms:

- Itchy tongue.
- Sore or swollen lips.
- Rash or itchiness
- Wheeziness or shortness of breath.
- Faintness or collapsing.

The general treatment for the above symptoms will tend to be the taking of an oral antihistamine, or if prescribed, an antihistamine inhaler.

Using an AAI

All AAI have slightly different instructions, they will be found on the side of the AAI pens.

For the most prescribed AAI, the Epipen:

- Remove Epipen from packaging. Open safety cap.
- Hold firmly with thumb opposite end to orange tip. (Do not cover end with thumb).
- Place Epipen orange tip at right angles to the thigh.
- Press hard, there should be a click on function.
- Hold for 3 seconds.
- Remove Epipen and massage the area for 10 seconds.
- Note the time given.
- Call 999. Stay with the child. Hand Epipen and case to Ambulance crew.
- If there is no Ambulance or Recovery after five minutes, give further Epipen injection, note the time.
- It is the responsibility of the staff member leading the trip to ensure they have all medication and AAI's



Treatment Guidelines for Anaphylaxis (Severe Allergic Reaction) –where an epi-pen injector has not been prescribed

Call 999 immediately

1. Administer Piriton/Antihistamine liquid or tablet if able to swallow.
2. Inform Head/Deputy Head and ask them to contact parents and make arrangements for the arrival of the ambulance.
3. In most cases, the person should lie flat with their legs raised on a chair or a low table, to help maintain blood flow to the head and heart.
4. If the person is conscious but having trouble breathing, they should sit up to make breathing easier.
5. If the person is unconscious, check that their airways are open and clear, and also check their breathing. Then put them in the recovery position to make sure they don't choke on their vomit.
6. Place the person on their side, making sure they are supported by one leg and one arm. Open the airway by tilting the head and lifting the chin.
7. If the person's breathing or heart stops, cardiopulmonary resuscitation (CPR) should be performed. A defibrillator is located in the Front Hall by the reception desk.
8. The School Nurse, Duty Matron and/or member of staff must accompany the child to the hospital until the child's parent/carer arrives.

11.00 After School/Evening Illness

During the hours of 18.00pm to 19.30pm

If the School Nurse, Matron or qualified Duty Staff are not available then the Boarding House Parents should be contacted to provide medical care.

Illness During the Night

All House Parents hold the Paediatric Level 3 First Aid Qualification and resident boarding staff receive training on how to respond to unwell pupils.

Boarders are regularly reminded of what to do if they feel unwell during the night, including how to contact the on-duty staff member.

The on-call staff member will assess the pupil and decide on the appropriate action. If isolation is needed, the pupil may be moved to a separate room on their boarding wing and the Head of Boarding notified of any such move.

In serious cases, staff may contact NHS 111 or emergency services (999). The Headmaster and Deputy Head must be informed of any emergency medical interventions.



12.00 Bodily Fluids, Spillage and Waste Disposal

Universal precautions apply; all spillage of blood, vomit and other body fluids should be treated as hazardous. Biohazard waste disposal bags are used as necessary.

All individuals must take action to protect themselves against HIV and many other diseases spread by contact with body spillage.

For their own protection, all staff must follow the school guidelines when dealing with any body fluids. However, the school recognises that in unlikely and extreme conditions, an occasion may arise where First Aid may need to be administered, without protection, in order to save life, or body fluid spilled onto another person. If this occurs, medical advice should be sought as soon as possible.

It is important to clean up body spillage as soon as possible after the incident has occurred. Any member of staff who is first on the scene should ensure that the incident is dealt with as quickly as possible. The domestic team will clean up and disinfect using the appropriate equipment and materials.

- In the first instance report any spillage to the domestic team
- When mopping up spillages, staff should wear disposable gloves.
- When spillages occur on a carpet or soft furnishings, use a solution of detergent and hot water instead of disinfectant.

ALWAYS WASH HANDS AFTER DEALING WITH THE ABOVE.

13.00 Health Matters

Sickbay is located in the Main Building, at the top of the stairs, near the Headmaster's Office. It is where children are looked after who are not feeling well, have a specific medical need, require medication or have an accident.

We are always happy to speak to parents on the telephone or to communicate via e-mail matrons@moorpark.org.uk. There are, however, a few points that we would like you to be aware of:

- **Illness:** If your child has vomited or suffered with diarrhoea s/he is to be excluded from school for a **MINIMUM** of 48 hours following the last episode, without the aid of medicine. Please see below.
- *We operate a 48 hour rule following absence with a high temperature or diarrhoea and vomiting, this applies to all cases. This policy is designed to minimise the spread of virus and infection, to keep our school community safe.*
- **Day '0'** First day of return to normal temperature or last period of diarrhoea and vomiting
- **Day '1'** Next day - 24 hours
- **Day '2'** Following day - 48 hours
- *Using this example, if your child has a return to a normal temperature/diarrhoea and vomiting on Sunday that is Day '0' (the first day of 'wellness'):*
- **Day '0'** Sunday



- *Day '1' Monday 24 hours*
- *Day '2' Tuesday 48 hours*
- *The child may return to school on Wednesday, but no earlier.*

Simple Medication: We keep a supply of proprietary, over-the-counter medicines such as calpol/liquid paracetamol, cough medicine, antiseptic creams, antihistamines, paracetamol tablets etc. to treat minor injuries/illnesses.

Prescribed/Specific Medication: If your child needs to have a particular medicine, prescribed or over-the-counter, administered you must complete a signed permission form before medicines can be administered. These forms can be downloaded from the website or can be found at the front desk.

Infection Control: Vulnerable children and staff. Some medical conditions make children and staff vulnerable to infections that would not normally be serious by reducing immunity. These may include cancers and those on steroids. Such individuals are particularly vulnerable to chickenpox and measles. If they are exposed, please contact Sickbay immediately

Shingles is caused by the same virus as chickenpox and therefore anyone who has not had chickenpox is potentially vulnerable if they have contact with a case of shingles. If in doubt, please seek advice from the School Nurse/Medical Centre.

Pregnancy: If a pregnant woman develops a rash or is in direct contact with someone with a potentially infectious rash then Sickbay should be contacted immediately. Points to consider include:

- German Measles (rubella). If a pregnant woman comes into contact with German Measles, she should inform her GP and ante-natal carer immediately.
- Slapped Cheek Disease (Parvovirus B19) can occasionally affect an unborn child. Any exposure should be reported to the ante-natal carer.