



First Aid and Sickness Policy

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1. Nursing and Health Guidelines

- 1.1 At Downe House Riyadh, the health and safety of our pupils and staff are of utmost importance. These guidelines and the appendices have been developed to ensure that health needs are met with up to date, evidence and research-based guidelines, information and advice.
- 2 This document should be read in conjunction with the School's Health & Safety Policy, Safeguarding (Child Protection) Policy and Pupil Supervision Policy

2. Statement of Intent

- 2.1 Ensuring pupils and staff have access to a health care professional, (Registered Nurse) throughout the hours of the school day.
- 2.2 Ensure first aid guidelines and information sheets are up to date and evidence based.
- 2.3 Provide basic care to injured and unwell children and staff.
- 2.4 Offer health advice and health promotion information as appropriate
- 2.5 Adhere to guidelines and policies of the Ministry of Health for the country.

3. Aims

- 3.1 This policy outlines the school's responsibility to provide adequate and appropriate first aid to pupils, staff, parents and visitors and the procedures in place to meet that responsibility. We aim to ensure that first aid provision is available at all times while people are on school premises and also off the premises whilst on school trips.
- 3.2 The care extends to first aid provision, the administration of medicines, dealing with asthma and head-lice. Policies to deal with pandemics and control of infections are included at the end.

4. Objectives

- To give clear structures and guidelines to all staff regarding all areas of first aid and
- Medicines
- To ensure an appropriate number of staff are suitably trained and the designated First Aider in the school is known by all
- To enable staff to know where their responsibilities lie
- To ensure the safe use and storage of medicines in the school

- To ensure the safe administration of medicines in the school
- To ensure good first aid cover is available in the school and on visits

5. Confidentiality Policy

5.1 In accordance with the School Nurses' professional obligations, medical information about pupils, regardless of their age, will remain confidential. However, in providing medical care for a pupil, it is recognized that, on occasions, a doctor and nurse may liaise with parents or guardians, the Principal or other academic staff and that information, ideally with the pupil's prior consent, will be passed on as appropriate. With all medical matters, the nurse will respect a pupil's confidence except on the very rare occasion when, having failed to persuade that pupil, or his or her authorised representative, to give consent to divulgence, the nurse considers that it is in the pupil's best interests or necessary for the protection of the wider school community, to breach confidence and pass information to a relevant person or body.

6. Health and Safety

6.1 We provide a healthy and safe environment for staff and children under the guidelines included in the school's Health and Safety Policy. Premises and equipment, both inside and outside, will be checked regularly to ensure safety of use. Personal hygiene is encouraged as part of the daily routine and forms part of the Personal, Social, Health and Emotional development programme (PSHE). Working in partnership with parents, children's religious, dietary, language and cultural needs will be met. At all times, staff will cooperate fully in implementing health and safety initiatives.

6.2 Trained First Aiders

Please refer to list in the health centre and on the staff board in staffroom.

7. Responsibilities

7.1 All staff have the following responsibilities:

7.1.1 To report any accident, irrespective of how minor, or any incident that might have resulted in an accident.

7.1.2 To co-operate with any member of qualified first aid staff in fulfilling their duties, and when completing an accident report form.

7.1.3 To consider strongly following any advice given to them by a member of the medical staff or a First Aider, such as visiting a hospital, checking with a doctor,

or resting in the school clinic or at home.

- 7.2 Teachers and other staff in charge of pupils are expected to always use their best endeavours, particularly in emergencies, to secure the welfare of the pupils in the same way that parents might be expected to act towards their children. In general, the consequences of taking no action are likely to be more serious than those of trying to assist in an emergency.

8. Reporting Procedure

- 8.1 All care provided by the school nurse is documented in the iSAMS database. If, for any reason, this cannot be done then a written copy will be made in the Nurse's diary.
- 8.2 Any serious accident/ incident will be recorded on the school's system and the Deputy Head will be informed.
- 8.3 In the case of an emergency, an ambulance will be called, and parents will be contacted immediately.

9. School Clinic

- 9.1 The school clinic is in Block B, Ground Floor with clear signage. The nurse is on duty between 7.00am and 4.00pm from Sunday to Thursday during term time. If the school nurse is absent, every effort will be made to find a supply registered nurse or trained first aider to cover. This decision will be made by a member of the Senior Leadership Team (Principal/ Deputies) or General Manager.
- 9.2 Should the nurse not be in the medical room, it will be clearly marked on the door where the nurse is and the mobile phone number. For access to the nurse's room after hours, keys can be arranged through the Senior Leadership Team and maintenance staff.
- 9.3 In all cases of a child needing attention, pupils are brought in the clinic accompanied by a teacher or assistant. Initial assessments are done, and the school nurse will provide treatment accordingly. Pupils are generally allowed to stay in the clinic for one hour and will be under the direct care of the school nurse. After this time, pupils will either be sent back to class or sent home. If the nurse believes that it is best for the child to be sent home to rest or to be seen by a doctor, a parent/guardian will be contacted for their child to be sent home or be picked up. For safety reasons, parents/guardians will be requested to notify of their child's safe arrival home.

10. Defibrillator

- 10.1 The School houses an automatic external defibrillator (AED) in the **Main Reception**.
- 10.2 Instructions are kept with the device. The School Nurse and all staff who have received First Aid Training have been trained to use it.

11. First Aid Kits

First Aid kits are provided and kept stocked by the Health Centre. A first aid kit will be taken on all off-site visits or outings and this is the responsibility of the trip leader or designated First Aider. Each kit is checked and replenished on a regular basis by the School Nurse. Staff may request extra items when they need them. Replacement items can also be obtained from the School Clinic.

12. Record Keeping and Monitoring

- 12.1 The school maintains a record of all accidents and injuries and reviews these regularly in order, where possible, to minimize the likelihood or recurrence. Records are kept of all visits to the school clinic.
- 12.2 The Health and Safety Committee will organise a regular review of the School Accident Book and records in order to review the School's systems and management of medical welfare and any trends in accidents, injuries and illnesses at the School in order to identify whether a review or change in welfare practice is needed. This will also form part of the First Aid risk assessment process. In addition, the Deputy Head or a senior member of staff will undertake a review of all procedures following any major incident to check whether the procedures were sufficiently robust to deal with the major occurrence or whether improvements should be made.

13. Reporting

- 13.1 Reporting to Parents:

In the event of serious accident or injury, parents or guardian(s) must be informed as soon as practicable. The school will contact the parents or guardians if a pupil suffers anything more than a trivial injury, if he or she becomes unwell or if there are any concerns about his or her health. Parents should contact the Nurse at the at any time if they wish to discuss any concerns relating to their child's health.

14. Accidents involving Staff

- Work related accidents resulting in death or 'specified' injury (including as a result of physical violence) must be reported immediately (major injury examples: any loss of consciousness caused by head injury or asphyxia; amputation); or
- Work related accidents which prevent the injured person from continuing with his / her normal work for more than seven days; or
- Cases of work related diseases that a doctor notifies the School of (for example: certain poisonings; lung diseases; infections such as tuberculosis or hepatitis; occupational cancer); or
- Certain dangerous occurrences (near misses - reportable examples: bursting of closed pipes; electrical short circuit causing fire; accidental release of any substance that may cause injury to health)

15. Outings

When planning an outing, staff should include the following equipment on the trip:

- First Aid Box - checked by the staff in the office
- Sick Bags, Wet Wipes, Tissues, Gloves
- Any inhalers, Epipens or prescribed medicines
- Antihistamine
- Calpol, Calpol 6+
- Mobile phone - in case of an emergency
- (See Educational Visits Policy)

16. Residential Trips

On residential trips the safety of the children is paramount. The guidelines in this policy are followed. Epipens and inhalers are always kept with the adult supervising the child along with any other essential information.

Staff on the trips always make the staff at the destination aware of any issues such as those with food allergies and inform their staff about children with inhalers, Epipens or any other important medical issue.

Before all residential trips parents fill out a medical form containing information containing:

- the names and contact numbers to contact if needed in case of emergency
- the details of the child's doctor

- any allergies the child suffers from
- any medication the child is taking
- latest vaccination dates
- any other information which may be useful to staff on the trip such as things the child is
- frightened of, bedwetting, sleepwalking etc.
- food allergies

All parents are invited to an information meeting for parents a few weeks in advance of the trip. They are made aware who the designated first aider is for the trip and are welcome to speak to them then or are encouraged to make a separate appointment to see them if medication needs to be given.

If a child needs medication on the trip parents are asked to:

provide the medicine which must be in date and in the original packaging
provide accurate information about the dosage and how to administer the medicine

If the dosage is different from the instructions a medical letter will be asked for.

The staff member will in charge of first aid will:

- Ensure that medication is with the member of staff looking after the child who needs it.
- Ensure that children receive their medication.
- Administer any medication in accordance with the instructions provided on the box at the appropriate times
- Keep a record of the times and dates of medicine administered
- Keep a record of any accidents and action taken. They may not have dealt with the incident first hand should the child have been in another group but the other staff should report it for the record.
- Give the record to the office on return should it be required for future
- Fill in an accident report form if any accident is sufficiently serious
- Keep the school (headmistress if out of school hours) informed should a child need to be taken to hospital for further treatment.
- Ensure that the information from the parents is taken with the child should they need to go to hospital
- If a child needs to be taken to hospital the activities of the children remaining will be monitored to ensure that ratios are suitable and the children are safe.

17. Parental permission

Medicines must not be administered unless we have a completed Prescribed Medication Consent Form from the parents. The signed forms are kept in the pupil record file once medication has been administered. In the event of a child in school with medicines and without written parental permission, we will attempt to gain consent for the

administration by email. If we are unable to contact parents the medicine will not be administered.

18. Storage and administration of medicine

No medicines should be kept in the class or the child's possession. All medicines are kept in the fridge or in the locked cupboard in the first aid bay, under the responsibility of the office staff. All medicines must be clearly named. Administration of medicine takes place in the health centre. When medicine is administered (usually by the Designated First Aider) a dated entry must be recorded in the first aid log. Before administering medicines, staff should read the entry section of the log to check the medicine has not already been administered. Parents are informed of the date and time of the administration of any medicines via a first aid slip being sent home, with the child, on the same day.

19. Accident or Injury in School

Any significant accidents and injuries must be reported to the school nurse. An accident form is completed if any child or member of staff sustains an injury whilst on the premises. This form is to help teachers and staffs keep an accurate and detailed record of the accident, and their discretion will be used in determining if an accident is worth documenting. The school nurse may also fill out accident forms when necessary.

20. Allergies & Sensitivities

It is the responsibility of parents/guardians to inform the school of any allergies or sensitivities of their child (especially allergies to specific food and medications, etc.) in the Pupil Medical Form. A list of pupils with allergies will be shared with all teachers.

This procedure is a must in order to prevent medical emergencies such as anaphylactic shock. It is important for the teachers to be aware of their pupils' allergies in situations such as class snack time/parties and field trips. Parents/Guardians with pupils taking antihistamines or who are prescribed an EpiPen must also indicate all medications taken by the child on the Pupil Medical form. If parents/guardians would like the school to keep any personal over-the-counter medicines, prescribed medicines and/or an emergency backup EpiPen in the clinic, they must notify the school nurse directly.

21. Anaphylaxis Protocol

Anaphylaxis is an excessive reaction of the immune system to the presence of a food or substance which it wrongly perceives as a threat, such as peanuts, pollens, wasp stings. It is potentially life-threatening. It involves at least one of the following two severe features:

Difficulty breathing – due to swelling of the throat or severe asthma

Shock – this may present as collapse or loss of consciousness

Other symptoms include:

- Itching in the mouth
Swelling of the face, throat or tongue
Difficulty swallowing
Hives; anywhere on the body
Generalised flushing of the skin Abdominal cramps and nausea
Sudden feeling of weakness
Drop in blood pressure
Collapse and unconsciousness.

Symptoms may occur within seconds or minutes but can manifest after some hours. Not all of the above symptoms may be present, though more than one may be present.

Immediate Treatment

In a timely and competent manner get help – contact a trained member of staff (stay calm). **Dial 999 immediately** stating '**anaphylaxis**'.

An **EpiPen** should be administered as soon as the child experiences any **severe** symptoms.

An EpiPen should be administered as soon as the child experiences any severe symptoms. This will be most probably done by class teacher. The EpiPen is to be administered into the upper outer thigh. Hold in place for 10 seconds. Massage injection site for 10 seconds. A second EpiPen may need to be administered if symptoms are not relieved, or if symptoms return. In all cases the school nurse and parents should be informed immediately.

Staff must be aware of at-risk children and should be familiar with anaphylactic procedure. Individual anaphylactic pupil policy guidelines are displayed on the children's notice board in the staff common room. Named EpiPens are stored in the first aid cabinet in the school clinic and in the child's classroom. The administration of this medication is safe for the anaphylactic pupil and, even if it is given through a misdiagnosis, it will do no harm.

Named EpiPens and antihistamines must accompany the anaphylactic child out on any school trip or to the games field, if appropriate (i.e. in the case of grass or bee/wasp sting allergy). It is the responsibility of all staff members to keep familiar with the EpiPen administration technique.

22. Asthma Attack Protocol

Asthma is a condition which involves narrowing of the airways, which we use to pass oxygen in and out of the body. Asthmatics can suffer intermittent attacks of wheezing and shortness of breath that can vary in severity. Asthma can develop at any age but is more likely to develop in childhood and can progress into adulthood.

Some of the main triggers and causes for asthma are listed below:

- Allergies usually to pets/dust/pollen
- Colds and infections
- Exercise
- Laughing and excitement, especially in children
- Emotional stress, crying for long periods of time
- Family history of disease, especially parents and siblings
- Eczema or allergies in siblings
- Smokey environments, e.g. if a parent smokes in the house
- Environmental factors.

What happens in a mild attack of asthma?

- Wheezing
- Coughing
- Tight feeling in the chest
- Shortness of breath and gasping.

What happens in a severe asthma attack?

- All of the above symptoms
- Difficulty in talking
- Blue/grey fingernails (not enough oxygen to the cells)
- Stomach seems to be moving erratically (this is known as using your accessory muscles as an attempt to draw in air)
- Very wide nostrils
- Racing pulse

Immediate Assessment

Is there a history of asthma? If not, consider a different cause:

- Foreign body
- Croup
- Whooping cough
- Pneumonia

- Bronchitis
- Hyperventilation.

A pupil with asthma symptoms should be placed in an area where he/she can be closely observed. Never send a pupil up to School Clinic alone. Limit moving a pupil who is in severe distress, call for nurse to come down instead. The pupil should be in a cool, calm atmosphere.

Is pupil at risk of severe acute attack?

Signs of a particularly severe asthma attack can include:

- Wheezing
- Coughing and chest tightness becoming severe and constant (younger children may describe this as a tummy ache)
- Being too breathless to eat, speak or sleep
- Breathing faster
- A rapid heartbeat.

Call 999 to seek immediate help if pupil appears exhausted, has blue/white tinge around lips or has collapsed.

Severe Asthma

- Sit up straight - don't lie down. Try to keep calm.
- Administer one puff of pupil's reliever inhaler (usually blue) every 30-60 seconds, up to a maximum of 10 puffs.
- If pupil feels worse at any point whilst using the inhaler or doesn't feel better after 10 puffs
- or you're worried at any time, **call 999** for an ambulance.
- Contact parents/guardian
- If the ambulance is taking longer than 15 minutes you can repeat step 2.

If the symptoms improve and you don't need to **call 999**, an urgent same-day appointment must be made for the pupil to see their doctor.

Prognosis

Asthma is a manageable condition and children can grow out of it into their teenage years, some have asthma into adulthood. Children should be able to participate in physical activity and sport as normal. It is important to understand that an asthma attack can be life-threatening, and the child should be taken to hospital immediately if they do not respond to their inhalers. It is advised that you be cautious and try not to expose your child to any of their trigger factors, such as pollen and animal hair.

23. Contagious Disease, Outbreaks and Exclusion Period

Parent/Guardian Responsibilities:

- Parents/guardians are required to inform the Principal or the school nurse as soon as possible if your child has been suspected or has been diagnosed with any infectious disease
- If the parent/guardian of a child believes that a child has an infectious disease, has been in contact with an infected person or has been diagnosed with an infectious disease, the parent/guardian must follow the measures for that specific disease by the physician and inform the Principal or the school nurse as soon as possible
- Parents/guardians must comply with any advice given by your physician, the school and/or the Ministry of Health in the event of an outbreak of an infectious disease.

School Responsibilities:

- The school will consult with the Ministry of Public Health and the Centre for Communicable Disease Centre (CDC) as required, to get advice on how to take appropriate and safe measures for health outbreaks
- If the Principal considers that a pupil enrolled at Downe House Riyadh has an infectious disease, he/she will notify and consult with the CDC and the Ministry of Public Health and provide details regarding the outbreak. In reporting about an infectious disease, the school must provide all necessary information as requested by the CDC and the Ministry of Public Health to permit appropriate public health action to control the spread of the disease
- If the Principal, and nurse have any reasonable grounds for believing a pupil has or has been in contact with a person who has an infectious disease, they will follow protocols set out for that specific disease by the CDC and the Ministry of Public Health .
- Should the CDC and the Ministry of Public Health recommend the school to close; the Principal will notify parents/guardians of an outbreak at Downe House Riyadh and of their responsibilities in line with the communication policy.

24. Emergency Incidents

When an emergency medical treatment is needed but either the parents/guardians cannot be contacted or there is no time to contact parents/guardians to do the treatment, the school will automatically call an ambulance (dial 999) if parents/guardians have given permission to do so on the Pupil Medical form. Please provide the most readily available emergency contact number on the Pupil form and update it as needed. It is also strongly recommended that a third person be available for the school nurse to call in case both mother and father cannot be contacted.

25. Head Injuries Protocol

All injuries to the head are potentially dangerous.

Minor Head Injury Protocol

Children have many bangs to the head, and it is important to determine if they are serious or not. Most head injuries are not serious and simply result in a bump or bruise.

If a child:

- Has not been knocked out
- Is alert and interacting normally
- Has not vomited
- Has small bruising or minor cuts to the head
- Cries immediately but is otherwise normal.

They must be accompanied by an appropriate person to the Clinic for assessment.

Following assessment and possible treatment in the Medical Centre, the child will be accompanied back to relevant activity in the school.

The relevant details will be recorded in the incident/accident book.

A phone call will be made to parents informing them of the event, any treatment given and further head injury advice.

If any of the following symptoms are present call the doctor immediately, or take your child to hospital immediately:

- Sudden, severe headache or gradually increasing headache
- Vomiting
- Drowsiness
- Sudden unconsciousness, fainting or dizziness
- Weakness or numbness of limbs
- Disturbance of vision or double vision

26. Concussion

Please read this in conjunction with the School Head Injury Policy.

Introduction

Most head injuries are not serious, but occasionally they require medical attention and it is important to recognise the signs and symptoms so that the appropriate response is carried out quickly.

Assessing the level of consciousness following a blow to the head is vital. Concussion must be taken seriously to safeguard the welfare of pupils around the school and

playing sport.

Definition of Concussion - Concussion is a complex process caused by the result of direct or indirect trauma to the brain that results in temporary brain function impairment. It can affect a child or young person's thinking, memory, mood, behaviour and level of consciousness. It can produce a wide range of physical symptoms such as headaches and dizziness.

Concussion can occur during almost any physical activity, including sport sessions and at play times.

Diagnosis and management of suspected concussion

Recognise: After a fall or impact, concussion should be suspected if any of the following signs are present:

Symptoms e.g. headache, dizziness, nausea

Physical signs e.g. unsteadiness, loss of consciousness/responsiveness **Impaired**

brain function e.g. being dazed, confusion, memory loss **Abnormal behaviour** e.g. change in personality

Memory questions for

players:

What venue are we at today? Which half is it now?

Who scored last in this game?

Memory questions for

pupils:

Where are we now?

Is it before or after

lunch? What did you

If any of the following danger signs are present, **CALL 999:**

- Deteriorating conscious level
- Increasing confusion or irritability
- Severe or increasing headache
- Repeated vomiting
- Unusual behaviour change
- Seizure or convulsion
- Double or blurred vision
- Weakness, tingling or burning in limbs
- Complains of neck pain
- Increasing or persistent difficulty with walking or poor balance.

Remove: If concussion is suspected:

- A pupil / player must be removed from the field of play for assessment and may not return to play for the rest of the game / match.

If in Doubt, Sit it Out

- The supervising member of staff will alert the Sister or First Aider on duty who

- will assess the pupil / player as soon as is practicably possible
- The pupil / player must not be left alone
- Parents will be informed in all cases of head injury and head injury instructions given. If concussion is suspected, they will be advised to take their child to the doctor, ideally that day
- A member of staff will complete an incident/accident form.

Recover: Following a diagnosis of concussion, the majority of cases recover fully within a few weeks but they must be given the time and opportunity to do so – this means resting the body and resting the brain.

The child / young person should have complete rest until symptom free. This includes rest from physical activity and brain activities such as, reading, and looking at screens such as, television, computer and smartphones.

To ensure complete recovery, even once symptom free, the pupil will have a period of relative rest for 14 days from the injury.

Extended absence following concussion is uncommon, though it is reasonable for a child to miss a day or two of school if they feel unwell.

Return: Pupils should return to academic studies before they return to sport.

School studies: Once symptom free, the pupil should return to academic studies. If symptoms return, the provoking activity (e.g. prolonged reading, using screens) should be reduced and gradually re-introduced. If symptoms are prolonged, referral back to GP is advised.

Participation in Sport: After the recommended rest period of 14 days, the pupil may begin a graduated return to play (GRTP), as long as they are symptom free, off all medication that modifies symptoms and have returned to normal activities.

A minimum of 48 hours at each GRTP stage is recommended which means the minimum return to play interval is 23 days from injury. This is to reduce the risks of Second Impact syndrome.

Pupils who persistently fail to progress through the GRTP because symptoms return, should be referred to their doctor.

If a pupil sustains two or more concussions in a 12-month period, parents are advised to seek a neurological opinion.

Always remember basic first aid principles:

Danger, Response, Airway, Breathing, Circulation

Do not attempt to move a player, other than required for airway support

If the casualty vomits, remember that there may also be a spinal injury, and so roll head, neck and body as one unit to prevent choking

Do not remove any helmet

Sources: Concussion guidelines for the Education sector June 2015

27. Hand Washing And The Use Of Hand Sanitizers

Hand washing with water and soap is very important measure for staying healthy and prevent the spread of diseases. Pupils should be practiced to wash hands especially before and after snack time, after playtime and whenever hands are soiled and dirty. A hand sanitizer can be found in the dining hall. The hand sanitizer is assured to be safe to use in a hospital and school setting as well.

28. Head Lice Policy

Head lice (pediculosis capitis) are tiny insects that most often affects children and usually results from the direct transfer of lice from the hair of one person to the hair of another. They are unable to jump or fly. It don't carry bacterial or viral infection. A head lice infestation is not a sign of poor personal hygiene or an unclean living environment. It typically only occurs after having long exposure to someone who has head lice, infested clothing, or belongings. Nits (egg casings) are not a diagnosis of an active infection and often stay attached to the hair until the nit grows out and is cut away. Lice that fall from the hair are lice that are likely dead or dying which extremely low risk of infestation of another person. Symptoms include a tickling feeling of something moving in the hair, itching caused by a reaction to the bites, irritability, and sores on the head caused by scratching. Although lice are very small, they can be seen on the scalp when they move. The eggs (nits) are easily seen on hair shafts. Treatment involves a combination of a nonprescription shampoo and manual removal of all nits on a damp hair with a lice comb or the fingers. Both medication and complete nit removal are necessary to prevent re-infestation. All clothing, bedding, and furniture surfaces must also be washed and disinfected.

Procedure for Head lice

If a pupil is suspected of having lice, or a parent reports that a child has lice, the school nurse should be notified by the teacher. Confidentiality must be maintained so the pupil will not be embarrassed. The nurse will then request the parent of the pupil to do a louse check on the pupil at home as well as on all household members. The pupil may remain in class and should be prevented from prolonged head to head contact with other pupils. The nurse will also do a louse check on the rest of the class. The nurse should follow up with parents to ensure the infestation has indeed been resolved.

29. Healthy Eating Policy

Please read this in conjunction with the School Healthy Eating Policy.

Downe House Riyadh is a school that promotes a healthy eating. The school canteen will offer and promote healthy snacks and eating habits. There will be times where the children may have a “treat”, however a balanced healthy diet for each child will be monitored by teachers.

30. Hygiene Procedure for Spillage of Body Fluids (Hygiene Procedure for Spillage of Body Fluids Detailed Advice is contained in Appendix 2 – Hygiene Procedure for Spillage of Body Fluids.).

In the school clinic, there is a supply of gloves, disposable wipes, antiseptic hand wash, absorbent granules, yellow bags for the disposal of infected waste, and a foot pedal bin.

Spills of body fluid including blood, urine, faeces, vomit, saliva, nasal and eye discharge must be cleared up immediately. Disposable gloves should be worn and discarded into a specialist yellow bag when used. Mops should be washed in the cleaning equipment sink (not the Clinic sink), rinsed in disinfecting solution and dried.

30. Records

A record must kept of all treatment given and of every accident reported to have taken place on School premises or in connection with School activities which require medical attention. Accidents treated by Medical Centre staff must be reported on the appropriate form by staff to Health and Safety Officer (HSO) within one day of the occurrence. The date, time and place of event or illness must be noted with the personal details of those involved with a brief description of the nature of the event or illness. What happened to the injured or ill person immediately afterwards should also be recorded.

The HSO will investigate each such report to determine whether its cause was avoidable or accidental – if avoidable a rectification plan of action will be drawn up. Accident and Illness statistics are reported.

Records are to be stored for at least three years or, if the person injured is a minor (under 18), until they are 21.

In the event of accident or injury, parents must be informed as soon as practicable. Downe House Riyadh will inform parents of any first aid treatment that is given to all pupils.

31. Immunisation Requirements

All mandatory immunization records must be completed or up-to-date with medical

vaccination schedules before the school starts. The Immunization Schedule is available at the Ministry of Health. Parents are required to submit a health status update as they register their child for each school year and notify the school for any updates.

32. Informing the school of absence

Parents need to inform the main office in the morning before 7:15 am, to report the child's absence in order to keep an accurate attendance record of the child and safety reasons. This should be done by phone or email. Should a child initially come to school but then become seriously ill or suspected to be contagious to other children and staff, a parent/guardian will be contacted to come and pick up the child from school. A child who is sick will not be able to participate in school as they are likely to spread the illness to other children, teachers, and staff.

33. Medical Arrangements

Dental and Ophthalmic Treatment

Routine checks and treatment should be carried out during the holidays if possible. All children should have their eyes tested before they join Downe House Riyadh.

Infectious Diseases

If during the holidays your child is exposed to an infectious disease (e.g. chickenpox/mumps), please inform the school nurse/medical officer if he/she has not previously had the disease.

Medical consultation while at home

To maintain the standard of medical care which it is felt parents will wish their children to receive while at school, parents should ensure that the School Nurse receives details of any important medical consultations which take place at home and details of any continuing treatment.

Medical Certificate To Resume School

Once a pupil recovers from the infectious disease, that pupil must bring a Certificate to Resume School provided by his/her physician. Common diseases that require pupils to bring back a Certificate to Resume School are as follows:

Pertussis (Whooping cough)
Measles, Mumps,
Rubella
Chicken Pox
Impetigo

Conjunctivitis
Tuberculosis

The only exception to this policy is if pupils have recovered from influenza, when parents/guardians must keep their children at home for at least 48 hours without a fever (without any fever reducing medication effect), or, for diseases that do not require a Certificate to Resume School. Instead of bringing in the Certificate to Resume School, parents/guardians must call the school main office to inform that the pupil will be returning and has not had a fever in the last 48 hours.

34. Nut Policy

Please read this in conjunction with the School Nut Safety and Allergy Awareness Policy.

The school is a Nut Free Environment. This is a prevention plan to decrease the risk of anaphylactic reactions in pupils with serious allergies to peanuts/nuts. All staff will have access to a list of pupils' allergies. Additional restrictions will be placed on classrooms at the discretion of the nursing and administration staff depending on the kind of allergy the pupil has (dairy, eggs, medicine, etc.) Pupils will be instructed not to share food items. Information will be reinforced by class teachers, or through newsletter.

If the parents report that their child has a nut/legume allergy, they will be required to provide at minimum a prescribed antihistamine and/or an epinephrine auto-injector (EpiPen or Twinject). The injector will be kept in the nurse's clinic or in the staff common room during outdoor activities or field trips.

30 Periods of Exclusion From School For Children With Infectious Diseases

Personal hygiene measures such as hand washing, covering the mouth and nose when coughing or sneezing, covering open wounds, not sharing food or drinks and not attending school when ill or suffering from vomiting and diarrhea are important means of preventing the transmission of a number of common infectious diseases. Downe House Riyadh strongly requires pupils diagnosed with an infectious disease or pupils who have been in contact with any individual with the infectious disease to be excluded from school for the periods specified by a physician and/or the CDC and the Ministry of Public Health.

31 Protocol for Administration Of Medication

With the parent permission on the Pupil Medical form, commonly taken over-the-counter medications, such as paracetamol, will be given to your child by the school nurse when necessary. The school clinic has these on hand over-the-counter medications:

Panadol/Adol (Syrup/Elixir, for fever)
Panadol Tab (Acetaminophen, for cold symptoms)
Strepsils/Lozenges (Sore throat)
Clove Oil
(Toothache) Cold
Rub Antihistamine
Tablets
Antihistamine Cream/Lotion

Parents must inform the school nurse or main office on any prescribed medications your child is scheduled to take during school hours. If medication is to be taken on a daily basis, or for 5 consecutive school days or more, please consult directly with the school nurse. Details such as the name of the medication, time of administration, dose and route of administering the medication must also be provided. All administration of medication will be under the direct supervision of the school nurse or the role will be delegated to your child's class teacher under certain circumstances.

All prescribed medications must have the pupil's name and year and will be stored in the clinic. Also, please note that it is the pupil's responsibility to come to the school clinic at the scheduled time for the school nurse will not administer medication in the classroom. If need be, the nurse will collect the child if they forget.

All medication is to be kept in locked cupboards which are situated in the School Clinic

Procedure

When issuing medication, these procedures should be followed:

- The reason for giving the medication should be established
- Check whether the child has taken any medication recently and, if so, what. (Some over the counter remedies contain paracetamol, and care should be taken that maximum doses are not exceeded) Check whether the child has taken this medication before and, if not, whether he/she is allergic to any medication (check medical form)
- Ensure there is a medication consent form signed by a parent or guardian Check the medication is in date
- The child should be seen to take the medication by the person issuing it
- The child's name, reason for medication, the medication issued, the dosage, date and time should be noted in the relevant medical record book and initialed
- Parents to be informed by telephone or email.

32 Sports Outdoor Pursuits and Field Trips

Arrangements for first aid for sports, outdoor pursuits and field trips are the responsibility of the supervising staff, after consultation with the School Nurse.

33 Pupil Medical Form

The Pupil Medical Form must be completed by a parent/guardian before school starts.
First Aid and Sickness Policy

It is important to keep a record of the pupils, especially regarding their allergies and medical conditions. Parents/guardians will be contacted by the school a minimum of once a year or multiple times, as necessary throughout the school year, in order to have the most updated medical information of your child. Parents/guardians are strongly encouraged to inform the school nurse with pupils' medical updates at the time of changes.

34 When to Send The Child Home From School

Fever, Vomiting, Diarrhea, Severe Headache, Serious Bump on the Head and Injuries

In the case of pupils running a fever of 37.5~38.0°C, vomiting or suffering from diarrhea, suffering from severe headache, serious bump on the head and parents will be contacted so their child can be collected. All cases will be assessed carefully, and the school nurse will make the decision whether a pupil is fit to stay in school, even if a pupil is not showing extreme signs and symptoms of sickness, if the school nurse deems it in the best interest of the pupil, the pupil may possibly be sent home or asked to be picked up by a parent/guardian. Full decisions are based on the nurse's professional judgment. If parents are unavailable to collect their child, they will be kept at school until they can be picked up.

When not to Send the Child to School **Temperatures**

Children with a temperature of 37.5°C or above should not be sent to school.

- If a child develops a temperature of 37.5°C or higher while at school, they will be sent home.
- Before returning to school, a child must be able to maintain a normal temperature without the use of medication for at least 24 hours.

Other:

- Vomiting (in the past 24hours)
- Diarrhoea (in the past 24 hours)
- Chills
- Severe headache
- Sore throat
- Strep throat (must have been taking an antibiotic for at least 24 hours before returning to school)
- Bad cold, with a very runny nose or bad cough, especially if it has kept the child awake at night
- Allergic reaction or severe skin rashes

35. Policy History

Date of adoption of this policy	August 2022
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Date of last review of this policy	August 2024
Date for next review of this policy	August 2025
Policy owner (SLT)	Head of School
Policy owner (Chair of the Board)	Board

Appendix 1: Specific Illness / Conditions Guidelines

Athlete's Foot Information Sheet

What is Athlete's foot?

Athlete's foot is a fungal infection of the foot and the toes. The medical term for this is Tinea Pedis. It is quite infectious and can affect anybody, but typically occurs in teenagers and male adults. The fungi like to live in warm, dark and humid environments, often affecting those who participate in sporting activities, hence the common name Athlete's foot. The initial infection lasts 1-10 days, but if untreated the infection can become persistent and last for months.

What are the symptoms?

Itchy, scaly, dry rash on sides/bottom and in between toes
Inflammation/blisters on soles of feet

Cracking and raw skin tissue on soles causing pain and swelling
Toenail infection can be present.

How is Athlete's foot transmitted?

Bare feet come into contact with fungus

Warm and damp environments encourage fungal growth

Infection can be spread through contaminated clothing and bed sheets.

What are the treatments for Athlete's foot?

Wash feet frequently and dry them thoroughly between the toes

Change socks daily

In severe cases, doctor may prescribe creams and lotions that kill fungi

Early treatment is necessary to prevent infection spreading to the toe nails. If this occurs then the infection becomes harder to deal with.

Prevention

Wash feet frequently and dry them thoroughly between the toes
Avoid tight footwear, especially in hot weather

Reduce foot perspiration by using talcum powder

Change socks frequently, cotton socks are best, especially if you tend to sweat heavily.

Chickenpox (Varicella) Information Sheet

What is Chickenpox?

Chickenpox is a mild disease that most children will catch at some point. It is highly contagious and usually affects many children at the same time, especially in nurseries and schools. Chickenpox is most common between the ages of 2 and 8, although it can also infect adults who have never been exposed to the disease. The Chickenpox vaccine only generally ensures approximately 80% immunity rate in any child that takes the vaccine.

What are some of the common Symptoms?

Small red spots at start, leading to:

Many blisters, which burst and crust over into scabs

New blisters may occur 3-6 days after the first blisters

Usually very itchy

Commonly starts on the face and trunk and later the limbs and scalp

High temperatures

Cold-like symptoms.

How is it transmitted?

Direct person to person contact

Airborne droplets from coughing/sneezing

Contact with infected articles e.g. bedding and clothing Infection occurs from airborne droplets before any rash appears.

Diagnosis

There is no need for any laboratory testing. A doctor can diagnose chickenpox from clinical symptoms.

How is it treated?

Treatment mostly consists of easing the symptoms

Stop the infected person from scratching as this could cause infection Calamine lotion will help relieve itching

No need for antibiotics as it is a viral infection

Treat the fever with a Paracetamol or Brufen based medicine.

Please keep your children away from school until the last blister has formed a scab, approximately 5-10 days after the rash first appeared.

Croup Information Sheet

What is Croup?

Croup is a condition that develops quickly in children generally under the age of five.

Croup is caused by a viral infection of the upper airways, throat and surrounding tissue.

A barking cough is the obvious sign of Croup.

How do you get croup?

The virus that will cause croup can be transmitted from person to person through airborne droplets from sneezing and coughing.

Signs of Croup

Rough/barking cough

Hoarseness and noisy breathing

Symptoms seem to be worse at night when the child has been lying down for some time.

What should you be especially aware of?

Your child becomes very tired

Difficulty in breathing
Blueness around mouth, nose and nails

What can you do?

Calm the child as much as possible
Keep calm yourself- show no anxiety to your child
Sit your child upright to ensure maximum lung capacity
Inhaling steam may help- simple to do if you run a hot bath in a closed bathroom
Avoid heavy meals as coughing may lead to vomiting
Encourage the child to drink plenty of fluids
Treat a fever with paracetamol/brufen products and remove excess clothing

Treatment

Viral infections cannot be treated with antibiotics. Serious cases may be admitted to hospital for further treatment.

Prognosis

Croup usually clears up in 3-4 days on its own. The coughing may last sometime longer though. Symptoms usually worsen when the child is in bed. Children who have had croup in the past may develop it again when they have a cold.

Diarrhoea and Vomiting Information Sheet

What Causes Diarrhoea and Vomiting?

Diarrhoea and vomiting is caused by a number of different organisms, including bacteria, viruses and parasites. One of the most common reasons for a child suffering from diarrhoea and vomiting is something called rotavirus gastroenteritis, which is very contagious. Diarrhoea and vomiting can also occur if a child has a cold or flu, ear infections, throat/chest infections or runs high fevers.

How are gastro-intestinal illnesses transmitted?

- Eating contaminated foods.
- Drinking contaminated water.
- Poor personal hygiene.
- Contact with infected items such as bed clothes and sheets.
- Infrequent hand washing.

How are Gastro-intestinal illnesses treated?

Encourage your child to wash their hands thoroughly after going to the toilet and before eating Children to be cared for at home and isolated from school and nurseries.

Do not allow your child to return to school until 48 hours have passed since their last episode of diarrhoea and vomiting.

Most children will improve without medications or specific treatment. Rest is important.

Children must drink plenty of fluids in order to not become **dehydrated**.

Do not allow your child to go swimming for 1 week after their last episode of diarrhoea & vomiting.

What are the signs to look out for if my child is dehydrated?

- Less frequency in passing urine
- Lethargy
- Cold to touch
- Irritable
- Faster/slower breathing
- Dry mouth/tongue and lips

Advice

- Drink little and often.
- If they cannot keep fluid down, let them rest and try again later.
- Water is easier for the stomach to handle if it is not ice cold.
- If it is an older child that is sick, try to refrain from giving them milk.
- You can by replacement electrolyte sachets, to re-hydrate the body and give it essential salts and energy.
- If diarrhoea and/or vomiting continue for several days, then please consult your doctor.

Further information can be found at www.nhs.uk/conditions/rotavirus-gastroenteritis

Head Lice Information Sheet

What are head lice and nits?

Head lice are tiny grey/brown insects. They are about the size of a sesame seed (the seeds on burger buns). Head lice cling to hairs, but stay close to the scalp which they feed off. Head lice lay eggs which hatch after 7-10 days. It takes about 10 days for a newly hatched louse to grow to an adult and start to lay eggs.

Nits are the empty white egg shells which are left when the lice hatch. Nits look like dandruff, but stick strongly to hair. Unlike dandruff, you cannot easily brush out nits.

Who gets head lice?

Head lice are common in children, but can affect anyone of any age. They are not a sign of dirty hair or poor hygiene. Close hair to hair contact is usually needed to pass lice on. Head lice cannot jump or fly, but walk from one head to another. They soon die when away from hair, and do not live in clothes, bedding, etc. Most head lice infections are caught from family or close friends who are not aware that they have head lice.

What are the problems with head lice?

Many people with head lice do not have any symptoms. An itchy scalp occurs in some cases. This is due to an allergy to the lice, not due to their biting. It often takes about three months for an itch to develop after you are infested with lice. Therefore, you may not notice that you have head lice for a while, and you may have passed them

on to others for some time. Head lice and nits do not wash off with normal shampoo. Head lice do not cause any other medical problems. The number of lice that may be on one person can vary greatly. However, commonly, there are fewer than 15 lice present.

How can you tell if you have head lice?

Head lice are difficult to find just by looking in the hair. If you suspect that your child or you have head lice, it is best to do detection combing. Some people advise that you do this to children's hair regularly, about once a week.

Detection combing: wet hair method

This will take 5-15 minutes to check each head, depending on hair length and thickness. It is also used as a treatment for head lice - see later.

Wash the hair in the normal way with ordinary shampoo.

Rinse out the shampoo and put on lots of ordinary conditioner. Comb the hair with a normal comb to get rid of tangles.

When the hair is untangled switch to a detection comb.

This is a special fine-toothed comb. (The teeth of normal combs are too far apart and the teeth of 'nit combs' are too close together.) Some pharmacies stock detection combs. One type (Bug Buster® detection comb) is also available on prescription. Slot the teeth of the detection comb into the hair at the roots so it is touching the scalp. Draw the detection comb through to the tips of the hair.

Make sure that all parts of the hair are combed by working around the head.

Check the comb for lice after each stroke. A magnifying glass may help.

If you see any lice, clean the comb by wiping it on a tissue or rinse it before the next stroke. After the whole head has been combed, rinse out the conditioner.

Repeat the combing procedure in the wet hair to check for any lice that might have been missed.

What are the treatment options for head lice?

Treatment is needed only if you see one or more live lice. Nits (empty eggshells) do not always mean that you are infested with lice. Nits can stick to hair even when lice are gone (for example, after treatment that kills the lice).

Currently, there are five main recommended options for clearing head lice:

- Dimeticone 4% lotion (trade name: Hedrin®).
- Wet combing using the Bug Buster® comb and method.
- Isopropyl myristate and cyclomethicone solution (trade name: Full Marks Solution®). Coconut, anise, and ylang ylang spray (trade name: Lyclear SprayAway®).
- Malathion 0.5% aqueous liquid (has various trade names).

The treatment chosen may depend on your personal preference, and what you have tried before (if appropriate). Each treatment has a good chance of clearing head lice

if applied or done correctly *and* if all affected people in the household are treated at the same time. Read the instructions that come with the packaging.

Do family and friends need treatment?

Only if they have head lice. All people in the same home, and other close head-to-head contacts of the previous 4-6 weeks should be contacted. Tell them to look for lice and treat if necessary. (It used to be advised to treat all close contacts even if they had no symptoms. This has changed to just treating people who have head lice.) All people with head lice in the same home should be treated at the same time. This stops lice being passed around again.

Checking for treatment success

The wet combing method of treatment discussed above how to check for success. For other methods of treatment (lotions, sprays, etc), check that treatment was successful by detection combing 2-3 days after completing a course of treatment, and again after a further seven days. Treatment has been successful if no lice are found at both sessions.

Can head lice be prevented?

There is no good way of preventing head lice. Lice repellent sprays do not work very well. If you do detection combing of children's hair every week or so, you will detect head lice soon after they have affected the hair.

You can then start treatment quickly and reduce the risk of passing them on to others.

Impetigo Information Sheet

What is Impetigo?

Impetigo is an infection of the skin caused by bacteria, usually Streptococcus or Staphylococcus. It is extremely contagious and commonly occurs in children, although adults can also be infected. Impetigo is caused when bacteria infect cuts/bites and wounds. The infection can then spread when the infected person scratches their sores and then touches other parts of their body.

What are the common signs and symptoms of Impetigo?

Symptoms usually occur 4-10 days after being infected. Small/itchy blisters appear and expand.

Blisters burst and discharge is produced.

Blisters can typically scab into yellow/thick crusts over 4-6 days.

Tends to affect the hands and face, although can spread to other parts of the body.

How is Impetigo transmitted?

Impetigo can appear suddenly. It is usually spread through direct contact with another infected person. Sharing items such as towels and face cloths can cause the spread of Impetigo.

What is the treatment for Impetigo?

Please consult a doctor for diagnosis. Most doctors like to treat Impetigo with antibiotic ointment, applied to the affected areas. In more severe cases a doctor may prescribe oral antibiotics. It is important that the scabs are dissolved using an ointment/cream as the bacteria live underneath the scabs. Children should be isolated from school and nurseries until all the lesions have crusted and healed and treatment has commenced. Please consult your doctor for diagnosis and advice.

Measles Information Sheet

Measles is a highly infectious viral disease. Anybody can contract the Measles virus especially if you have not been immunised with the MMR vaccination. The measles virus is contained in the millions of tiny droplets that come out of the nose and mouth when an infected person coughs or sneezes. The virus spreads very easily and measles is caused by breathing in these droplets or by touching a surface that has been contaminated with the droplets then placing your hands near your nose or mouth.

Symptoms

- Cold-like symptoms, such as runny nose, watery eyes, swollen eyelids and sneezing red eyes and sensitivity to light.
- A mild to severe temperature, which may peak at over 40.6C (105F) for several days, then fall, but go up again when the rash appears.
- Tiny greyish-white spots (called Koplik's spots) in the mouth and throat. Tiredness, irritability and general lack of energy.
- Aches and pains.
- Poor appetite.
- Dry cough.
- Red-brown spotty rash.

Rash

The measles rash appears two to four days after initial symptoms and lasts for up to eight days. The spots usually start behind the ears, spread around the head and neck, then spread to the legs and the rest of the body. The spots are initially small but quickly get bigger and often join together. Similar looking rashes may be mistaken for measles, but measles has a range of other symptoms too, not just a rash. Although uncommon complications can occur from the Measles virus and your child may need hospitalisation and specialist care.

Treatments

Should there be no other complications from the virus, the body will fight the infection itself. Below is a list of treatments to make your child more comfortable.

- Liquid paracetamol or ibuprofen for a high temperature or pain
- Dim lighting/blocking sunlight when the child rests
- Plenty of fluids
- Encourage food to be eaten if possible.

Generally the symptoms of Measles should disappear within 7-10 days. Please keep your child away from school for at least five days from the onset of the rash.

Ringworm Information Sheet

What is Ringworm?

Common fungus infection of the skin. Not actually a worm. Appears in a round/ring shaped patch Common among children; adults can be infected too.

Causes of Ringworm

Fungi can enter the body through broken skin (scratches, cuts and eczema)

Fungi can come from animals, soil and humans

Transmission is from person to person contact/sharing clothing and towels

Ringworm thrives in warm/damp areas

Those working with animals and children who have pets are more susceptible to becoming infected.

What areas of the body can be affected?

-Scalp -Body -Groin -Feet -Nails

Symptoms

Round/ring shaped patches on skin. Red/silver scaly skin. Area is usually itchy. The ring can spread outwards and the middle may heal and return to normal.

Diagnosis

Early detection could save a trip to the Doctor as your pharmacist will be able to provide you with treatment. A scraping of skin can be taken and observed under a microscope, but usually your doctor can diagnose ringworm from observation.

Treatment

Antifungal creams, to be used for up to 4 weeks and 1-2 weeks after skin has healed Powders/lotions and creams are available from the pharmacy or on prescription from your doctor Visit your doctor if you are unsure if it is ringworm or if the infection appears to be severe

Visit a doctor if the infection is not responding to treatment after about four weeks If the affected areas are inflamed/red/sore, then the doctor may prescribe a topical cream called a corticosteroid to treat this.

Scalp Ringworm

Antifungal tablets can be prescribed for up to 10 weeks Medicated shampoos can be used alongside tablet treatment.

Prevention

- Do not share bedding/clothing or towels with somebody who has ringworm
- Check the whole family for signs of infection
- Touch the infected area as little as possible
- Take your pet to the vet if you believe it has ringworm

Once children have commenced treatment they do not need to be excluded from school

Scarlet Fever Information Sheet

What is Scarlet Fever?

Scarlet Fever, also known as Scarletina is a bacterial infection. Scarlet Fever is highly contagious and is spread from secretions from the nose and throat when a person coughs or sneezes. Scarlet Fever can occur in a person who has recently had a Streptococcal infection of the skin or throat.

Scarlet Fever usually affects the pharynx (back of the throat) but can also affect the skin. Scarlet Fever is most common among 4-8 year olds but can affect any age group. Scarlet fever is not a dangerous disease but does require immediate treatment.

What are the symptoms of Scarlet Fever?

Symptoms can vary from person to person. Not all symptoms may occur together. Symptoms usually occur 2-4 days after infection occurs. Below is a list of the most common signs and symptoms of the disease:

Sore throat

Swelling of glands in the neck

Tonsils may be covered in a white discharge

Mild or widely spread bright red rash

Rash appears to be fine and will fade under pressure

Rash may have sandpaper feel to it

Rash mainly occurs on neck/chest and in folds of the body, such as the elbows and inner thighs

Flushed cheeks

Strawberry coloured tongue

High fever

Nausea and vomiting

Headache.

How will I know if my child has Scarlet Fever?

Please be aware that there are still common viral illnesses such as colds and flu in the school community. If you are unsure of your child's diagnosis and he/she presents some of the common symptoms as above, then a visit to the doctor is advised.

Diagnosis will be made by a doctor from the presentation of symptoms or from the analysis of a swab taken from the back of the throat.

What is the treatment for Scarlet Fever?

Scarlet Fever will very quickly become non-infectious with the treatment of oral antibiotics. It is highly important to take your child to a doctor if they present any of the above symptoms. If the illness is untreated it can remain infectious for a further 2-3 weeks.

Paracetamol and/or Brufen based medications can be used to treat symptoms such as headache and fever.

How long should my child be absent from school if they have been diagnosed with Scarlet Fever?

It is recommended that children with Scarlet Fever should stay off school for at least 5 days after commencing antibiotic treatment. Please check with a doctor for confirmation

of this.

Seasonal Flu Information Sheet

Flu is a common infectious viral illness spread by coughs and sneezes. It can be very unpleasant, but you'll usually begin to feel better within about a week.

You can catch flu, short for influenza, all year round but it's especially common in winter, which is why it's also known as "seasonal flu".

It is not the same as the common cold. Flu is caused by a different group of viruses and the symptoms tend to start more suddenly and can be more severe and last longer.

Some of the main symptoms of flu include:

- a high temperature (fever) of 38C (100.4F) or above tiredness and weakness a headache general aches and pains
- a dry, chesty cough

Cold like symptoms such as a blocked or runny nose, sneezing, and a sore throat can also be caused by flu, but they tend to be less severe than the other symptoms you have.

Flu can make you feel so exhausted and unwell that you have to stay in bed and rest until you feel better.

What to do

If you are otherwise fit and healthy, there is usually no need to see a doctor if you have flu-like symptoms. The best remedy is to rest at home, keep warm and drink plenty of water to avoid dehydration. You can take Paracetamol or Ibuprofen to lower a high temperature and relieve aches if necessary.

Stay off work or school until you are feeling better. For most people this can take up to a week.

When to see your doctor

Consider visiting your doctor if:

- you are 65 years of age or over
- you are pregnant
- you have a long-term medical condition such as diabetes, heart disease, lung disease, kidney disease, neurological disease
- have a weakened immune system for example, because you are having chemotherapy
- you develop chest pain, shortness of breath or difficulty breathing, or start coughing up blood your symptoms are getting worse over time or haven't improved after a week

In these situations you may need medication to treat or prevent complications of flu. Your doctor may recommend taking antiviral medicine to reduce your symptoms and help you recover more quickly.

How long does flu last and is it serious?

If you have flu you generally start to feel ill within a few days of being infected. You should begin to feel much better within a week or so, although you may feel tired for much longer.

You will usually be most infectious from the day your symptoms start and for a further three to seven days. Children and people with weaker immune systems may remain infectious for longer.

Most people will make a full recovery and won't experience any further problems, but elderly people and people with certain long-term medical conditions are more likely to have a bad case of flu or develop a serious complication, such as a chest infection.

How you catch flu

The flu virus is contained in the millions of tiny droplets that come out of the nose and mouth when someone who is infected coughs or sneezes.

These droplets typically spread about one meter. They hang suspended in the air for a while before landing on surfaces, where the virus can survive for up to 24 hours.

Anyone who breathes in the droplets can catch flu. You can also catch the virus by touching the surfaces that the droplets have landed on if you pick up the virus on your hands and then touch your nose or mouth.

Everyday items at home and in public places can easily become contaminated with the flu virus, including food, door handles, remote controls, handrails, telephone handsets and computer keyboards. Therefore, it is important to wash your hands frequently.

You can catch flu many times, because flu viruses change regularly and your body won't have natural resistance to the new versions.

Preventing the spread of flu

You can help stop yourself catching flu or spreading it to others with good hygiene measures.

Always wash your hands regularly with soap and warm water, as well as: regularly cleaning surfaces such as your computer keyboard, telephone and door handles to get rid of germs using tissues to cover your mouth and nose when you cough or sneeze putting used tissues in a bin as soon as possible. You can also help stop the spread of flu by avoiding unnecessary contact with other people whilst you are infectious. You should stay off work or school until you are feeling better. In some people at risk of more serious flu, an annual flu vaccine (see below) or

antiviral medication may be recommended to help reduce the risk of becoming infected.

The flu vaccine

- The flu vaccine is available in the country.
- The flu vaccination is recommended for those adults over the age of 18 at risk of flu with an underlying medical condition those over 65 years, children and adults with a weakened immune system.

Threadworms Information Sheet

What are threadworms?

Threadworms are small intestinal parasites that infect the intestines of humans. Threadworm, also known as pinworm is the most common worm parasite infestation. It is common amongst small children, although any age group can be infested with the parasite. Transmission is only from human to human and animals can neither catch nor pass threadworms to humans.

Male worms tend to only stay in the intestine, however female worms lay their eggs around sensitive and private areas. Eggs are usually laid at night time when the female worm also secretes an irritant mucous. If a child scratches the very irritated/itchy areas then eggs can stick under fingernails and on fingertips and can be transferred to the mouth where re-infestation can occur. When eggs are swallowed they hatch in the intestine and worms can reproduce once they reach adult size.

Symptoms

Itching around private areas, more intense at night
Persistent infestation; loss of appetite/severe irritability/weight loss Constipation and/or diarrhoea.,

Threadworms do not always produce symptoms therefore all members of the household should be treated.

Diagnosis

Threadworms are difficult to see due to their colour and size. The worms resemble pieces of small white cotton thread, hence their name. Threadworms may be detected at night when they are most active and laying their eggs. Sometimes worms can be seen in faeces.

Usually, threadworms only become apparent when a child is constantly itching private areas, especially at night.

Treatment

Treatments are aimed at preventing re-infestation and getting rid of the parasites themselves. Following strict hygiene procedures (**especially handwashing**) and taking medication to remove threadworms will treat the problem.

Please visit a pharmacist or doctor if you believe your child or somebody in your family is infested with threadworm medication must be taken otherwise infestation will continue indefinitely and may spread to other parts of the body remember all family

members must be treated

Your pharmacist or doctor can recommend over the counter medication for threadworm that are often taken twice initially and two weeks after first dose, to ensure any surviving worms that hatched later are killed.

Warts and Verrucas Information Sheet

Warts are usually harmless but may be unsightly. Warts on the feet are called verrucas and are sometimes painful. Warts and verrucas usually clear in time without treatment. If required, they can often be cleared more quickly with treatment. For example, by applying salicylic acid, or by freezing with liquid nitrogen or a cold spray, or by covering with tape.

What are warts and verrucas?

Warts are small rough lumps on the skin. They are caused by a virus (human papillomavirus) which causes a reaction in the skin. Warts can occur anywhere on the body but occur most commonly on hands and feet. They range in size from 1 mm to over 1 cm. Sometimes only one or two warts develop. Sometimes several occur in the same area of skin. The shape and size of warts vary, and they are sometimes classed by how they look. For example: common warts, plane (flat) warts, filiform (finger-like) warts, mosaic warts, etc.

Verrucas are warts that occur on the soles of the feet. They are the same as warts on any other part of the body. However, they may look flatter, as they tend to get trodden in.

Who gets warts and verrucas and are they harmful?

Most people develop one or more warts at some time in their life, usually before the age of 20. They are not usually harmful. Sometimes verrucas are painful if they press on a sensitive part of the foot. Some people find their warts unsightly. Warts at the end of fingers may interfere with fine tasks.

Are warts contagious?

Yes, but the risk of passing them on to others is low. You need close skin-to-skin contact. You are more at risk of being infected if your skin is damaged, or if it is wet and macerated, and in contact with roughened surfaces. For example, in swimming pools and communal washing areas. You can also spread the wart virus to other areas of your body. For example, warts may spread round the nails, lips and surrounding skin if you bite warts on your fingers, or nearby nails, or if you suck fingers with warts on. If you have a poor immune system, you may develop lots of warts which are difficult to clear.

To reduce the chance of passing on warts to others:

- Don't share towels.
- When swimming, cover any wart or verruca with a waterproof plaster.
- If you have a verruca, wear flip-flops in communal shower rooms and don't share shoes

or socks.

- To reduce the chance of warts spreading to other areas of your body:
- Don't scratch warts.
- Don't bite nails or suck fingers that have warts.
- If you have a verruca, change your socks daily.

To treat or not to treat?

There is no need to treat warts if they are not causing you any problems. Without treatment, about 3 in 10 warts have gone within 10 weeks, and most warts will have gone within 1-2 years, and leave no scar. The chance that a wart will go is greatest in children and young people. Sometimes warts last longer. In particular, warts in older people are sometimes more persistent and may last for several years.

Treatment can often clear warts more quickly. However, treatments are time-consuming and some can be painful. Parents often want treatment for their children, but children are often not bothered by warts. In most cases, simply waiting for them to go is usually the best thing to do.

Treatment Options

The three most commonly used treatments are:

- Salicylic acid.
- Freezing treatment.
- Covering with duct tape.

What about swimming?

A child with warts or verrucas should go swimming as normal. Warts can be covered with waterproof plasters. A verruca can also be covered with a waterproof plaster but some people prefer to wear a special sock which you can buy from pharmacies. It is also a good idea to wear flip-flops when using communal showers, as this may reduce the chance of catching or passing on virus particles from verrucas.

Appendix 2: Hygiene Procedure for Spillage of Body Fluids

The First Aider should take the following precautions to avoid the risk of infection:

- Cover any cuts and grazes on their own skin with a waterproof dressing
- Wear suitable disposable gloves when dealing with blood or other bodily fluids
- Use suitable eye protection where splashing may occur
- Use devices such as face shields, where appropriate, when giving mouth to mouth resuscitation
- Wash hands after every procedure

If the First Aider suspects that they or any other person may have become contaminated with blood and other bodily fluids which are not their own, the following actions should be taken without delay:

- Wash splashes off skin with soap and running water

- Wash splashes out of eyes with tap water or an eye wash bottle
- Wash splashes out of nose or mouth with tap water, taking care not to swallow water
- Record the details of the contamination
- Report the incident to the Medical Centre and take medical advice, if appropriate.

Appendix 3: Emergency Action and Standard Precautions - In the Event of Needlestick or Contaminated Sharp Injury

- Immediately stop what you are doing and attend the injury
- Encourage bleeding of the wound by applying gentle pressure – do not suck
- Wash well under running water
- Dry and apply a waterproof dressing as necessary
- If blood and body fluids splash into eyes, irrigate (flush) with cold water
- If blood and body fluids splash into your mouth, do not swallow. Rinse out several times with cold water
- Report to the School Nurse / Health Centre for treatment
- Health Centre Staff may refer you to the nearest Accident & Emergency department or your doctor. (You must also inform your line manager)
- Complete accident/incident form and give to your manager/supervisor for their completion of relevant sections
- Support and assist in the investigation process which will seek to find the cause of the incident and if appropriate review relevant risk assessments
- Further advice or in absence of medical staff, or, if ambulance obviously required, dial 999.