

# The Red Door School



## Health & Illness Policy

**Approved by Board of Management:** 9<sup>th</sup> March 2020

**Next Review date:** March 2022

**Signed:** \_\_\_\_\_  
(Chairperson of the Board of Management)

## Illness and Administration of Medication Policy

It is the policy of The Red Door School to provide a safe and healthy environment for all the children in our care. In an effort to maintain this status we need the co-operation of all parents. Given the nature of children's play and close contact, infection is easily spread therefore in order to protect the welfare of all our children we would ask that you adhere strictly to this policy. We would also like to say that we will only ring parents when we believe a child is unwell or may have an infection that is contagious i.e. tummy bug, impetigo, conjunctivitis, etc. We are not medically qualified to say if a child has a specific infection however we do have a duty of care to all of the children in the school, so we would ask you to work with us if we feel your child may have an illness that could be passed on to other children in the school.

1. We cannot accept a child if they are not reasonably well enough to participate in normal activities, or require additional special attention because of ill health which would impact on our supervision ratios. It is important that a sick child is kept at home to prevent the spread of infection. This is in the best interest of all the children. Likewise if a child is requiring a level attention which impacts on the level of supervision for remaining students in the school we have a duty of care to all of our children in the school and this child will have to be collected promptly.
2. We will inform parents of any concerns we have about their child's health and well-being and would ask parents to discuss any concerns with us. If we have 2 or more children who all have the same symptoms of infectious nature i.e. mouth blisters, sores, vomiting etc, any child with similar symptoms must remain out of the school, a letter from a Doctor or Pharmacy will not override this procedure as the symptoms may not be serious but contagious and we have a duty of care to all of our children and staff.
3. Parents must inform us if:
  - Their child is absent due to illness
  - If a child has required Calpol , Neurofen or Paralink before coming into school.
  - Other family members are sick
4. If we have any confirmed illness in the school we will inform all parents and give any literature that we may have on the condition.
5. If a child is put on an anti-biotic the child needs to remain out of the school for a minimum of 48 hours or until the child is well enough to return to the school. If a child develops an eye infection the child needs to stay out of the school until the infection has fully cleared, however on medical advice if a child is on an antibiotic lotion the child can return to the school after 48 hours on the antibiotic.
6. All persons who enter the school must inform the Principal or admin assistant if they have come into contact with an infection or contagious disease. The rule applies to all visitors, parents, staff and children.
  - If a child is absent due to a serious contagious disease i.e. whooping cough, meningitis, and measles the school Principal must be informed so that the necessary steps are taken to safeguard the other children, staff and parents. Adults and/ or children who are exposed to or who develop an infectious disease will not be allowed return to the school without a doctor's note stating that it is safe for them to do so.
  - Vomiting and Diarrhoea & high temperature are the most common symptoms of infectious disease. The Red Door recognizes the individuality of each child, and

acknowledges that these symptoms are not always a sign of infection. (Loose stools can be caused by a number of factors e.g. changes of diet.)

- A virus, bacteria or parasite in the gastrointestinal tract causes infectious diarrhoea. It may be associated with symptoms of fever, nausea or vomiting. Infectious diarrhoea is readily transmittable from person to person. If staff observes such a stool, the detail will be noted. If similar stools are noted and/or are accompanied by vomiting, temperature or a child is generally out of sorts, parents will be contacted and requested to collect the child from the school. As outlined in **Procedure 3a**. A child must be free from diarrhoea & vomiting for 48 hours before they can return to the school.
  - **If we have identified that there is a vomiting bug within the school any child who displays symptoms of this bug must be kept out for 48 hours.**
7. If a child has been hospitalised due to infection the School must be informed as soon as possible (even if the child is not due into the school). This is to protect all children in the school. A child must remain at home for 48 hrs after release from hospital to allow your child time to build up their immune system.
  8. The management of The Red Door, having been informed by a medical source of an infectious outbreak may at times feel the need to override this policy in the best interest of all the children, to prevent the spread of infection. This will only come into action following consultation with the HSE.

If you have any queries regarding our health/illness policy outlined above, please do not hesitate to contact any member of staff. Please note that there will be no exceptions made to the policy under any circumstances. Please refrain from asking us to make exceptions as refusal often offends. However this policy may be changed or over ruled under Medical Directive, and confidentiality will always be maintained.

#### **HEALTH & ILLNESS PROCEDURE 1. – High Temperature**

A Child becomes ill and/or develops a high temperature (above 37.5) while in the care of the school.

1. The child's temperature is taken, if the child temperature is above 37.5 the child is firstly stripped down of heavy clothing.

Please note: we cannot use tepid water to sponge down as a child with a high temperature who is sponged down with water that is not tepid but cold can cause the temperature to soar even higher, there is no way of monitoring everyone's definition of tepid

2. The parent/guardian is informed

3. If the child is also presenting with other symptoms i.e. Pale colour, lethargy or is unable to participate in the normal activities, the parent/guardian will be asked to collect their child. If you are more than an hour away during a normal day we would ask that you would have arrangements in place to have a family member or friend to collect your child.

6. The child will be monitored until the parent/guardian arrives to collect them.

#### **HEALTH & ILLNESS PROCEDURE 2. – Requiring urgent medical attention**

An child becoming very unwell and needs to be brought to Hospital immediately.

1. The child's class teacher or in the absence of class teacher tutor/SNA informs the Principal (if Principal away Deputy Principal)

2. The Principal makes the decision to go to the Emergency Room. Ambulance is contacted by the Principal and necessary arrangements made.
3. The Deputy Principal is put in charge of school and given details and will ring parents to inform them of the situation and given the Principals mobile number and Doctors details. If the parents are unavailable their emergency contact will be informed.
4. The Principal or accompanying staff member will travel in the ambulance with the child while the other follows in the car. The child will never be left alone until a parent/guardian arrives, in the case of parents being out of the country the nominated person to mind their child will act for the parents (only after discussing with parent/guardian)
7. All Medical fees are paid by the parents.

### **HEALTH & ILLNESS PROCEDURE 3a – Vomiting/Diarrhoea**

A child presents with vomiting and or diarrhoea

1. The child's temperature is taken, this is noted and procedure for High Temperature followed.
2. If a temperature is present or the child is displaying other symptoms indicating risk of infection (lethargy, inability to participate in class activities, out of sorts, distress, loss of appetite) the parent will be requested to immediately collect their child.
3. If no other symptoms are present and the class teacher is satisfied the child is well the incident will be considered to be isolated. The child's parent/guardian are contacted and informed about their condition, at this point the child will be monitored to see how their condition progresses, if the child has 1 further episodes of vomiting and or diarrhoea the child will have to be collected.
4. However if the child had projectile vomiting they will have to be collected immediately.
5. The child can return to the school 48 hrs from last episode.

### **HEALTH & ILLNESS PROCEDURE 3b – Contagious Infections - Outbreak**

1. If an infant /child is diagnosed with gastroenteritis or Campylobacter, Salmonella and Escherichia coli (usually shortened to E. coli). They need to remain out from the school until their Doctor confirms in writing it is safe to return. It is imperative that parents inform us if their child is diagnosed with any of the above as they directly impact on other infants/children in our care.
2. An email will be sent to all parents informing them of potential outbreak.
3. Any parent whose child displays symptoms at home or during the night must keep their child at home for 48 hours to help prevent the spread of infection to other children.
4. **The Rota Virus** (details previous) is a very common bug that usually occurs from Oct to Jan. If we are aware we have a confirmed case in the school the following procedure will apply for infants/children in our care to prevent the spread of infection
  - a. The child's class teacher or in the absence of class teacher tutor/SNA informs the Principal (if Principal away Deputy Principal)
  - b. The child's temperature is taken, this is noted and procedure for High Temperature followed if required.
  - c. If the child appears well and there is no temperature and the class teacher is happy that this may only have been a one off incident the child will be monitored but the parent will not be asked to collect the child at this point

- d. The child's parent/guardian are contacted and informed about their child's condition, if the vomiting has been projectile the child will have to be collected immediately and will have to remain out of the school for 48hrs from last vomiting episode.
- e. If the child appears unwell and has an episode of vomiting or diarrhoea the parents will be asked to collect their child and monitor at home. The child will remain at home for 48hrs from incident.
- f. If we have an outbreak children who may appear unwell entering the school or who have required medication may be asked to remain at home so that their condition can be monitored, again to prevent the spread of infection.

**HEALTH & ILLNESS PROCEDURE 4. – General Unwell, unable to determine cause.**

An child becomes tearful, fretful, irritable and or generally appearing unwell with no temperature. Given the nature of our school and the complex needs of our children it is not always possible for the child to let us know the problem. If the child requires one to one attention to remain calm lasting over 1 hour. The child is not able to participate in their usual activities even when a change of activity is offered.

1. The child's temperature is taken; If above 37.5 procedure for High Temperature followed.
2. The next step is to determine possible causes of the child being unwell, each cause will be looked at in determining the outcome for the child and the last resort is the parent having to collect their child. However we must stress that if a child is requiring a level attention which impacts on the level of supervision for remaining students in the school we have a duty of care to all of our children in the school and this child will have to be collected promptly.

We will use the following to attempt to determine cause:

<u>Cause Symptoms</u>	<u>Action Required</u>	<u>Action Required after monitoring for 1 – 2 hours</u>
<p><b>Teething Drooling Red Cheeks Loose nappies and/or sore bottom</b> Chewing, Parents informing us that child teething at home</p>	<p>Monitoring, comfort offered by staff, demands will be kept to minimum and rests offered if required.</p>	<p>If after 1 hour of monitoring the child's condition appears to be alleviating we will continue to monitor. If after 1 hour of continuous monitoring the child's condition is worsening or the child is in significant distress and the supervision required impacts on the level of supervision for remaining students in the school we have a duty of care to all of our children in the school and this child will have to be collected promptly.</p>
<p><b>Tiredness/Lethargy</b> Parents informing school that child did not sleep well previous night. Appearing tired</p>	<p>Demands will be reduced and child is given the opportunity to go for quiet time If the child goes for a sleep or rest they</p>	<p>If their condition has not changed or has worsened after 2 hours parents will be requested to come and collect</p>

	will be monitored once they wake up	
<b>Hunger</b> Child may not have eaten sufficiently at snack or meal times	If a child has not eaten– food is offered or a drink	Once food and drinks have been given and the child has eaten sufficiently – observation between 1 – 2 hrs with no change the parents will be requested to collect them if the condition has not improved.
<b>Other possible causes</b> Changes in staff, routine, other children can all cause an effect on a child.	If a child in The Red Door School is in significant distress and we are unable to ascertain the cause the child will be comforted to the best of our ability and parents informed that their child is distressed.	We will monitor the child continuously however we must stress that if a child is requiring a level attention due to illness which impacts on the level of supervision for remaining students in the school we have a duty of care to all of our children in the school and this child will have to be collected promptly.

## **HEALTH & ILLNESS PROCEDURE 5 – School Obligations**

### **School responsibility**

1. It is the responsibility of the class teacher to ensure that the children coming into their room are well. If a teacher has a concern about an child they will speak to the parent/guardian and the Principal/Deputy Principal (In some cases the decision may be made to keep the child at home for the morning or day to observe the child.
2. We would ask parents to understand that we do not have medical training, we follow our guidelines, and we may be wrong however we always have a duty to act in the best interests of all the children. If your child’s teacher feels that your child is not well enough to enter the school and if you feel that this is not the case you can ask the staff member to contact the Principal (if Principal not on site the Deputy Principal can be contacted to discuss the matter).
3. To ensure High Standards of Hygiene are maintained.
7. Washing Hands practices are strictly maintained.
8. To be extra vigilant during an outbreak to prevent the spread of infection.
9. To communicate clearly with parents and management.

### **Conjunctivitis**

If your child is suspected of having this condition we will contact the parent immediately. When the symptoms are clear and the child’s condition is no longer contagious the child can return to the school. Symptoms are similar for both infective and allergic conjunctivitis and include:

- Redness of the eye/eyes (engorgement of the blood vessels of the conjunctiva)
- Itchy eyes
- Gritty sensation in the eyes
- Watering eyes
- Sensitivity to light

- Swelling of the eyelids
- Discharge of pus. Pus tends to clump together on the eyelashes making the eyes sticky and hard to open in the morning.
- In allergic conjunctivitis, both eyes are usually affected at the same time. In infective conjunctivitis, the infection starts in one eye, but usually spreads to both.

#### **Vaccinations**

All children attending the school should have all vaccinations relative to their age. Careful record will be kept of these and parents will be requested to verify these for our records.

#### **Head Lice**

Head Lice are most common among children as the head to head activities of the children at play facilitate transmission. It does not reflect standards of hygiene in the home or in the school as they are just as willing to live in clean hair as in unclean. Parents will be notified of any case of head lice in the school and requested to treat their child's hair with the appropriate lotions available.