

Policy for Illness & Medication

If a child is sick at home, we ask parents to be sensible about keeping their child away from school until they are well again. Sending pupils into school who are unwell risks spreading illnesses to other pupils and staff. If your child should contract any of the following we ask that you **inform the school immediately** so that other families, staff members especially pregnant women, can be informed:

- Chickenpox
 - Slapped Cheek
 - Measles
 - Scarlet Fever
 - Whooping Cough
 - Mumps
 - Impetigo
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- If headlice or ringworm is noticed, the child should not come to school until treatment has begun.
 - A pupil who has been vomiting or had diarrhoea at home should stay at home until 48 hours have passed since the last episode.

Please see Appendix 1 for Incubation Period Guidance Chart

Returning from illness

On return to school from illness, please be aware that children cannot stay indoors from the yard due to insufficient numbers of personnel. However pupils with coughs, colds, etc. should only return to school when they are well enough for all aspects of school life.

Illness in school

When a child is ill in school, a parent will be contacted if the child has a high temperature, is vomiting or is continually complaining of feeling unwell. A parent will also be contacted if a child suffers a serious injury involving their head, teeth or a possible broken bone. Cuts & grazes will be dealt with by staff. In all cases, it will be the School Policy to act in the best interests of the child.

Allergy or Conditions needing Medical treatment

If your child suffers from any ongoing condition or allergy which the school should know about, please inform the Principal in writing. Please familiarise yourself with the *Administration of Medicines policy*.

If your child has a serious medical condition, injury or disability that prevents them from taking part in any aspect of the curriculum (including swimming, PE, etc), you are required to write to the Principal/BOM for an exemption, outlining your reasons & providing a medical certificate/ psychological report/ specific circular or other documentation.

If your child requires Medication

If your child requires medication, refer to the *Administration of Medicines* policy.

You must adhere to the following:

1. Any medication including inhalers, cough bottles, antihistamines etc., must be labelled & given to the class teacher to be placed in the Medication cupboard in the classroom.
2. Any child self-administering medication will be supervised doing so.
3. There will be a record kept of the time the child took the medication.

Internal procedures for when the school is notified of a case of an infectious disease

1. When the school is informed of an infectious disease an email will be sent immediately to all staff members. SNAs will be informed in person.
2. If any staff member has any concerns they need to contact the principal immediately.
3. Pregnant staff members should contact the principal immediately and if deemed necessary should leave the school to seek further advice from their GP/Midwife.

Ratification and Review:

This policy was ratified by the BoM on _____. It will be reviewed in the event of incidents or on the enrolment of child/children with significant medical conditions, but no later than _____.

Signed: Elizabeth Smith
Chairperson, Board of Management

Date: 19-9-19.

Appendix 1

Incubation Period Guidance Chart

Illness	Early Symptoms	Usual Incubation Period	Period when Infectious	Minimum period of Exclusion
Bad cold	Coughing/Sneezing Runny nose/Sniffing		When child is coughing/sneezing	
Diarrhoea and / or Vomiting	Cramps, nausea	Can vary on child	Before & during illness	Child is not to return until 48 hours/2 full days from last episode of diarrhoea or vomiting
Measles	Cold, cough, fever or chill. Sore eyes, white spots in mouth (1-2 days). Rash after 2-3 days on face. Weak chest	8-15 days	Signs and symptoms can appear 10-14 days after exposure to virus	7 days from appearance of rash
Chicken pox	Slight fever, headache, nausea, spots appear on 2 nd day	11-21 days	From 7 days before the spots appear to 9 days afterwards	Those with chickenpox should be excluded from school until scabs are dry; this is usually 5-7 days after the appearance of the rash.
Whooping cough	Fever and catarrh for 1 week before cough develops	7-14 days	From 7 days after exposure to 21 days after whooping	Pupils should stay at home until they have had 5 days of appropriate antibiotic treatment or for 21 days from onset of illness if no antibiotic treatment.
Mumps	Fever, sore throat, dry mouth, pain when chewing	21-25 days	From 7 days before swelling appears to 9 days afterwards	5 days after the onset of swelling
Conjunctivitis	Sore eyes, inflamed, discharge or watering	1-3 days	Contagious. Spreads by rubbing or eyes or other contact	Until discharge or inflammation has cleared or until they have had antibiotics for 48 hours.
Headlice	Itching of head		Contagious until treated	Until treated
Impetigo	Blisters, spreading at edges which are raised, thick yellow crust when blisters break		Contagious, spreads by hands and contact with objects	Until lesions are crusted and healed, or 24 hours after commencing antibiotics. If after 24 hours of antibiotics lesions are not yet healed then they should be covered, e.g. with gauze and tape, until crusted and healed.
Influenza	Fever, tired, loss of appetite, coughing, sneezing		3-5 days after symptoms begin	Pupils with influenza should remain at home for 5 days from when their symptoms began. Pupils should not re-attend school until they are feeling better and their temperature has returned to normal.
Hand, foot and mouth disease	Rash on hands, foot and mouth, blister like cuts on or in mouth	7 days	First 7 days	While a pupil is unwell they should be kept away from school. Exclusion of a well pupil with HFM is generally not required. If evidence exists of ongoing transmission within the school exclusion of pupils until the spots have gone may be necessary.

