

## STUDENT ILLNESS POLICY

### Introduction

It is the policy of the Board of Management of School of the Holy Spirit to provide a caring, healthy and safe environment for each student and staff member in the school. As part of this commitment we will seek to ensure that the students' health issues are managed positively and proactively. This policy was drafted to outline procedures to be followed in the event of student illness or injury.

### Decisions regarding attendance or absence

When making a decision on whether or not a child is too ill to attend school parents should ask themselves the following questions:

- Is your child well enough to carry out the activities of the school day?
- Does your child have a condition that could be passed on to other vulnerable children or school staff?
- Would you take a day off work if you had this condition?

**If the answer to any of these questions is yes you should keep your child at home.**

### Common conditions

To minimize the risk of transmission and spread of infection to other children and staff, the following HSE guidelines are followed, "Management of Infectious Disease in Schools" September 2013. These guidelines are available to view as pdf on

[www.education.ie/en/Schools-Colleges/Information/National-Emergencies-Public-Health-Issues/Management-of-Infectious-Disease-in-Schools](http://www.education.ie/en/Schools-Colleges/Information/National-Emergencies-Public-Health-Issues/Management-of-Infectious-Disease-in-Schools) pdf.

Condition	Early Symptoms	Usual Incubation Period	Recommended period to be kept away from school	Advice
Measles	Cold, cough, fever or chill. Sore eyes, white spots in mouth(1-2	8 - 15 days	7 days from appearance of rash.	It may be advisable to temporarily exclude

	days).Rash after 2-3 days on face, chest.			unvaccinated children who may be incubating measles.
<b>German Measles</b>	May have fever, sore throat, stiff neck .Rash after 1-2 days, usually start on face.	14 - 21 days, usually 12 days.	7 days from appearance of rash whilst unwell.	Very dangerous for pregnant mothers. Notify ALL mothers and advise consulting doctor.
<b>Mumps</b>	Fever, sore throat, dry mouth, pain when chewing.	12 - 25 days.	5 days from appearance of rash.	
<b>Whooping Cough</b>	Fevers and catarrh for approx. I week before cough develops.	7 - 14 days.	21 days from beginning of Whooping Cough.	Antibiotics may reduce the period of infectiousness.
<b>Chicken Pox</b>	Maybe a slight fever, headache, nausea, spots appear on second day ,starting on the back.	11 - 21 days	5 days from appearance of rash.	
<b>Impetigo</b>	Blisters spreading at edges which are raised, thick yellow crust when blisters break.	10 days	Until lesions are crusted and healed, or 48 hours after commencing antibiotic treatment.	Antibiotic treatment speeds healing and reduces the infectious period.
<b>Scabies</b>	Intense itching ,blistering, pin point blood crusts.	Several days	Child can return after first treatment.	Household and close contacts require treatment. Mites spread rapidly with contact with clothing or bedding.
<b>Shingles</b>	Rash , fever, nausea, chills.		Exclude only if rash is weeping and	Can cause chickenpox in those who are

			cannot be covered.	not immune i.e. have not had chickenpox. It is spread by very close contact and touch. If further information is required, contact your local Public Health Department. SEE: Vulnerable Children and Female Staff - Pregnancy.
<b>Warts and Verrucae</b>	Raised firm rough lumps on skin. Can be painful on feet.		None	Verrucae should be covered in swimming pools, gymnasiums and changing rooms.
<b>Diarrhea and/or vomiting</b>			48 hours from last episode of diarrhea or vomiting.	Drink lots of fluids.
<b>Head Lice</b>	Itching of head.	Nits take 8 - 10 days to hatch.	Until treated	All parents to be asked to check and treat children if necessary.
<b>Conjunctivitis</b>	Sore, inflamed, discharge or watering eyes.	1 - 3 days	Until discharge or inflammation has cleared or until they have had antibiotics for 48 hours.	If an outbreak/cluster occurs, consult your local Public Health Department.

<b>Covid 19</b>	Fever, dry cough, fatigue, cold/flu symptoms.		If 48 hours symptom-free, have not had Diarrhoea for 48 hours and otherwise feel well.	Check latest guidance on hse.ie
<b>Ringworm</b>	Round red areas with a raised border on body.	10- 11 days	Until treated	Contagious, easily spread. Antifungal cream to treat.

Due to the increased vulnerability of many of our students at School of the Holy Spirit and the high level of close contact between staff and students, we request that any student who is prescribed a course of antibiotics is excluded from school for a minimum of 3 days in order to minimize the risk of transmission of infection.

#### **Student who becomes unwell at school**

If a student becomes ill at school, parents/guardians will be informed immediately. A detailed description of the symptoms will be given. An SNA will stay with the student at all times. If it is deemed necessary for the student to go home, it is the responsibility of the parents/guardians to make arrangements to bring the student home. If a parent/guardian appoints someone to collect the student that person must be identified for the school. Parents/guardians will be given a copy of the "Illness/Injury Parent Notification" document when collecting their child. A copy will also be kept in the school Medical File.

If it is deemed appropriate to administer medication which will alleviate the symptoms the student will be monitored and a decision will be made on whether the student should go home or not depending on the effectiveness of the medication. Parents/guardians will always be informed that their child has been unwell and given the option of bringing them home. A written record will be kept of any medications administered. All medicines must be kept in a locked drawer of filing cabinet with a red medical cross on outside of drawer for staff information.

Parents are requested to keep the school informed of any allergy, ailment or medical condition suffered by their child and any appropriate action to be taken by school staff as outlined to the parents by a doctor.

### **Emergency care**

In the case of an emergency it may be necessary for the school to ring for an ambulance and to accompany the pupil to hospital as soon as possible. If this should happen the parents/guardians will be informed as soon as possible and asked to attend the hospital immediately.

Parents are asked to sign a consent form for emergency medical treatment at the beginning of each school year, highlighting what can/cannot be done in an emergency situation.

### **Contact details**

It is the responsibility of the parents/guardians to ensure that the most up to date contact details are with the school.

### **Medications**

For children who require medication during the school day the school authorization form must be filled in and signed by the parents/guardians. Without this form no medications can be administered, including non-prescription drugs such as Calpol and Nurofen. Copies of these forms are available on request from the school. Medicine authorisation forms must be updated at the beginning of each school year and whenever there are any changes in dosage or time of administration. Parents/guardians must give written consent to administer medications.

It is the responsibility of the parents/guardians to ensure that the school has adequate supplies of all medications to be administered. All medications must be in the original container, clearly labeled and within its expiry date.

A written record will be kept of all medications administered, including time, date and name of staff member who administered it.

This Policy was ratified by the Board of Management on \_\_\_\_\_

Date of next review: \_\_\_\_\_

Signed: \_\_\_\_\_

Chairman Board of Management

Signed: \_\_\_\_\_

Principal

Date: \_\_\_\_\_