

## RUTHERFORD SCHOOL SICK PUPIL POLICY

### Purpose

- To ensure that, when appropriate, pupils who are ill are cared for at home.
- To protect pupils and adults from preventable cross infection.
- To enable staff and parents/carers to be well informed about the matters to consider when deciding whether a pupil should be in school

### Introduction

Rutherford School recognises that the health and well-being of our pupils is of paramount importance to enable them to access the curriculum. For the comfort and well-being of all pupils, the following policy gives guidelines to school staff and parents/carers to help them decide if a pupil should be attending school.

### General Guidelines

The school is very aware of the needs of working parents, and of the needs of our parents and carers to have some time away from the care of their children, however, if a pupil is clearly infectious, or feeling too unwell to access the curriculum then it is essential that they are not in school. The following list gives general guidelines for common childhood illnesses and conditions, but is in no way exhaustive.

CONTAGIOUS DISEASES: Any child who is diagnosed by a healthcare professional with a contagious disease will be excluded from school until they are no longer infectious. The school nurses will liaise with the parents/carers, and the doctor treating the pupil if necessary to agree how long the child needs to stay home from school. If necessary, the Health Protection Agency will be contacted for advice, eg shingles, hand/foot and mouth disease. Vomiting and diarrhoea are dealt with below;

VOMITING AND/OR DIARRHOEA: Any pupil who has vomiting or diarrhoea MUST remain at home for 48 hours after the LAST episode of vomiting or diarrhoea. The pupil must be tolerating his or her usual diet before returning to school. The school nurses will take into account other medical conditions and medications that a pupil has which may cause vomiting or diarrhoea before deciding if a pupil needs to remain at home, and will make contact with the parent or carer to find out whether there has been a change in diet or medication which may be causing the vomiting or diarrhoea. However, where it is not clear what is causing the problem, the school nurses will err on the side of caution and request that the pupil stays off school for the required 48 hours.

COUGHS AND COLDS: It is accepted that minor coughs and colds are common, particularly during the winter months. A pupil who just has a slightly runny nose, or a mild cough will be allowed to attend school. However, if the pupil is miserable and unable to access the curriculum, if they are impacting on other pupils' learning, or if classroom staff are having to spend a large amount of time assisting the pupil with hygiene due to a runny nose, then the pupil will need to stay at home until symptoms improve. If the cold gets worse during the day, they will need to go home – see 'Arrangements for pupils who become unwell during the school day'

**RAISED TEMPERATURE** Any pupil who has a raised temperature will need to remain at home until the temperature is back to what is normal for that pupil. If the temperature becomes raised at school, paracetamol may be given and the response observed, according to the NICE guidelines (2007). This will be decided by the school nurses.

**ANTIBIOTICS** If a pupil is prescribed antibiotics, it is vital that the parents/carers discuss this with the school nursing team before the pupil returns to school. If the antibiotics are for an infection which could be passed on to other pupils, the parents/carers must find out from the prescriber when it is safe for the pupil to return to school. If there is no risk of infection to other pupils, and the pupil seems well in themselves, they can attend school and the school nursing team will administer the antibiotics. Parents must ensure that they comply with the school medication policy and give written consent for the antibiotics to be given.

**SKIN RASHES** Marks on the skin are very common with our pupils, due to the orthotic devices they wear, and sometimes due to the medication they take. If a pupil has a skin rash, the parents/carers, school nurses and if necessary the pupil's GP will need to decide whether the rash is caused by an infection, and whether the pupil should be in school.

**POST-SURGERY** If a pupil has had surgery, the parents/carers must take advice from the surgeon as to when it is advisable for the pupil to return to school. In the case of orthopaedic surgery, due to the nature of our pupils, it may be decided that an early return is advisable in order for the pupil to receive the necessary physio-therapy. If regular analgesia is required this can be administered by the school nursing team under the direction of the GP or consultant. Nurses will work closely with classroom staff when deciding if a pupil needs analgesia. Parents would be required to consult with the physiotherapy team or school nurses to ensure that the pupil's extra needs can be met in school.

### **Arrangements for Pupils who become unwell during the school day.**

If classroom staff feel that a pupil is unwell, they will contact the school nurses who will check the child's temperature, and other vital signs as appropriate, eg oxygen levels, and, after comparing these with the pupil's baseline observations, will decide whether the child should remain in school. This decision will be a joint decision between the class teacher and the nurse, taking into account the above guidelines.

The teacher or nurse will contact the parent/carer to advise them that their child appears to be unwell. The parent may be able to give the teacher or nurse more information which will explain the symptoms eg, the child has just had an immunisation, or has been given laxatives. The nurse will then decide, based on this information whether the child needs to go home.

If a child needs analgesia the nurse MUST first ensure that none has been given in the previous 4 hours, to avoid over-dosing.

- Therefore, before 12.30 (or if the child has been in school less than 4 hours) the nurse will contact the parent/carer to find out this information.
- If no contact can be made, the pupil will NOT be given analgesia until after 12.30.

- After 12.30 (or 4 hours after the child has arrived in school) analgesia will be given. The nurse will still attempt to contact the parents, but if no contact can be made the analgesia will be given.
- When analgesia is given in school, the time and dose is written in the Home/School book by the nurse who administered, and the parent also informed by telephone.

If a pupil needs to be collected during the day, it is the responsibility of the parents/ carers to collect the child. If there is a good reason why the parents/carers cannot do this, the school MAY agree to send the pupil home with school transport, but this is in no way to be expected, and the concession may be withdrawn at any time. If the pupil does travel home in the school minibus, a member of class staff will accompany the pupil home. The parent/carer must be at home to receive the child.

If a pupil's condition deteriorates severely while at school, an ambulance will be called and the parents/carers notified accordingly.

While waiting to be collected, the unwell pupil will remain in the classroom in the most comfortable position for them, eg on a wedge. If the pupil appears to be infectious, they will be looked after as far away from other pupils as possible, if possible in another room, although this may not always be practical.

If a pupil is very unwell, an ambulance will be called, as per the Ambulance Policy.  
h/ If the pupil has a care plan for the condition they are exhibiting, eg epilepsy or difficulty with breathing, the care plan will be used when deciding how the pupil should be treated.

### **Working Together**

In order to maintain good relationships between parents/carers and school staff, here are some general points which help to avoid un-necessary telephone calls and requests for pupils to be collected.

#### **PARENTS:**

Communicate with class staff via the Home/School book any changes to a child's routine, e.g. medical changes, new medication, use of laxatives, immunisations, late nights/poor sleeping; this information may help the nurses to decide whether or not an unhappy pupil is actually an unwell pupil.

Ensure the school has up –to- date contact numbers. If parents/carers are going to be unobtainable on a day, they must ensure the school has details of another responsible adult who could collect the pupil if necessary. If the school cannot get hold of the usual parent, the school will try all the numbers on the pupil contact sheet.

If analgesia has been given, inform the school via the Home/School book, stating name of medication, time given and the reason for giving.

Ensure the school nurses have a supply of all medication that their child needs, including emergency medication.

## SCHOOL STAFF

### Nursing Team

Ensure that all medication held for a pupil is in date, and that all requests for more medication are sent in good time.

### Nursing team/Class Staff/Therapists

Communicate with parents if a pupil has not been responding in their usual manner so that the parents/carers can observe any changes during the evening.

Liaise with other school staff, so that any calls to parents/carers are kept to a minimum.

Ensure that all staff do not come into work if they have an infectious illness.

**Rachael Hickman, Nursing Team Manager**  
**March 2016 to be reviewed no later than March 2018**

**Appendix 1**

**WHAT TO DO IF YOU HAVE A MEDICAL/THERAPEUTIC CONCERN ABOUT A PUPIL**

