



MEDICAL CARE POLICY

This Policy applies to all year groups at Thomas's Schools, including the EYFS.

Thomas's operates as a group of schools with a similar ethos and values. However in some areas, it is appropriate for each school to adopt discrete procedures, acknowledging the individual identity of each school and its specific personnel and systems. These supplementary procedures can be found by clicking the name of the relevant school under the contents list of this Policy.

This Policy should be read in conjunction with Thomas's COVID-19 Policy, First Aid Policy, Food and Dietary Policy, Health and Safety Policy, SEND Policy

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SCHOOL SUPPLEMENTS

[Thomas's Battersea Medical Care Policy Supplement](#)

[Thomas's Clapham Medical Care Policy Supplement](#)

[Thomas's Fulham Medical Care Policy Statement](#)

[Thomas's Kensington Medical Care Policy Statement](#)

1. INTRODUCTION

Thomas's is an inclusive community that welcomes and supports pupils with medical conditions and endeavours to offer them the same opportunities as others in the school. This applies whether the condition is ongoing or a short-term illness.

This policy covers routine medical care as well as catering for pupils who are unable to attend school due to health conditions, and procedures for providing intimate care.

2. AIMS

- To ensure that all pupils with medical conditions, in terms of both physical and mental health, are properly supported in school so that they can play a full and active role in school life, remain healthy and achieve their academic potential.
- To ensure that parents feel confident that the school provides effective support for their pupil's medical condition and that pupils feel safe.
- To establish relationships with relevant local health services where appropriate or helpful.
- To effectively manage and support short-term and frequent absences due to medical treatment, so limit the impact on the pupil's education attainment and emotional and general wellbeing.
- To comply with the SEND Code of Practice and our SEND Policy in supporting pupils whose medical conditions require them to have an Educational Health and Care (EHC) Plan.
- To provide a physical environment that is accessible to pupils with medical conditions, including school visits and off site educational activities.
- To safeguard the rights and promote the best interests of the children
- To safeguard adults required to operate in sensitive situations

3. ROLES AND RESPONSIBILITIES

3.1 Principals

- To ensure that arrangements are in place to support pupils with medical conditions and that they are enabled to access the fullest possible participation in all aspects of school life.

3.2 Heads

- To be responsible and accountable for fulfilling the schools' statutory duty in meeting the arrangements to support pupils with medical conditions.
- To ensure that the policy clearly identifies the roles and responsibilities of all those involved in the arrangements they make to support pupils at school with medical conditions.
- To ensure health and social care professionals, pupils and parents are consulted to ensure that the needs of pupils with medical conditions are properly understood and effectively supported.
- To ensure that staff are properly trained to provide the support that pupils need;
- To ensure that the school's arrangements give parents and pupils confidence in the school's ability to provide effective support for medical conditions in school.
- To ensure the school staff are properly insured and are aware that they are insured to support pupils in this way.

3.3 Medical Officer/School Nurse/Lead for pupils with medical conditions

- To maintain and regularly update a list of pupils with medical conditions and/or allergies.
- To ensure all medication is correctly stored and labelled, regularly reviewed, in date and that parents provide new medication as needed.
- To contribute to healthcare plans and their review.
- To facilitate or offer staff training as appropriate, advising on conditions such as anaphylaxis, so that all members of staff are aware of the risk factors, symptoms

and the appropriate action to take., or providing information about where the school can access more specialist training.

- To ensure pupils know how to take their medication effectively and offer support to help them self-manage their condition at an age appropriate level.
- To support pupils and parents as appropriate.
- To ensure that information held by the school is accurate and up to date and good communication and information sharing systems are in place.
- To ensure that all staff who need to know are aware of a pupil's condition.
- To ensure that all staff, including supply teachers and peripatetic staff are aware of the policy and understand their role in its implementation.
- To review this policy regularly, with input from parents, pupils and staff.

3.4 Special Educational Needs and Disability Coordinator (SENDCo)

- To keep an overview of any pupils whose medical needs may impact on their learning and advise staff working directly with them to ensure appropriate strategies are put in place to support them.
- To ensure that any pupils whose medical condition that requires them to have an EHC is acknowledged and recorded appropriately.
- To work with the school to provide equal access to the curriculum, as far as possible, so that pupils with medical conditions have the same opportunities as other pupils, including access to school trips and physical education.

3.5 Members of Staff

- To be aware of and understand this Medical Conditions Policy.
- To be aware of potential triggers, signs and symptoms of common medical conditions and know what to do in an emergency.
- To know which pupils in their care have a medical condition and be familiar with the contents of that pupil's healthcare plan.
- To know what to do and respond accordingly when they become aware that a pupil with medical conditions needs help.
- To maintain effective communication with parents, including informing them if their pupil has been unwell at school.
- To be aware of pupils with medical conditions who may be experiencing bullying or need extra social support.
- To ensure that all pupils with medical conditions are not excluded unnecessarily from activities they wish to take part in, and understand the impact a medical condition may have on a pupil and make any reasonable adjustments to accommodate this.
- To ensure that medical bags for pupils with medical conditions are taken on all off site activities and returned directly afterwards.
- To be aware that medical conditions can affect a pupil's learning and provide extra help when pupils need it, including help to catch up with work when a pupil has been unwell.
- To use opportunities such as PSHCE and other areas of the curriculum to raise pupil awareness about medical conditions.

3.6 Pupils

- To treat pupils with and without a medical condition equally.
- To tell their parents, teacher or nearest staff member when they are not feeling well.
- To tell a member of staff if another pupil is feeling unwell.
- To treat all medication with respect.

- To know how to gain access to their medication in an emergency.
- To take their own medication when needed – if mature and old enough, and to inform a member of staff they have done so, in order that this can be recorded.
- To try to remember to ask when it is time for any medication, depending on their age. Teachers and other support staff will endeavour to remind them of this.

3.7 Parents

- To tell the school if their child has a medical condition.
- To ensure the school has a complete and up-to-date healthcare plan for their child.
- To inform the school about any medication their child requires during school hours and complete the relevant form.
- To inform the school of any medication their child requires while taking part in visits, outings, field trips or other off site activities.
- To inform the school of changes to their child's condition.
- To ensure their child's medication and medical devices are labelled with their child's full name.
- To provide the school with appropriate spare medication labelled with their child's name.
- To ensure that their child's medication is within expiry dates.
- To keep their child at home if they are not well enough to attend school or they have had a temperature or been sick within the last 24 hours.
- To ensure their child catches up on any school work they have missed.
- To ensure their child has regular reviews about their condition with their doctor or specialist healthcare professional.
- To ensure their child has a written care/self-management plan from their doctor or specialist health care professional to help their child manage their condition,

4. PROCEDURES

Each Thomas's School may have its own specific procedures that complement and support the guidance in this document ***See School supplements.*** However the following procedures are common to all.

4.1 Notification

When a pupil starts at Thomas's at the usual transition points and has an identified medical condition, the school will ensure that arrangements are in place for the start of the relevant school term. In other such cases, such as new diagnoses or pupils moving mid-term arrangements will be made as soon as the school is notified by parents, with formal procedures in place within one week of notification.

Individual Healthcare plans may be initiated by a member of school staff or a healthcare professional involved with providing care to the pupil. These should include the following:

- The medical condition, its triggers, signs, symptoms and treatments.
- The pupil's resulting needs, including medication (its side-effects and its storage) and other treatments – dose, time, facilities, equipment, testing, dietary requirements and other issues, eg crowded corridors, travel time between lessons.
- Specific support for the pupil's educational, social and emotional needs; including how absences will be managed, support to catch up with work missed, additional time for exams, counselling etc.

- Who will provide this support, their training needs and cover arrangements in their absence?
- Who in the school needs to be aware of the pupil's condition and the support required?
- Written permission for medication to be administered by a member of staff, or self-administered by individual pupils during school hours.
- Separate arrangements or procedures required for school trips or other school activities outside of the normal school timetable that will ensure the pupil can participate, eg risk assessments.
- Where confidentiality issues are raised by the parent/pupil, the designated individuals to be entrusted with information about the pupil's condition.
- What to do in an emergency, including who to contact and contingency arrangements.

4.2 Administration of Medication for short term and long term conditions and injuries

Following Government guidelines and in line with EYFS requirements, Thomas's has a procedure for the administration of medicines.

4.2.1 Prescription Medication

- Prescription medicines can only be administered if prescribed by a doctor, dentist, nurse or pharmacist specifically for the child concerned. Any medicines containing aspirin must also have been prescribed by a doctor.
- Prescribed medication can only be administered by staff if the parent has filled out and signed a Medication form. This applies to both acute / permanent medication (such as inhalers/adrenaline auto-injectors) (Form A - Appendix 1) and also for a temporary / short course of medication (such as course of antibiotics) (Form B - Appendix 2). Office staff will inform the Form teacher/tutor.
- All medicines are kept in the First Aid cupboard/or in a centrally designated place, to be administered by the office staff or a suitably qualified member of staff. Medicine should be given by a responsible adult, witnessed by another adult, both of whom sign the medication form and record date and time administered.
- For pupils in the Early years, the person who gives the child any medicine will inform the parents about this the same day.
- All pupils with medical conditions that may require acute treatment should have medication in a medical bag that should be taken with them whenever they go off site and returned directly afterwards.
- All adrenaline auto-injectors /inhalers etc. must be kept in a safe, designated place accompanied by an instruction letter from the parents, stating exactly when, how and how much they are to be administered. If an older pupil (Years 5 – 8) carries a medicine (such as an inhaler) on his/her person, an additional one must be stored in the First Aid room/School Office
- The schools keep a spare supply of Salbutamol/Ventolin inhalers which can be given in an emergency to a child who is known to suffer from asthma
- The school keeps a spare supply of adrenaline auto-injectors which can be given in an emergency to a child who is known to suffer from anaphylaxis
- Pupils with more complex medical needs, such as diabetes, will have a highly detailed healthcare plan to meet their specific needs.

4.2.2 Non-prescribed medication

- Non-prescribed medication should not be administered by staff and medicine can only be given to the pupil for whom it is intended. However, under certain circumstances it may be appropriate to administer certain medicines (e.g. a mild analgesic such as Paracetamol to relieve pain), should this be necessary. In such cases, staff must check the time and amount of any medicine previously administered, and inform the parents of the time and amount of any medicine administered in school, to avoid the danger of giving too much. Parents give permission for this eventuality on the Essential Pupil Information Form (EPIF).
- No over the counter creams or lotions should be administered without consent e.g. Arnica cream, Witchhazel. All cuts and bruises should be cleaned with water.
- Individually wrapped sterile adhesive dressings are safe to use **provided** that they are **not** used on anyone who may suffer an allergic reaction to certain types of plaster. Before plasters are used, First Aiders should establish whether the person requiring treatment has such an allergy. If the person has such an allergy, an alternative dressing. In this case a non-allergic plaster or dressing should be used.

4.3 Asthma, Anaphylaxis and other allergies

A full list of children with allergies and/or other medical needs is updated termly and shared with all staff. Staff are also trained to identify the symptoms of an allergic attack and how to respond. There is liaison between the Medical Officer/School Nurse/Medical Lead and Chef Manager to ensure that pupils with allergies that are food related are catered for. Further details can be found in the **Food and Dietary Policy**.

4.4 Intimate Care

Intimate care is one of the following:

- Supporting a pupil with dressing/undressing (this may be necessary in Early Years but staff will always encourage children to dress and undress unaided).
- Providing comfort or support for a distressed pupil.
- Assisting a pupil requiring medical care, who is not able to carry this out unaided.
- Cleaning a pupil who has soiled him/herself, has vomited or feels unwell.

Parents and staff should be aware that matters concerning intimate care will be dealt with confidentially and sensitively and that the young persons' right to privacy and dignity is maintained at all times.

Children may seek physical comfort from staff (particularly children in Early Years). Where children require physical support, staff need to be aware that physical contact must be kept to a minimum and be child initiated. If physical contact is deemed to be appropriate staff must provide care which is suitable to the age, gender and situation of the child.

Intimate care for soiling should only be given to a child after the parents have given permission for staff to clean and change the child. This is set out in the declaration of the Essential Pupil Information Form (EPIF) that all parents complete when their child starts at school. If parents do not give permission they should strike through this paragraph and also put their non-consent in writing to the School Registrar.

If a parent does not give consent, the school will contact the parents or other emergency contact giving specific details about the necessity for cleaning the child. If the parents/carers or emergency contact is able to come within a few minutes, the child is comforted and kept away from the other children to preserve dignity until the parent arrives. Children are not left on their own whilst waiting for a parent to arrive, an adult will

stay with them, giving comfort and reassurance. The child will be dressed at all times and never left partially clothed.

If a parent/carer or emergency contact cannot attend, the school seeks to gain verbal consent from parents/carers for staff to clean and change the child. This permission will be sought on each occasion that the child soils him or herself.

In the event that a pupil may develop or suffer from an ongoing medical condition (such as Encopresis or Enuresis) the School may ask the parents/carers to come into school to attend to their child's needs as required.

If the parents and emergency contacts cannot be contacted the Head will be consulted. If put in an impossible situation where the child is at risk, staff will act appropriately and may need to come into some level of physical contact in order to aid the child.

When touching a child, staff should always be aware of the possibility of invading a child's privacy and will respect the child's wishes and feelings.

If a child needs to be cleaned, staff will make sure that:

- protective gloves are worn
- the procedure is discussed in a friendly and reassuring way with the child throughout the process
- the child is encouraged to care for him/herself as far as possible
- physical contact is kept to the minimum possible to carry out the necessary cleaning.
- privacy is given appropriate to the child's age and the situation
- all spills of vomit, blood or excrement are wiped up and flushed down the toilet
- any soiling that can be, is flushed down the toilet
- soiled clothing is put in a plastic bag, unwashed, and sent home with the child

Members of staff need to have regard to the danger of allegations being made against them and take precautions to avoid this risk. These should include:

- gaining a verbal agreement from another member of staff that the action being taken is necessary
- allowing the child, wherever possible, to express a preference to choose his/her carer and encourage them to say if they find a carer to be unacceptable
- allowing the child a choice in the sequence of care
- being aware of and responsive to the child's reactions

It is not appropriate for volunteers to carry out intimate care procedures. Students should only do so under the supervision of a trained member of staff. Should a child require intimate care on a school visit, the volunteer should contact a staff member without delay.

4.5 Infectious Diseases

The Head may send a pupil home, after consultation with that pupil's parents and a health professional as appropriate, if the pupil poses an immediate and serious risk to the health and safety of other pupils and staff, for example because of a diagnosed illness such as a notifiable disease. This is not an exclusion and should be for the shortest possible time. (See **Appendix 4** of this policy).

4.7 Immunisation

Thomas's believes that Immunisation is the safest way of protecting children against serious diseases. Some diseases can kill children or cause lasting damage to their health.

Immunisation prepares children's bodies to fight off diseases if they come into contact with them.

The school promotes positive messages about immunisation and shares key messages such as:

- immunisation saves lives;
- it is important to make sure babies are protected as early as possible;
- it is never too late to have a child immunised even if a child has missed an immunisation and is older than the recommended ages;
- vaccines are quick, safe and extremely effective. It is common for children to have some redness, a rash or swelling where the needle goes in, this should only last about a day;
- the Measles, Mumps and Rubella (MMR) vaccine does not cause autism;
- when a child is immunised it helps to protect the whole community; this is important because some children with medical conditions or allergies cannot have certain vaccines.

(The school recognises, however, that some children cannot be immunised routinely eg following past adverse reaction or an underlying medical reason where it is not advocated * severe egg allergy. This is rare).

The school also offers an immunisation programme in company with the local NHS trust to provide vaccinations against diseases such as Influenza or the HPV virus

4.8 Children with health needs who cannot attend school

If a pupil is unable to attend school because of health needs Thomas's will attempt to make arrangements to deliver suitable education for the duration of the absence.

The Head of Year, working in conjunction with the SENDCo, the Medical Lead and pastoral team, will make arrangements for the academic provision. This could include an adapted timetable, work being sent home, an adapted curriculum or a member of staff visiting the home.

Decisions will always be made in conjunction with parents' wishes and with the guidance of outside agencies where relevant. Meetings will be held on a regular basis to set up and review provision.

Pupils will be reintegrated back into school when appropriate, and, if required, additional provision may include; an adapted curriculum, a modified timetable, support from the pastoral team, support from the SEND team.

4.9 Sunscreen

When the weather is hot pupils are encouraged to apply sunscreen before coming to school. They may also keep a tube in their bag to re-apply when needed. Some classes may have a "communal" tube of sunscreen that teachers can allow pupils to use if parents have given permission. If this is the case the teachers are advised to put a blob of sunscreen onto the palms of the pupils' hands for them to rub in themselves.

4.10 Head lice

Head lice are common among children nationally and knowledge is one of the most important steps for both prevention and treatment. Guidance in combatting head lice can be found in **Appendix 3** of this policy.

5. MONITORING

This policy will be monitored every two years by the Medical Leads in each school.

6. LEGISLATION AND GUIDANCE

This Policy bears due regard to the following statutory guidance and other advice.

www.sunsafeschools.co.uk

[NHS Guidance on Identification and treatment of Headlice \(2018\) www.nhs.uk](http://www.nhs.uk)

DfE Guidance 'Supporting pupils at school with medical conditions' (December 2015)

HM Gov Children and Families Act (2014)

DfE Departmental Advice 'The Equality Act 2010 and Schools' (May 2014)

DfE Statutory Guidance for local authorities 'Ensuring a good education for children who cannot attend school because of health needs' (January 2013)

DfE Guidance 'Drug Advice for Schools' (September 2012)

DfE Guidance on First Aid for Schools (2000, updated 2014)

7. POLICY REVIEW RECORD

This policy will be reviewed every two years unless there is a change in legislation		
Created: January 2000	By:	Jill Kelham, Vice Principal
Latest Review: January 2021	By:	Joanna Copland, Vice Principal Catherine Hare, Medical Officer, Battersea Maine Taylor-Chappell, School Nurse, Clapham Kate Chesworth, Medical Lead, Fulham Sarah Moloney, Medical Lead, Kensington Dianne Barratt, Consultant
Approved: January 2021	By:	Tobyn Thomas, Ben Thomas, Principals Simon O'Malley, Headmaster, Battersea Phil Ward, Headmaster, Clapham Annette Dobson, Headmistress, Fulham Jo Ebner, Headmistress, Kensington Ben Thomas, Head, Battersea Square
Next Review: April 2022	By:	Joanna Copland, Vice Principal Cross-School Leads

8. APPENDICES

Appendices

Appendix 1: Form A for the request for the administration of long term or acute medication in school (red form)

Appendix 2: Form B for the request for the administration of non-acute, short term medicine in school (blue form)

Appendix 3: Guidance in the prevention and treatment of head lice

Appendix 4: Guidance on contagious diseases and length of time to be off school

Appendix 5: Immunisation Statement

FORM A

REQUEST FOR THE ADMINISTRATION OF LONG TERM OR ACUTE MEDICINE IN SCHOOL

TO BE COMPLETED BY THE PARENTS/GUARDIANS OF ANY CHILD TO WHOM ACUTE DRUGS E.G. ADRENALINE PEN/INHALERS MAY BE ADMINISTERED UNDER THE SUPERVISION OF SCHOOL STAFF

* To be renewed when a change/regularly (annually)

Please complete in **BLOCK CAPITALS**

Pupil's full name:	Form:
Doctor's name:	Doctor's tel.

** For Emergency Circumstances: Describe precisely the circumstances/ nature & dosage of the prescribed medication/treatment e.g. For accidental consumption of nuts when allergic to them.

The doctor has prescribed the following:

NAME OF DRUG/MEDICINE TO BE GIVEN	WHEN TO BE TAKEN E.G. CIRCUMSTANCE / SITUATION	HOW MUCH E.G. 5mg (= 1 Tab /5mls) METHOD OF ADMINISTRATION (Oral/Inhalation/Injection)
1.		
2.		
3.		

Please delete as necessary:

i) **My child may/may not carry the drug on their person if the school agrees.**

ii) **Prep School only:** My child may / may not **self-administer the drug in an acute attack** should it be necessary (e.g. Inhaler/Epipen/Other acute drug).

- I undertake to supply the school with drugs and medicines in properly labelled containers, including a 5ml medicine spoon or oral syringe for liquid medicines.
- I will provide the School with any special/emergency procedures to be followed or possible side effects known to the drug, in writing and staple these to this form.
- If my child takes school transport to and from school, I will inform the appropriate bus driver of any medical needs and ensure the necessary medication is available for the journey
- I request that the treatment be given in accordance with the above/attached information, by a responsible member of the school staff who has received any specific training needed by me. I understand that it may be necessary for this treatment to be carried out during educational visits and other out of school activities, as well as on the school premises.
- **I will immediately notify the school & my child's class teacher in writing of any change in condition / medication /circumstance /treatment procedure.**
- I acknowledge I am responsible for keeping medicines in date, for the removal of out of date medicines and returning them to a chemist.
- I accept that whilst my child is in the care of the school, the school staff stand in the position of the parent and that the school staff may, therefore, need to arrange any medical aid considered necessary in an emergency, but I will be told of any such action as soon as possible.
- In the case of anaphylactic shock, where my child's adrenaline auto-injector (AAI) eg EpiPen/Emerade/Jext is not at hand, a school 'generic' AAI may be used instead; 150mcg under age 6 /300 mcg 6-12 years).
- In the case of an asthma attack where my child's Salbutamol inhaler is not at hand a school 'generic' Salbutamol inhaler may be used instead.
- **I understand that whilst school staff will use their best endeavours to carry out these arrangements, no legal liability can be accepted by the school staff or Principals in the event of any failure to do so or of any adverse reaction by my child to the administration of the drug.**

Signed:..... (Parent/Guardian)

Date:.....

Pupil's full name:	Form:
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FOR SCHOOL USE ONLY

Record of medication administered by member of school staff

(1) DRUG GIVEN	(2) DOSE	(3) DATE & TIME	(4) SIGNATURE OF ADMINISTRATOR	(5) SIGNATURE OF WITNESS

FORM B REQUEST FOR ADMINISTRATION OF NON-ACUTE, SHORT TERM MEDICINE IN SCHOOL

***NOT for long term medication eg Adrenaline Auto Injectors & Inhaler (Form A required)**

THIS IS TO BE COMPLETED BY THE PARENTS/GUARDIANS OF ANY CHILD TO WHOM SHORT TERM MEDICATION IS NECESSARY (Eg A week long course of antibiotics)

ONE FORM TO BE USED PER CHILD

- A record of all medicines administered by school staff to a pupil in school must be recorded and only administered with prior written permission and training, if necessary, from the parents/guardians. This includes both acute and non-acute medicines. ('Acute' medicines are used in response to an 'acute' reaction Eg adrenaline auto-injector or Inhaler. 'Non-acute' medicines are given in response to a short term, non-emergency condition/one off, eg a course of antibiotics)
- Always check the pupil's name is on the drug, the dosage, the method of administration and that the medicine is in date. It is the parent's/guardian's responsibility to ensure that their child's medicine is in date.
- **Column 1 to 6:** The Parent/Guardian must complete Columns 1 to 6 of this form. The parent/guardian's signature at Column 6 confirms that the information they have provided in columns 1 to 5 is correct, and that they have trained, if necessary, the named members of staff in Column 5, the person to administer the medication. In the case of an emergency, or if the trained member of staff is absent, another member of staff will administer the medication.
- **Column 7 to 11:** These columns are to be completed by the member of school staff who actually administers the medication, witnessed by a second adult. This person should, wherever possible, be one of the named personnel identified in Column 5, who has received training from the parent/guardian. In the case of an emergency, or if one of the trained personnel is absent/cannot be located, the medication will be administered by another member of staff.

Pupil's full name:						FOR SCHOOL USE ONLY				
Form:						Record of medication administered by member of school staff				
(1) DATE	(2) DRUG PRESCRIBED	(3) TIME TO BE GIVEN	(4) AMOUNT/ METHOD TO BE GIVEN	(5) NAMES OF TRAINED PERSONNEL	(6) PARENT/ GUARDIAN SIGNATURE	(7) NAME OF DRUG	(8) DOSE	(9) DATE & TIME	(10) SIGNATURE OF ADMINISTRATOR	(11) SIGNATURE OF WITNESS

MEDICAL CARE POLICY – APPENDIX 3



GUIDANCE ON THE PREVENTION AND TREATMENT OF HEADLICE

Head lice are a persistent problem in many schools. They are difficult to detect and are usually transmitted through head-to-head contact. Anyone can catch head lice - clean hair offers no protection.

Head lice are small insects, about 3mm long. Head lice eggs (nits) are brown or white (empty shells) and attach themselves to the hair. Lice eggs take between 1 – 2 weeks to hatch and then another 1 – 2 weeks to become fully grown, after which they can reproduce. Head lice feed by biting and sucking blood through their host's scalp. In addition to observing lice in the hair other possible signs include:

- an itchy scalp or an infection (often due to scratching)
- a rash on the back of the neck
- feeling as though something is moving in the hair

ROLES AND RESPONSIBILITIES

Parents and carers should:

- be aware of head lice and their symptoms
- routinely check their child's head for head lice once a week
- tell their child's school / close friends etc if their child is found to have head lice
- ensuring that a full proper treatment is carried out without delay

The school will:

- enforce the tying back of any hair longer than shoulder length
- regularly remind parents to check their child's head
- inform parents when there is an outbreak of head lice in a class
- give guidance in regards to the treatment and management of head lice

PROCEDURES

- Hair should be checked for nits (the eggs) at every hair wash, using a good conditioner and combing through the scalp in all directions.
- Areas of the head to carefully examine include the nape of the neck and behind the ears. Unlike dandruff, nits do not fall off a strand of hair if it is flicked.
- If nits are found, there are two options:

1. Wet combing

Lice and nits can be removed by wet combing. You should try this method first.

- You can buy a special fine-toothed comb (detection comb) online or from pharmacies to remove head lice and nits. There may be instructions on the pack, but usually you:

- wash hair with ordinary shampoo
- apply lots of conditioner (any conditioner will do)
- comb the whole head of hair, from the roots to the ends
- It usually takes about 10 minutes to comb short hair, and 20 to 30 minutes for long, frizzy or curly hair.
- Do wet combing on days 1, 5, 9 and 13 to catch any newly hatched head lice. Check again that everyone's hair is free of lice on day 17.

2. Medicated lotions and sprays

- Ask your pharmacist for advice if you have tried wet combing for 17 days, but your child still has live head lice.
 - They may recommend using medicated lotions and sprays. These kill head lice in all types of hair, and you can buy them from pharmacies, supermarkets or online.
 - Head lice should die within a day. Some lotions and sprays come with a comb to remove dead lice and eggs.
 - Some treatments need to be repeated after a week to kill any newly hatched lice.
 - Check the pack to see if they're OK for you or your child and how to use them.
 - Some lice develop resistance to a particular insecticide. Therefore if lotions or sprays don't work, speak to your pharmacist about other treatments.
- Following treatment, consistent checking and combing with conditioner should continue every 2 – 4 days and at every hair wash thereafter.
 - If anyone in the family has head lice everyone in the home should have their head checked. There is no need to blanket treat the family.

Some chemical treatments that were previously used are no longer recommended. In addition it is not advised to use medicated lotions and sprays as a preventative measure as they can irritate the scalp.

Mass screening of all pupils in a classroom and / or school does not control the spread of head lice.

Having head lice is not a reason for school absence as treatment can be administered quickly. However should live head lice be noticed by a member of staff, the parent / carer will be contacted to ask them to collect the child immediately to treat the infestation and then return to school the same day.

MEDICAL CARE POLICY – APPENDIX 4



NHS GUIDANCE ON WHEN A CHILD SHOULD BE OFF SCHOOL (From [NHS Choices website](#))

Please see Thomas's COVID-19 Policy for specific information on symptoms and procedures to be followed.

- Not every illness needs to keep your child from school. If you keep your child away from school, be sure to inform the school on the first day of their absence.
- Use common sense when deciding whether or not your child is too ill to attend school. Ask yourself the following questions.
 - Is your child well enough to do the activities of the school day? If not, keep your child at home.
 - Does your child have a condition that could be passed on to other children or school staff? If so, keep your child at home.
 - Would you take a day off work if you had this condition? If so, keep your child at home.

Common conditions

If your child is ill, it's likely to be due to one of a few minor health conditions. Whether you send your child to school will depend on how severe you think the illness is. This guidance can help you make that judgement.

Remember: if you're concerned about your child's health, consult a health professional.

Cough and cold: A child with a minor cough or cold may attend school. If the cold is accompanied by a raised temperature, shivers or drowsiness, the child should stay off school, visit the GP and return to school 24 hours after they start to feel better. If your child has a more severe and long-lasting cough, consult your GP. They can give guidance on whether the child should stay off school.

Raised temperature: If your child has a raised temperature, they shouldn't attend school. They can return 24 hours after they start to feel better.

Rash: Rashes can be the first sign of many infectious illnesses, such as chickenpox and measles. Children with these conditions shouldn't attend school. If your child has a rash, check with your GP or practice nurse before sending them to school.

Headache: A child with a minor headache doesn't usually need to be kept off school. If the headache is more severe or is accompanied by other symptoms, such as raised temperature or drowsiness, then keep the child off school and consult your GP.

Vomiting and diarrhoea: Children with these conditions should be kept off school. They can return 48 hours after their symptoms disappear. Most cases of vomiting or diarrhoea get better without treatment, but if symptoms persist, consult your GP.

Sore throat: A sore throat alone doesn't have to keep a child from school. If it's accompanied by a raised temperature, the child should stay at home.

Conjunctivitis: Children with conjunctivitis need to be kept off school until antibiotic eye ointment has been applied for 24 hours.

Impetigo: Children with impetigo need to be kept off school until there is no more blistering or crusting, or until 24 hours after antibiotic treatment has been started.

Health Protection Agency (2017) Guidance on Infection Control in Schools and other Child Care Settings.

Infection	Exclusion period
Chicken pox	Five days from onset of rash and all the lesions have crusted over
Hand foot and mouth	None
Measles	Four days from onset of rash and recovered
Meningococcal meningitis/ septicaemia	Until recovered
Meningitis due to other bacteria	Until recovered
Mumps	Five days after onset of swelling
Ringworm	Not usually required.
Rubella (German measles)	Four days from onset of rash
Scabies	Can return after first treatment
Scarlet fever	Exclude until 24hrs of appropriate antibiotic treatment completed
Slapped cheek /Fifth disease/Parvo virus B19	None (once rash has developed)
Threadworms	None
Warts and verrucae	None, verrucae should be covered in swimming pools, gymnasiums and changing rooms
Whooping cough (pertussis)	Two days from starting antibiotic treatment, or 21 days from onset of symptoms if no antibiotics

MEDICAL CARE POLICY – APPENDIX 4



IMMUNISATION STATEMENT

Thomas's aims to promote the health and well-being of the whole community through encouraging parents/carers to immunise children and by providing consistent messages to children, parents/carers and staff.

The importance of immunisation

Immunisation is the safest way of protecting children against serious diseases. Some diseases can kill children or cause lasting damage to their health. Immunisation prepares children's bodies to fight off diseases if they come into contact with them. We are aware that there has recently been a drop in the number of children being immunised which has caused outbreaks of some diseases. The low uptake of childhood immunisation has led to more children suffering from vaccine preventable diseases such as measles, mumps, whooping cough and polio.

The promotion of positive messages about immunisation and encourage parents/carers to fully immunise their children

We confidently approach parents and carers about children's immunisation status. If a child is not immunised, parents or carers are encouraged to go to their GP or talk to their health visitor to find out more about immunisations. There is also information available on the NHS website including information on what immunisations are given and when www.nhs.uk/conditions/vaccinations/Pages/childhood-vaccination-schedule.aspx

Key messages are shared with parents and carers about immunisation, such as:

- immunisation save lives;
- it is important to make sure babies are protected as early as possible;
- it is never too late to have a child immunised even if a child has missed an immunisation and is older than the recommended ages;
- vaccines are quick, safe and extremely effective. It is common for children to have some redness, a rash or swelling where the needle goes in, this should only last about a day;
- the Measles, Mumps and Rubella (MMR) vaccine does not cause autism;
- when a child is immunised it helps to protect the whole community, this is important because some children with medical conditions or allergies cannot have certain vaccines.