

St Anne’s
Ballymany Cross, The Curragh, Co. Kildare



**Policy for Health & Illness at
School**

This policy was ratified by the BOM of St Anne’s on _____

Chairperson BOM

Date

Sample Care Plan and Management Forms as listed

10. Cough and Cover Poster
11. Hand Hygiene Poster
12. HSE When to keep my child home guidance

POLICY TITLE: Policy for Health & Illness

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1. Aims

This policy aims to set out:

- Procedures to be followed when a child becomes unwell in school, to ensure they are well cared for and that, where the cause is of an infectious nature, others are not exposed needlessly.
- Arrangements for a child's return to school after a period of hospitalisation or surgery.

2. Procedures

General Guidelines

St. Anne's School follows the recommendations for managing infectious diseases and health-related issues in schools, as provided on the HSE and HPSC websites. While this policy is current at the time of publication, it may be updated based on new public health guidance. The school will comply with any new directives and Public Health advice to ensure the safety and well-being of our students and staff.

In matters of pupil health, Class Teachers and SNA staff at St. Anne's School work closely with the nursing team.

When Not to Send Your Child to School

Parents are asked not to send their child to school if any of the following apply:

- The child has a temperature of 38C
- The child has had an episode of vomiting and/or diarrhoea in the last 48 hours.
- The child has symptoms of an infectious illness listed in the HSE publication (Appendix 1)
- The child does not feel well enough to participate in the normal programme of curriculum activities.
- If antibiotics are prescribed for a contagious illness or infection, the child should not attend school until 24 hours after treatment has begun and must be showing signs of improvement. In certain instances, the child may be required to stay out longer; please refer to the HSE guidelines mentioned above.

Symptoms in School requiring a child to be sent home

- Temperature: If a child has a temperature above 38°C, they must go home.
- Vomiting: If a child has one episode of vomiting, they must go home.

- Diarrhoea: Diarrhoea is defined as an increase in the number of stools over and above what is normal for that person. It is acknowledged that people are quite different in the frequency of bowel motions. However, if there is a marked unexplained change for that individual and stools are loose and unformed and take the shape of the container they are in, it is considered to be diarrhoea. - If a child has three episodes of diarrhoea, they must go home.
- The HSE requires that a child remain out of school for 48 hours from their last episode of vomiting or diarrhoea.

Assessment and Decision

If a child is unwell, staff should contact the Nurse to clinically assess the child. The Nurse will complete a clinical assessment and further monitoring if necessary.

The final decision to send a child home or require a child to remain absent on health grounds, after a full clinical assessment, lies with the Nurse. The Nurse will report her findings to the Principal/Deputy Principal and contact the Parent/Guardian to collect the child from school as soon as possible, also informing them of the required length of absence if applicable.

Other Considerations

The class teacher is responsible for ensuring the health, safety, and welfare of students in their class. If a teacher has a concern about a child, they will speak to the parent/guardian, Nursing Team, and the Principal/Deputy Principal as necessary.

Given the complex needs of some students, a child may present as generally unwell, unable to determine the cause. In such cases, the class teacher will:

- Offer comfort to the child, reduce demands, and adapt the child's schedule as much as practical within the staffing ratios of the class.
- Monitor the situation and contact the parent to query any reason for the unusual presentation, without necessarily intending to send the child home.
- If despite taking the actions above the child's condition poses a risk to themselves or affects the teacher's ability to safely supervise all students, the teacher will be required to notify the parents to arrange for the child to be collected promptly.

3. Return to School After Hospitalisation or Surgery

Initial Communication

- Parents must inform the school nurse of the student's hospitalisation and expected return date as early as possible.
- The school nurse will assess if any further actions are required before the student's return.

Assessment of Needs

- If no additional adaptations are necessary, the school nurse will coordinate with the class teacher and parents to set a return date.
- If adaptations are required to the student's care plan or school routine, additional steps must be taken.

Planning for Adaptations

The school nurse will arrange a multidisciplinary team (MDT) meeting involving the teacher, parents, and relevant members of the student's clinical team.

The MDT meeting will focus on updating the student's care plan and risk assessment.

This may involve:

- Obtaining updated medical information from the child’s consultant.
- Receiving advice and training from a physiotherapist on manual handling and personal care.

Implementation of Adaptations

- All necessary updates to the care plan and any required training must be completed before the student returns to school.
- The school nurse will ensure all staff are aware of and understand the updated care plan.

Resource Assessment

- If the student's needs have changed significantly and require resources beyond the school’s current means, the school principal may need to apply for the necessary resources (e.g., an individualised nurse).
- The student’s return date will depend on the acquisition and implementation of these resources.

Ongoing Support

Continuous communication will be maintained between the school, parents, and medical professionals to monitor the student’s progress and adjust the care plan as needed.

4. Confidentiality

Principles of Confidentiality

At all stages throughout this policy, the dignity and confidentiality of the child are to be maintained by all staff. This means that information regarding a student's health condition is to be shared only with those directly involved in the student's care and on a need-to-know basis.

Information Sharing

Need-to-Know Basis: Only staff members who need to know about a student's health condition for the purposes of providing care or ensuring the student's well-being should have access to this information. This typically includes the school nurse, the student's teacher, and special needs assistant staff involved in the student's care plan.

Communication: Official communication regarding a student's health condition will be handled by the nursing team or school management. This ensures that accurate and necessary information is provided while maintaining confidentiality.

Confidentiality in Practice

Meetings and Discussions: Meetings discussing a student's health condition should be held in private settings. Only those individuals who are directly involved in the student's care or education should attend these meetings.

Documentation: Health-related information should be documented securely and accessed only by authorised personnel. Electronic records should be password protected, and physical records should be stored in locked cabinets.

Impact of Breaches

Student and Family Trust: Maintaining confidentiality is crucial for building and preserving trust between the school, students, and their families. Breaches of confidentiality can damage this trust and affect the school's reputation.

School Environment: Speculation and unauthorized discussions about a student's health condition can create an unhealthy

Addressing Breaches

Reporting: Any staff member who becomes aware of a breach of confidentiality should report it immediately to the school principal or another designated authority.

Investigation and Action: Reports of breaches will be investigated promptly. Disciplinary actions may include warnings, retraining, or other measures up to and including termination of employment, depending on the severity of the breach.

Impact of Breaches

Student and Family Trust: Maintaining confidentiality is crucial for building and preserving trust between the school, students, and their families. Breaches of confidentiality can damage this trust and affect the school's reputation.

School Environment: Speculation and unauthorised discussions about a student's health condition can create an unhealthy and disruptive environment. Protecting confidentiality helps maintain a respectful and focused school community.

Reference List

An Bord Altranais (2000) Guidance to Nurse and Midwives on the development of Policies Guidelines and Protocols

Nursing and Midwifery Bored Ireland (NMBI) Guidance to Nurse and Midwives on Medication Management (2007)

Au Bord Altranais (2000) The Code Of Practise Conduct for each nurse and midwife
www.nursingboard.ie

Website: www.education.ie/Schools/ManagmentofInfectiondiseaseinschool

Website: www.into.ie/ROI/ManagingChronicHealthConditionsatSchool

Website: www.hse.ie

Website: www.higa.ie

Website:
<https://www.hpsc.ie/az/lifestages/childcare/whenshouldmychildreturertoschoolchildcare/>

Website: <https://www.stonebridge.uk.com/blog/5-facts/5-ways-infections-spread/>

Sample Care Plan and Management Forms as listed

10. Cough and Cover Poster
11. Hand Hygiene Poster
12. HSE When to keep my child home guidance

COVER YOUR COUGH

Stop the spread of germs!

Use a tissue to cover your mouth and nose when you cough or sneeze

Throw your tissue in the waste basket



OR



Cover your cough or sneeze with your inner elbow, *not your hands*


Wash Your Hands

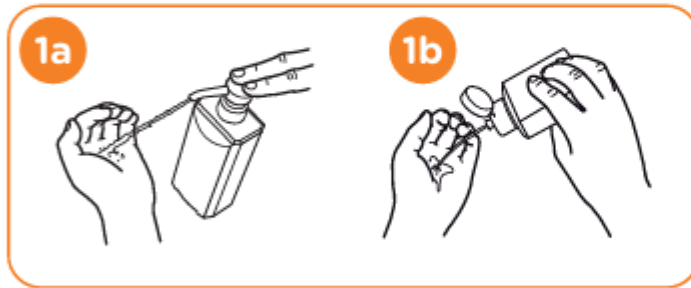


After coughing or sneezing, wash for 20 seconds with soap and warm water or clean with hand sanitizer

How to handrub

Rub hands with hand sanitiser for hand hygiene. Wash hands when visibly dirty.

 Length of time to use handrub: 20-30 seconds



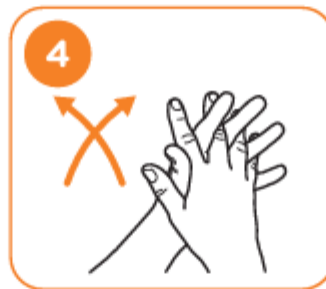
Apply a palmful of the product in a cupped hand, covering all surfaces



Rub hands palm to palm



Right palm over the back of the left hand with interlaced fingers and do same on other hand



Palm to palm with fingers interlaced



Backs of fingers to opposite palm with fingers interlocked



Rotational rubbing of left thumb clasped in right palm and do same on other hand



Rub in a circle with clasped fingers of right hand in left palm do same on other hand




Once dry, your hands are safe




www.hse.ie/infectioncontrol

WHEN SHOULD MY CHILD RETURN TO SCHOOL/ CHILDCARE?



Building a
Better Health
Service



Building a Better Health Service

Chicken Pox	When scabs are dry	Conjunctivitis	No need to stay out*	Glandular Fever	No need to stay out*	Mumps	5 days after swelling appears	Whooping Cough	5 days after starting antibiotics or 21 days after start of illness
Hand, foot & mouth	No need to stay out*	Diarrhoea or Vomiting	48 hours after the last episode	Flu	5 days after start of illness	Measles	4 days after rash appears	Threadworms	No need to stay out*
Scabies	After first treatment	Impetigo	When scabs are dry or 24 hours after starting antibiotics	Slapped Cheek	No need to stay out*	Scarlet Fever	24 hours after starting antibiotics		

This information is based on the Management of Infectious Diseases in Schools guidance document.

*No need to stay out if child is well but school or childcare provider should be informed.