



Managing Children who are Sick, Infectious or with Allergies Policy (Primary)

The British International School of Tunis



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Introduction

On induction to BIST, parents of all children are required to complete a medical form detailing emergency contact details and any past or current medical history that the school needs to be aware of. A consent form is signed to allow first aid as necessary.

Children who are unwell should not be brought into school

If parents bring children who are unwell to the setting, they will be asked to take them home again.

- Parents who are unable to care for their own child when they are unwell must have adequate alternative arrangements in place.
- Parents must notify staff if their child has been unwell at the weekend or during the night, and if they have been given any medicine prior to coming to the setting.
- Parents must not send their child to the setting if he/she is unwell. This includes children who have a heavy cough, cold, sneezing or temperature above 37.5°C and/or any symptoms of Covid-19.
- Any child who has had sickness or diarrhoea must not return to the setting until at least 48 hours have elapsed from the last bout of sickness or diarrhoea.

Children who become ill whilst they are at school

When a child becomes ill at school, every effort will be made to contact the parents, who will be requested to collect their child as soon as possible (or send an authorised carer to collect the child on their behalf).

All children will be requested to move to the sick bay room with the door open for ventilation. An adult will remain with them (*supervision policy*).

All areas where the child has been present will be deep cleaned.

Parents must ensure that the setting is able to contact them, or a person nominated by them, at all times.

- The child's temperature is taken using a thermometer.
- If the child's temperature is raised the child will be sent home.
- In extreme cases of emergency, the child should be taken to the nearest hospital and the parent informed.
- If a parent is called to collect their child because they become unwell whilst at the setting, the child should be kept at home on the following day.

In some instances staff may ask parents to take their child to see a doctor before returning to the setting.



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Medicines *(refer to administering medicines policy)*

As a rule, children who have been prescribed medicines, e.g. antibiotics, are recovering from an illness and are not well enough to come to school. WE, THEREFORE, will only administer medicines after serious consideration and a doctors note and(unless they have a specific condition requiring medication on a daily basis.

Who can administer

We have qualified First Aiders in school who are able to administer medication where necessary under the guidance from parents/carers.

One First Aider and one other adult must be present when administering medicines and the form must be duly completed and signed by both parties stating time of administering medicine and product.

We must have:

A letter from the child's GP/consultant stating the child's condition and what medication if any is to be administered. Written consent from the parent or guardian allowing staff to administer medication.

- Oral medication must be prescribed by a GP or have manufacturer's instructions clearly written on it.
- The setting must be provided with clear written instructions on how to administer such medication.
- All risk assessment procedures need to be adhered to for the correct storage and administration of the medication. Medicines will be kept safely in the Head Teachers locked cabinet or fridge. Asthma inhalers are now regarded as 'oral medication.'
- Life-saving medication and invasive treatments. These include adrenaline injection (Epipen) for anaphylactic shock reactions (caused by allergies to nuts, eggs etc.) or invasive treatments such as rectal administration of Diazepam (for epilepsy). These should also be kept safely in a locked cabinet in the Head teachers room.

Ailments

HIV/Hepatitis

HIV virus, like other viruses such as Hepatitis A, B and C, is spread through body fluids. Hygiene precautions for dealing with body fluids are the same for all children and adults. Therefore:

- Single-use vinyl gloves are worn when changing children's pants and clothing that is soiled with blood, urine, faeces or vomit.
- Protective rubber gloves are used for cleaning/sluicing clothing after changing.



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- Soiled clothing is rinsed and either bagged for parents to collect or laundered in the school.
- Spills of blood, urine, faeces or vomit are cleared using mild disinfectant solution and mops and cloths used are disposed of.
- Tables and other furniture, furnishings or toys affected by blood, urine, faeces or vomit are cleaned using a disinfectant.

Head lice

On identifying cases of head lice, all parents are informed and asked to treat their child and all the family if they are found to have head lice.

Conjunctivitis/pink eye

Conjunctivitis is an inflammation of the conjunctiva, a membrane covering the inner eyelid and front of the eye. It is often called pink eye, as the white of the eye appears pink or red.

There are several types of conjunctivitis:

- bacterial: pink eye, with yellow or greenish discharge from the eye, usually resulting in crusting of the eyelids after sleep.
- viral: pink eye, with a watery discharge, often accompanied by symptoms of a respiratory tract infection, such as runny nose, sore throat, fever.
- allergic conjunctivitis: pink watery eyes, with severe itching, caused by an irritant or allergic reaction. Both viral and bacterial conjunctivitis are extremely infectious. Bacterial conjunctivitis is transferred by touching eyes and surfaces that are contaminated. Viral conjunctivitis can also be spread by droplets in the air, through sneezing and coughing.

Treatment of Conjunctivitis:

- Bacterial conjunctivitis will need to be treated with antibiotic drops or cream.
- Viral conjunctivitis will not be cured with cream; the virus will run its course and the body's natural immunity will cure it within 4 to 14 days. Although antibiotics do not cure viral conjunctivitis, it is often advised to use them, to stop the development of a secondary bacterial infection.

Children often get runny or 'gunky' eyes when they have colds. This is not conjunctivitis, which is characterised by the pink/redness of the white of the eye.

Due to the extremely infectious nature of this condition, children with pink eyes, and a thick or watery discharge, must be kept away from the setting.

Children will be able to return to the setting 48 hours after commencing treatment as long as the full course of treatment is continued and the condition is showing significant signs of improvement. It is important that the child is also feeling well.. The setting and the school must be informed that the child has had conjunctivitis.

Antibiotic drops can be purchased over the counter from a pharmacist; however, we advise that where possible children are seen by a qualified doctor.



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Procedures for children with allergies

When parents start their children at the setting they are asked if their child suffers from any known allergies. This is recorded on the child's medical form.

If a child has an allergy, this must be certified by a doctor and there is a form to be completed to detail the following:

- the allergen (i.e. the substance, material or living creature the child is allergic to, such as nuts, eggs, bee stings, cats, etc.)
- the nature of the allergic reaction, e.g. anaphylactic shock reaction, including rash, reddening of skin, swelling, breathing problems, etc.
- what to do in case of allergic reactions, any medication used and how it is to be used, e.g. EpiPen

This form is kept in the child's personal file and a copy is displayed where staff can see it.

Where a child has an EpiPen, parents must ensure that the setting has an in-date EpiPen at all times.

Lunchtime staff on duty have a register with any special dietary requirements of a child, this includes children with food allergies.

Staff are trained in how to administer special medication in the event of an allergic reaction.

Nuts or nut products are not used within the setting. Parents are made aware so that no nut products are accidentally brought in, for example to a party.