



Medical Administration Policy

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1. Major Trauma and Medical Emergencies

Major trauma is considered to include:

- Head injury associated with loss of consciousness
- Any possible spinal injury
- Hemorrhage (bleeding)
- Fracture
- Any major incision, laceration or puncture wound
- Foreign body either ingested or embedded
- Poisoning
- Burns – major 2nd and 3rd degree

Medical emergencies are considered to include:

- Anaphylaxis (severe allergic reaction)
- Any pyrexia (elevation of temperature) which is accompanied by headache, neck stiffness, vomiting or abdominal pain i.e. suspected meningitis
- Fainting, loss of consciousness
- Low BP, chest pains
- Severe asthma attack
- Convulsion

In the event of a student or member of staff suffering from any of the above the Academy will take the following action.

- The School Nurse will immediately inform the Academy Principal and the Head of Administration.
- Staff members supervising the activity should, as soon as possible, complete a student Incident Form and forward to the Head of Administration.
- The Head of Administration will arrange for suitable transportation to Mubarak Al Kabir Hospital. **The Nurse will complete the Medical Care Provided - Form & accompany the student to the hospital.**
- The Head of Administration will contact the student's parents (or next of kin) who should go directly to the hospital. **Parents should note that any attendance at a hospital requires the production of a Civil ID.**
- The Nurse's responsibilities are to assess the situation and provide the necessary First Aid to all injuries sustained. Unless in imminent danger, the casualty will not be moved and the Nurse will continue to monitor the situation, until the transportation is arranged. If there are any doubts to the nature of the injury, the Nurse will use her medical judgement as to whether she suspects a fracture
- The Nurse will accompany the patient to the hospital and await arrival of parents (or next of kin).
- The Nurse will remain in contact with the Head of Administration who will update the parents and/or SLT accordingly
- The Nurse will complete a student Incident Report on immediate return to School. A copy will be provided to the Head of Administration, class teacher and SLT. Following a member of staff being taken to the hospital an Incident Report form should be submitted to the Head of Administration and SLT.

2. Minor Trauma and Minor Medical Episodes

Minor trauma is considered to include:



- Head injury with or without scalp wound.
 1. In the event of a student receiving a head injury the nurse will:-
 2. Assess conscious level
 3. Control any bleeding/clean wound as appropriate
 4. Record heart rate, respiration and student reaction
 5. Observe for headache, sensitivity to light, memory loss, agitation, loss of concentration, lethargy, tiredness and dizziness

Minor medical episodes are considered to include:

- Pyrexia (elevation of temperature)
- Diarrhoea
- Vomiting - other than a single episode known to be associated with the bus journey to School

In the event of a student or member of staff suffering from any of the above the Academy will take the following action.

- a) The School Nurse will contact the parents (or guardian) who should collect the casualty from the Clinic and notify the form teacher
- b) The Nurse will provide the appropriate First Aid, administer appropriate medication e.g., antipyretic/analgesic (Panadol) providing there is parental consent. (The protocol of administering medication should be adhered to).
- c) Paracetamol does not cure infection, in adults paracetamol should be given for aches and pains associated with flu. Antipyretic agents should be considered in studentren with fever who appear to be in distress and unwell. They should not routinely be used with the sole intention of reducing temperature.
- d) The incident/episode and the treatment/medication administered will be recorded.
- e) In the case of the injuries above, the parents (or guardian) will be advised to seek a medical opinion as soon as possible.
- f) In the case of head injuries (whether major or minor), parents should be notified by email advising them of the incident and the aftercare of head injury. Written information to be sent home with student
- g) In the case of injuries whether major or minor if a student needs to be sent home, the Nurse will notify the class/form tutor.

3. Any other Minor Injury/Aliments

- a) These may be treated as appropriate by the Nurse, providing there is parental consent - the same precaution of checking the files should be adopted.
- b) Temperature is only a guide, clinically if the student appears sick and weak the student should be sent home.
- c) Parents will be advised of any action taken i.e. administration of First Aid or Medicine by email. NB Unless underlying medical conditions make it necessary, parents will not be informed if their student has visited the school nurse for the following reasons;
 - small bruises
 - falls and trips resulting in no injury
 - grazes requiring minimal treatment (ie, graze cleaned and plaster applied)
 - small cuts to hands and knees and other body parts, excluding the head
 - temperature check with no fever recorded
 - visits to the nurses room with no treatment necessary
- d) The visit to the clinic will be logged.

4. Unwell or Injured student at school

To limit unnecessary visits to the clinic, the teacher must notify the nurse in advance via email.

5. School Trips

First aid bags will be provided by the Nurse for school trips. If a student with special medical needs, (eg Diabetes, severe allergy, asthma) is attending then the Nurse will liaise with both parents and staff to discuss how the student's condition will be managed whilst off the school premises.



6. Staff Health

The Nurse will provide nursing care as appropriate to unwell staff. The nurse holds a list of staff with medical conditions

7. Medical Equipment

The Nurse will ensure all medical equipment is in good working order and is maintained as per manufacturer’s instructions. All checks to be recorded in relevant logbooks.

8. Infectious and communicable diseases

The following information is taken from “Guidance on infection control in schools and other student care settings” published by Public Health England in conjunction with local MoH guidance.

A. Rashes and skin infections

studentren with rashes should be considered infectious and assessed by their doctor.

Infection or complaint	Recommended period to be kept away from school, nursery or studentminders	Comments
Athlete’s foot	None	Athlete’s foot is not in a serious condition. Treatment is recommended
Chickenpox	Exclusion until 10 days after the first signs of rash and until all vesicles have crusted over	
Cold sores, (Herpes simplex)	The student will be kept home if he/she drools a lot or has the very first break of HSV.	Avoid kissing and contact with the sores. Cold sores are generally mild and self-limiting
German measles (rubella)*	Four days from onset of rash (as per “Green Book”) and clearance by a doctor	Preventable by immunisation MMR
Hand, foot and mouth	Until the doctor gives clearance	Exclusion is recommended to prevent spreading. The school nurse will advise on the period of time depending on the severity of the case.
Impetigo	Until lesions are crusted and healed, or 48 hours after starting antibiotic treatment	Antibiotic treatment speeds healing and reduces the infectious period
Measles*	Four days from onset of rash and clearance by doctor.	Preventable by vaccination MMR
Molluscum contagiosum	Until the doctor gives clearance.	Treatment depends on severity of illness.



Ringworm	Exclusion not usually required	Treatment is required
Roseola (infantum)	None	None
Scabies	student can return after first treatment	Household and close contacts require treatment
Scarlet fever*	student can return 24 hours after starting appropriate antibiotic treatment	Antibiotic treatment is recommended for the affected student. A person is infectious for 2-3 weeks if antibiotics are not administered. In event of two or more suspected cases contact MOH.
Slapped cheek/fifth disease. Parvovirus B19	None (once rash has developed)	Pregnant contacts of cases should consult their GP or midwife.
Shingles	Exclude only if rash is weeping and cannot be covered	Can cause chickenpox in those who are not immune, ie have not had chickenpox. It is spread by very close contact and touch. If further information is required, contact your local PHE centre. See: Vulnerable studentren and Female Staff – Pregnancy
Warts and verrucae	None	Verrucae should be covered in swimming pools, gymnasiums and changing rooms

B. Diarrhoea and vomiting illness

Infection or complaint	Recommended period to be kept away from school, nursery or studentminders	Comments
Diarrhoea and/or vomiting	Whilst symptomatic and 48 hours from last episode of diarrhoea or vomiting	
<i>E. coli</i> O157 VTEC Typhoid* [and paratyphoid*] (enteric fever) Shigella (dysentery) and cholera	Should be excluded for 48 hours from the last episode of diarrhoea. Further exclusion may be required for some studentren until they are no longer excreting	Further exclusion is required for studentren aged five years or younger and those who have difficulty in adhering to hygiene practices. studentren in these categories should be excluded until there is evidence of microbiological clearance. This guidance may also apply to some contacts who may also require microbiological clearance



Cryptosporidiosis	Exclude for 48 hours from the last episode of diarrhoea	Exclusion from swimming is advisable for two weeks after the diarrhoea has settled
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C. Respiratory infections

Infection or complaint	Recommended period to be kept away from school, nursery or studentminders	Comments
Flu (influenza)	Until recovered.	24 hours after their fever has subsided without the use of fever-reducing medications. Prompt exclusion is essential to prevent the spread of illness. If a student becomes unwell with the flu outside of school the parents must inform the School Principal PA and nurse. Consult the Flu policy on reporting of confirmed cases
Tuberculosis*	Always consult your local PHE centre	Requires prolonged close contact for spread
Whooping cough* (pertussis)	Two days from starting antibiotic treatment, or 21 days from onset of illness if no antibiotic treatment and clearance from the doctor	Preventable by vaccination. After treatment, non-infectious coughing may continue for many weeks. Contact MOH to organise any contact tracing.

Covid -19	<ul style="list-style-type: none"> • 5 days quarantine from the date of positive PCR result , • The antigen test is not approved by MOH . • Hence, a PCR is must • Can return to School if symptom free upon submission of isolation certificate from the Shlonik app 	<ul style="list-style-type: none"> • Preventable with vaccine • Close contact with positive case can come to School ,provided they wear a mask and are symptom free.
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D. Other infections

Infection or complaint	Recommended period to be kept away from school, nursery or studentminders	Comments
Conjunctivitis	Exclusion until discharge ceases.	If an outbreak/cluster occurs, consult your local PHE centre
Diphtheria *	Exclusion until recovery and clearance by a doctor.	Family contacts must be excluded until cleared to



		return by doctor.. Preventable by vaccination.
Glandular fever	None	
Head lice	studentren are not allowed to attend school whilst they have live lice. when the student has been treated they may then return to school.	studentren will be sent home from school if a live lice is seen. Parents are encouraged to check their student's hair weekly
Hepatitis A*	Exclude until seven days after onset of jaundice (or seven days after symptom onset if no jaundice)	In an outbreak of hepatitis A, your local PHE centre will advise on control measures
Meningococcal meningitis*/ septicaemia*	Until recovered	Meningitis C is preventable by vaccination There is no reason to exclude siblings or other close contacts of a case. In case of an outbreak, it may be necessary to provide antibiotics with or without meningococcal vaccination to close school contacts.
Meningitis* due to other bacteria	Until recovered	Hib and pneumococcal meningitis are preventable by vaccination. There is no reason to exclude siblings or other close contacts of a case. Your local PHE centre will give advice on any action needed
Meningitis viral*	None	Milder illness. There is no reason to exclude siblings and other close contacts of a case. Contact tracing is not required
MRSA	None	Good hygiene, in particular hand washing and environmental cleaning, are important to minimise any danger of spread. If further information is required, contact your local PHE centre
Mumps*	Exclusion until one week after onset of swollen glands and clearance by doctor	Preventable by vaccination (MMR x2 doses)
Threadworms	None	Treatment is recommended for the student and household contacts



Tonsillitis	None	There are many causes, but most cases are due to viruses and do not need an antibiotic
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9. List of medicines used in TEA Clinic

- a) Paracetamol tablets
- b) Panadol Syrup
- c) Strepsils
- d) Reparil gel
- e) Vaseline
- f) Fenistil /Alfacort cream
- g) Mebo ointment
- h) Optrex eye lotion
- i) Antihistamine -Aerius/Zyrtec Claritin
- j) Betadine solution/spray
- k) Normal Saline

10. Administration of prescribed only medication

Periodically, individually prescribed drugs may be required to be administered by the Nurse. This should only be done if there are clear, written instructions by parents giving the name/class of the student, name of medicine, dosage, date and time the medication should be given and the parent's signature. Verbal instructions are insufficient; if a parent calls with instructions they must send confirmation of all instructions via email.

Parents of Pre-preparatory students should handover the medicine directly to the nurse or the teacher. The nurse at the end of the day will return the medicine to the teacher or the parents. Preparatory students can provide the medicine to the nurse who will return it at the end of the day. Regarding requests for the school nurse to administer medicine to students in the school - any antibiotics or panadol, parents should provide the school nurse a note from the doctor stating that their student is fit to attend school.

Any eye drops/ointment, nose drops or ear drops are considered to be in this category and the above Policy applies.

students are not permitted to keep any medicines with them in their bag except for asthma inhalers, epipen and Strepsils.

Any medicines administered by the Nurse will be logged and the following information recorded in the Medical Centre section of the MIS:

- Name / Class of student
- Name of medicine
- Dosage
- Date and time the medicine was given
- Name of the administering Nurse

11. Student's individual healthcare plans for special cases

A student's medical information form should be completed by the student's parents upon application to the school. Parents need to provide a medical report from the doctor to support the medical information they have written on the medical information form. A list of studentren's medical conditions, treatments, medication and allergies will then be produced by the school Nurse This will be reviewed at the start of the school year and updated as changes occur. This list will be made available on iSAMS, will be emailed to teaching staff at the start of the school year, and a hard copy is kept in the Nurse's room. A copy of health care plans are available for staff to see in the staff room.

The school Nurse will oversee the care of the student with special medical needs (complex medical needs e.g diabetic, severe allergy, toileting needs) with the collaboration of the parents and student. From this an



individual care plan will be prepared. These plans will be given to the individual form teacher and School Principal's PA, plus a copy will be held with the list of medical conditions in the Nurse's room.

Medicines provided by parents e.g. inhalers, epipen, antihistamines are kept with the nurse in the medicine cupboard. They must be labelled with the appropriate student's name. A log of the medicines and expiry dates will be maintained by the Nurse.

One month prior to the expiry of medication provided by parents, the Nurse will call and send an email to parents requesting replacement medication. She will also advise that if the old medicine is not collected before the expiry date, that she will dispose of the medication (including epipens). In the case of Epipen expirations, the school Nurse will advise the Head of Administration who will then telephone and email the parents alerting them to the protocols in place. Eg. In the event of an allergic reaction and no epipen in school for that student, the ambulance service will be called and the student taken to Mubarak Hospital, TEA is not accountable. It is the parents responsibility to provide the nurse's room with in date medication and to act promptly when contacted by the school nurse.

12. Annual Screening

From 2020-2021 academic year annual screening includes checking the height and weight of all the students in the school from KG through to year 8 and eye check for students in KG and Reception.

Doctors from the Ministry of Health will visit the school for

- Routine medical screening - listening to the heart and chest of students from Reception, Year 2 and Year 6.
- Checking the medically flagged students.
- Reception boys testicular examination.

13. Health Files

All students should have the following:

- Blue (boys) and pink (girls) health cards (Kg – Year 8) BCG vaccination is recorded in the health card.
- Medical Information form filled by parents and signed by them any changes to the information on this form the school must be notified. Any changes to the students medical information requires a new signed medical information form to be submitted to the Nurse
- Copies of immunisation
- Copy of doctors report (for special cases only)

14. Record keeping and notifications

All visits to the school clinic and attendance by the nurse are recorded on a daily basis. Emails sent to parents should be CC'd to the student's form tutor.

Parents will not receive an email for

- visit to nurses room with no treatment needed
- small bruises
- falls and trips with no injuries
- grazes requiring minimal treatment (cleaned & plaster applied)
- small cuts to hands and knees and other body parts excluding the head
- if temperature is checked and is normal and the student has returned to class.

If a student needs to be sent home, the nurse will advise the class/form tutor by phone call. Parents will also be contacted by telephone. Any changes to contact details must be supplied to the school office.

In the case of Major traumas and emergencies a student incident form must be completed by the Nurse and sent to the class/form tutor and the Head of Administration who will inform the SLT.

15. Ministry of health nurses visit to school

Ministry nurses visit the school to vaccinate students in Year 5, Year 6 & Yr 12.

Letters to parents seeking their written consent will be issued. Vaccines will be administered only to those students with a written consent and have attended a government clinic for a medical file (Pink/blue book). According to the Ministry of School Health DT vaccination for year 5 and MMR for year 6 girls is compulsory. The Nurse will write to parents to inform them their student has received the vaccination and to be aware of



possible side-effects. Students in year 5 receive the DT vaccine, and girls in year 6 receive the MMR vaccine. If any parent does not wish for their child to be vaccinated by the Ministry of Health, they need to provide proof that their child has had the vaccine elsewhere, along with a written explanation for the decline.

16. Leavers

The School Registrar will provide the Nurse with a list of leavers.

The Medical Health cards of those students transferring to other schools in Kuwait, must be sent to the respective school.

For those students leaving Kuwait, the Nurse will provide the Registrar with the medical files for archiving.

17. Transportation – Major Trauma & Medical Emergency

If an incident occurs when an ambulance is required the following should be undertaken:-

- Nurse informed of incident
- Patient assessed by Nurse and decision whether to call ambulance made
- Ambulance called by Nurse / Head of Administration or designated person with all relevant information
- SLT Head informed that an ambulance has been called
- Parent/Guardian informed that an ambulance has been called and information given about the nature of the incident. The Nurse's mobile telephone number will also be given to the parent/guardian
- The Nurse will remain with the student until the ambulance arrives
- The Nurse will fill the **Medical Care Provided - Form** giving a clear and concise medical handover to the EMS including treatment and medication given, times and doses
- If the ambulance arrives prior to the parent/guardian the Nurse will travel in the ambulance with the casualty and stay with them until the parent/guardian arrives
- Following the event the Nurse will complete all necessary paperwork and debrief staff as appropriate

See Appendix 1 for instructions

18. Returning to School

If a student is sent home from school with a fever the student must have a doctor's fit to return note before returning to school, this is to curb the incidences of an illness spreading to other students.

The school also requires a fit to return note from your doctor for any injury your student has sustained that requires medical attention. For example head injuries and fractures.



Emergency Services Instructions

CALL FOR AMBULANCE / POLICE / FIRE SERVICE

Emergency services telephone number - 112

Give them the location of the school - Ahmed Ibn Tolon Street, Block 82, Surra 45701

Answer all questions asked by the dispatcher

Stay online and follow their instructions

Common Ailment Information and Advice Sheets

- Asthma
- Athletes Foot
- Chicken Pox
- Croup
- Diarrhoea and Vomiting
- Hand, Foot and Mouth
- Impetigo
- Infection Control
- Measles
- Ringworm
- Scarlet Fever
- Threadworm
- Warts

Asthma Information Sheet

Asthma is a condition which involves narrowing of the airways, which we use to pass oxygen in and out of the body. Asthmatics can suffer intermittent attacks of wheezing and shortness of breath that can vary in severity. Asthma can develop at any age, but is more likely to develop in studenthood and can progress into adulthood. Some of the main triggers and causes for asthma are listed below:

- Allergies usually to pets/dust/pollen.
- Colds and infections.
- Exercise.
- Laughing and excitement, especially in studentren.
- Emotional stress, crying for long periods of time.
- Family history of disease, especially parents and siblings.
- Eczema or allergies in siblings.
- Smoky environments, e.g. if a parent smokes in the house.
- Environmental factors.

Physiology of Asthma:

- Muscles around the airway walls tighten and become narrower.
- Lining of airways becomes inflamed and begins to swell.
- Sticky phlegm and mucous can build-up and can cause narrowing.

What happens in a mild attack of asthma?

- Wheezing
- Coughing
- Tight feeling in the chest
- Shortness of breath and gasping
- Whispering when talking
- Exhaustion



What happens in a severe asthma attack?

- All of the above symptoms
- Difficulty in talking (Whispering)
- Blue/grey fingernails (not enough oxygen to the cells)
- Stomach and neck seems to be moving erratically (this is known as using your accessory muscles as an attempt to draw in air)
- Very wide nostrils
- Racing pulse
- Exhaustion

Diagnosis

Diagnosis should be made through a medical professional in order to gain the appropriate treatments. Diagnosis is usually based on the symptoms described and through peak flow measurements (blowing into a meter to test lung's capacity to exhale).

Treatments

The most effective treatment is using inhalers. Some people need to take inhalers when they are wheezy, others require a regular, preventative inhaler taken every day, as well as one to relieve immediate symptoms of asthma. There are many types of inhalers available. Your doctor will be able to prescribe the one that is most suitable.

Prognosis

Asthma is a manageable condition and studentren can grow out of it into their teenage years, some have asthma into adulthood. studentren should be able to participate in physical activity and sport as normal. It is important to understand that an asthma attack can be life-threatening and the student should be taken to hospital immediately if they do not respond to their inhalers. It is advised that you be cautious and try not to expose your student to any of their trigger factors, such as pollen and animal hair.



Athlete's Foot Information Sheet

What is Athlete's foot?

Athlete's foot is a fungal infection of the foot and the toes. The medical term for this is Tinea Pedis. It is quite infectious and can affect anybody, but typically occurs in teenagers and male adults. The fungi like to live in warm, dark and humid environments, often affecting those who participate in sporting activities, hence the common name Athlete's foot. The initial infection lasts 1-10 days, but if untreated the infection can become persistent and last for months.

What are the symptoms?

- Itchy, scaly, dry rash on sides/bottom and in between toes.
- Inflammation/blisters on soles of feet.
- Cracking and raw skin tissue on soles causing pain and swelling.
- Toenail infection can be present.

How is Athlete's foot transmitted?

- Bare feet come into contact with fungus.
- Warm and damp environments encourage fungal growth.
- Infection can be spread through contaminated clothing and bed sheets.

What are the treatments for Athlete's foot?

- Wash feet frequently and dry them thoroughly between the toes.
- Change socks daily.
- In severe cases, doctor may prescribe creams and lotions that kill fungi.
- Early treatment is necessary to prevent infection spreading to the toe nails. If this occurs then the infection becomes harder to deal with.

Prevention

- Wash feet daily and dry them carefully, especially between toes.
- Avoid tight footwear, especially in hot weather.
- Reduce foot perspiration by using talcum powder.
- Change socks frequently, cotton socks are best, especially if you tend to sweat heavily.

Further information can be found at www.nhs.uk/conditions/athletes-foot



Chickenpox (Varicella) Information Sheet

What is Chickenpox?

Chickenpox is a mild disease that most studentren will catch at some point. It is highly contagious and usually affects many studentren at the same time, especially in nurseries and schools. Chickenpox is most common between the ages of 2 and 8, although it can also infect adults who have never been exposed to the disease. The Chickenpox vaccine only generally ensures approximately 80% immunity rate in any student that takes the vaccine.

What are some of the common Symptoms?

- Small red spots at start, leading to:
- Many blisters, which burst and crust over into scabs
- New blisters may occur 3-6 days after the first blisters
- Usually very itchy
- Commonly starts on the face and trunk and later the limbs and scalp
- High temperatures
- Cold-like symptoms

How is it transmitted?

- Direct person to person contact
- Airborne droplets from coughing/sneezing
- Contact with infected articles e.g. bedding and clothing
- Infection occurs from airborne droplets before any rash appears

Diagnosis

There is no need for any laboratory testing. A doctor can diagnose chickenpox from clinical symptoms.

How is it treated?

- Treatment mostly consists of easing the symptoms
- Stop the infected person from scratching as this could cause infection
- Calamine lotion will help relieve itching
- No need for antibiotics as it is a viral infection
- Treat the fever with a Paracetamol or Brufen based medicine.

Please keep your studentren away from school until the last blister has formed a scab, approximately 5-10 days after the rash first appeared.

Further information can be found at www.nhs.uk/conditions/chickenpox



Croup Information Sheet What is Croup?

Croup is a condition that develops quickly in studentren generally under the age of five. Croup is caused by a viral infection of the upper airways, throat and surrounding tissue. A barking cough is the obvious sign of Croup.

How do you get croup?

The virus that will cause croup can be transmitted from person to person through airborne droplets from sneezing and coughing.

Signs of Croup

- Rough/barking cough
- Hoarseness and noisy breathing
- Symptoms seem to be worse at night when the student has been lying down for some time.

What should you be especially aware of?

- Your student becomes very tired
- Difficulty in breathing
- Blueness around mouth, nose and nails

What can you do?

- Calm the student as much as possible
- Keep calm yourself- show no anxiety to your student
- Sit your student upright to ensure maximum lung capacity
- Inhaling steam may help- simple to do if you run a hot bath in a closed bathroom
- Avoid heavy meals as coughing may lead to vomiting
- Encourage the student to drink plenty of fluids
- Treat a fever with paracetamol/brufen products and remove excess clothing

Treatment

Viral infections cannot be treated with antibiotics.
Serious cases may be admitted to hospital for further treatment.

Prognosis

Croup usually clears up in 3-4 days on its own. The coughing may last sometime longer though. Symptoms usually worsen when the student is in bed.

studentren who have had croup in the past may develop it again when they have a cold.

Further information can be found at www.nhs.uk/conditions/croup



Diarrhoea and Vomiting Information Sheet

What Causes Diarrhoea and Vomiting?

Diarrhoea and vomiting is caused by a number of different organisms, including bacteria, viruses and parasites. One of the most common reasons for a student suffering from diarrhoea and vomiting is something called rotavirus gastroenteritis, which is very contagious. Diarrhoea and vomiting can also occur if a student has a cold or flu, ear infections, throat/chest infections or runs high fevers.

How are gastro-intestinal illnesses transmitted?

- Eating contaminated foods.
- Drinking contaminated water.
- Poor personal hygiene.
- Contact with infected items such as bed clothes and sheets.
- Infrequent hand washing.

How are Gastro-intestinal illnesses treated?

- Encourage your student to wash their hands thoroughly after going to the toilet and before eating
- studentren to be cared for at home and isolated from school and nurseries.
- **Do not allow your student to return to school until 48 hours have passed since their last episode of diarrhoea and vomiting.**
- Most studentren will improve without medications or specific treatment.
- Rest is important.
- studentren must drink plenty of fluids in order to not become **dehydrated**.
- Do not allow your student to go swimming for 1 week after their last episode of diarrhoea & vomiting.

What are the signs to look out for if my student is dehydrated?

- Less frequency in passing urine
- Lethargy
- Cold to touch
- Irritable
- Faster/slower breathing
- Dry mouth/tongue and lips

Advice

- Drink little and often.
- If they cannot keep fluid down, let them rest and try again later.
- Water is easier for the stomach to handle if it is not ice cold.
- If it is an older student that is sick, try to refrain from giving them milk.
- You can buy replacement electrolyte sachets, to re-hydrate the body and give it essential salts and energy.
- If diarrhoea and/or vomiting continue for several days, then please consult your doctor.

Further information can be found at www.nhs.uk/conditions/rotavirus-gastroenteritis



Hand Foot and Mouth Information Sheet

Here's yet another reason to encourage kids to wash their hands: it can help prevent the spread of hand, foot, and mouth (HFMD) disease. HFMD disease is a common contagious illness caused by viruses from the enterovirus family, most commonly the coxsackievirus. These viruses live in the body's digestive tract and spread from person to person, usually on unwashed hands and surfaces contaminated by feces. Kids ages 1 to 4 are most prone to the disease; cases are often found in student care centers, preschools, and other places where kids congregate. The illness typically lasts 3-5 days. Outbreaks usually occur during the warm summer and early fall months, though they can happen year-round in tropical parts of the world.

Signs and Symptoms

HFMD disease (not to be confused with hoof and mouth disease, a totally unrelated illness that affects barnyard animals and livestock) causes painful blisters in the throat, tongue, gums, hard palate, or inside the cheeks. Blisters are red with a small bubble of fluid on top and often turn into ulcers. The soles of the feet and the palms of the hands also may be affected with a rash that can look like flat red spots or red blisters. Occasionally, a pink rash may be seen on other parts of the body, such as the buttocks and thighs. However, some studentren with HFMD disease develop no symptoms, or if they do, may only have sores in the back of the throat.

It can be hard for a parent to tell if a student (especially a preverbal student) has HFMD disease sores are only inside the mouth or throat. Very young kids may not be able to complain of a sore throat, but if a student stops eating or drinking, or wants to eat or drink less often, it's a signal to parents that something is wrong.

A student also might:

- develop fever, muscle aches, or other flu-like symptoms
- become irritable or sleep more than usual
- begin drooling (due to painful swallowing)
- gravitate toward cold fluids

Treatment

If your student is continually irritable or refusing food or drink, it's time to see the doctor. While there is no medical cure for HFMD disease (the illness needs to run its course), the doctor might recommend home health remedies to make your student more comfortable during recovery.

Acetaminophen or ibuprofen can be given to console a student who is achy or irritable or ease painful mouth sores or discomfort associated with fever. Do not give aspirin to studentren or teens as it may cause a rare but serious illness called Reye syndrome.

A student who has difficulty swallowing might be prescribed "magic mouthwash"—a mixture made by pharmacists that can be dabbed onto sores to alleviate pain. Cold foods like ice cream and popsicles ease pain by numbing the area, and will be a welcome treat for those who have difficulty swallowing (and even those who don't!).

Kids with blisters on their hands or feet should keep the areas clean (wash with lukewarm soap and water, pat dry) and uncovered. If a blister pops, dab on a bit of antibiotic ointment to help prevent infection and cover it with a small bandage.

It is very important to make sure your student drinks plenty of fluids to prevent dehydration. Call your doctor if your student remains very irritable; can't be consoled; is lethargic; or has signs of dehydration such as dry tongue, sunken eyes, or decreased urine output; or if symptoms worsen.

HFMD disease usually resolves within several days to a week and kids recover completely. Very rarely it can lead to complications such as viral meningitis (infection of the fluid around the brain and spinal cord) or encephalitis (infections and inflammation of the brain).

Preventing the Spread

There is no vaccine to prevent HFMD disease or any other similar infection. HFMD is contagious and can spread through contact with feces, saliva, mucus from the nose, or fluid from the blisters. Even after recovery, kids can pass the virus in their stool for several weeks, so still can spread the infection to others even though they're no longer sick.



Hand washing is the best protection. Remind everyone in your family to wash their hands frequently, particularly after using the toilet, changing a diaper, before meals, and before preparing food. Shared toys in studentcare centers should be cleaned often with a disinfectant because these viruses can live on objects for several days.

studentren should not come into school and the school nurse will advise on the period of time depending on the severity of the case.

Further information can be found at www.nhs.uk/conditions/hand-foot-and-mouth-disease



Impetigo Information Sheet

What is Impetigo?

Impetigo is an infection of the skin caused by bacteria, usually Streptococcus or Staphylococcus. It is extremely contagious and commonly occurs in studentren, although adults can also be infected. Impetigo is caused when bacteria infect cuts/bites and wounds. The infection can then spread when the infected person scratches their sores and then touches other parts of their body.

What are the common signs and symptoms of Impetigo?

- Symptoms usually occur 4-10 days after being infected.
- Small/itchy blisters appear and expand.
- Blisters burst and discharge is produced.
- Blisters can typically scab into yellow/thick crusts over 4-6 days.
- Tends to affect the hands and face, although can spread to other parts of the body.

How is Impetigo transmitted?

Impetigo can appear suddenly. It is usually spread through direct contact with another infected person. Sharing items such as towels and face cloths can cause the spread of Impetigo.

What is the treatment for Impetigo?

Please consult a doctor for diagnosis. Most doctors like to treat Impetigo with antibiotic ointment, applied to the affected areas. In more severe cases a doctor may prescribe oral antibiotics. It is important that the scabs are dissolved using an ointment/cream as the bacteria live underneath the scabs.

studentren should be isolated from school and nurseries until all the lesions have crusted and healed and treatment has commenced. Please consult your doctor for diagnosis and advice.

Further information can be found at www.nhs/conditions/impetigo



Infection Control

Schools and nurseries are common sites for transmission of infections. studentren are particularly susceptible because:

- they have immature immune systems
- have close contact with other studentren
- sometimes have no or incomplete vaccinations
- have a poor understanding of hygiene practices

The way to prevent and manage infectious disease in schools is to:

- promote immunisation
- promptly exclude the unwell student or member of staff
- check that effective handwashing is being carried out
- ensure the environment is kept clean

How infections spread Respiratory, direct contact, gastrointestinal and blood borne.

Prevention Prompt exclusion is essential to preventing the spread of infection in studenthood settings. students will be sent home and must remain at home as per the school policy.

Hand washing is one of the most important ways of controlling the spread of infections, especially those that cause diarrhoea and vomiting and respiratory disease. Liquid soap, warm water and paper towels are recommended.

Advise all staff and students to wash their hands after using the toilet, before eating or handling food and after touching animals.

Cover all cuts and abrasions with a dressing.

Coughs and sneezes spread diseases. studentren and adults should be encouraged to cover their mouth and nose with a disposable tissue and wash hands after using or disposing of tissues. Spitting should be discouraged.

Wear disposable gloves and plastic aprons if there is a risk of splashing or contamination with blood or body fluids during an activity. Gloves should be disposable, non-powdered vinyl or latex-free and CE marked. Wear goggles if there is a risk of splashing to the face.

Further information is available at

<https://www.gov.uk/government/publications/health-protection-in-schools-and-other-studentcare-facilities/chapter-3-prevention-and-control>



Measles Information Sheet

What are measles?

Measles is a highly infectious viral disease. Anybody can contract the Measles virus especially if you have not been immunised with the MMR vaccination.

The measles virus is contained in the millions of tiny droplets that come out of the nose and mouth when an infected person coughs or sneezes. The virus spreads very easily and measles is caused by breathing in these droplets or by touching a surface that has been contaminated with the droplets then placing your hands near your nose or mouth.

Symptoms

- cold-like symptoms, such as runny nose, watery eyes, swollen eyelids and sneezing
- red eyes and sensitivity to light
- a mild to severe temperature, which may peak at over 40.6C (105F) for several days, then fall, but go up again when the rash appears
- tiny greyish-white spots (called Koplik's spots) in the mouth and throat
- tiredness, irritability and general lack of energy
- aches and pains
- poor appetite
- dry cough
- red-brown spotty rash

Rash

The measles rash appears two to four days after initial symptoms and lasts for up to eight days. The spots usually start behind the ears, spread around the head and neck, then spread to the legs and the rest of the body.

The spots are initially small but quickly get bigger and often join together. Similar looking rashes may be mistaken for measles, but measles has a range of other symptoms too, not just a rash.

Although uncommon complications can occur from the Measles virus and your student may need hospitalisation and specialist care.

Treatments

Should there be no other complications from the virus, the body will fight the infection itself.

Below is a list of treatments to make your student more comfortable.

- Liquid paracetamol or ibuprofen for a high temperature or pain
- Dim lighting/blocking sunlight when the student rests
- Plenty of fluids
- Encourage food to be eaten if possible
- Generally the symptoms of Measles should disappear within 7-10 days. Please keep your student away from school for at least five days from the onset of the rash.

Further information can be found at www.nhs.uk/conditions/measles



Ringworm Information Sheet

What is Ringworm?

- Common fungus infection of the skin
- Not actually a worm
- Appears in a round/ring shaped patch
- Common among studentren; adults can be infected too.

Causes of Ringworm

- Fungi can enter the body through broken skin (scratches, cuts and eczema)
- Fungi can come from animals, soil and humans
- Transmission is from person to person contact/sharing clothing and towels
- Ringworm thrives in warm/damp areas
- Those working with animals and studentren who have pets are more susceptible to becoming infected.

What areas of the body can be affected?

- Scalp
- Body
- Groin
- Feet
- Nails

Symptoms

- Round/ring shaped patches on skin
- Red/silver scaly skin
- Area is usually itchy
- The ring can spread outwards and the middle may heal and return to normal.

Diagnosis

Early detection could save a trip to the Doctor as your pharmacist will be able to provide you with treatment. A scraping of skin can be taken and observed under a microscope, but usually your doctor can diagnose ringworm from observation.

Treatment

- Antifungal creams, to be used for up to 4 weeks and 1-2 weeks after skin has healed.
- Powders/lotions and creams are available from the pharmacy or on prescription from your doctor
- Visit your doctor if you are unsure if it is ringworm or if the infection appears to be severe
- Visit a doctor if the infection is not responding to treatment after about four weeks
- If the affected areas are inflamed/red/sore then the doctor may prescribe a topical cream called a corticosteroid to treat this.

Scalp Ringworm

- Antifungal tablets, can be prescribed for up to 10 weeks
- Medicated shampoos can be used alongside tablet treatment.

Prevention

- Do not share bedding/clothing or towels with somebody who has ringworm
- Check the whole family for signs of infection
- Touch the infected area as little as possible



The vision of The English Academy is to be considered an outstanding school. This will be gauged through both the BSO accreditation standards and other generally accepted international education benchmarks.

- Take your pet to the vet if you believe it has ringworm
- Once studentren have commenced treatment they do not need to be excluded from school.

Further information can be found at www.nhs.uk/conditions/ringworm



Scarlet Fever Information Sheet

What is Scarlet Fever?

Scarlet Fever, also known as Scarletina is a bacterial infection. Scarlet Fever is highly contagious and is spread from secretions from the nose and throat when a person coughs or sneezes. Scarlet Fever can occur in a person who has recently had a Streptococcal infection of the skin or throat.

Scarlet Fever usually affects the pharynx (back of the throat) but can also affect the skin. Scarlet Fever is most common among 4-8 year olds but can affect any age group. Scarlet fever is not a dangerous disease but does require immediate treatment.

What are the symptoms of Scarlet Fever?

Symptoms can vary from person to person. Not all symptoms may occur together.

Symptoms usually occur 2-4 days after infection occurs.

Below is a list of the most common signs and symptoms of the disease:

- Sore throat
- Swelling of glands in the neck
- Tonsils may be covered in a white discharge
- Mild or widely spread bright red rash
- Rash appears to be fine and will fade under pressure
- Rash may have sandpaper feel to it
- Rash mainly occurs on neck/chest and in folds of the body, such as the elbows and inner thighs
- Flushed cheeks
- Strawberry coloured tongue
- High fever
- Nausea and vomiting
- Headache.

How will I know if my student has Scarlet Fever?

Please be aware that there are still common viral illnesses such as colds and flu in the school community. If you are unsure of your student's diagnosis and he/she presents some of the common symptoms as above, then a visit to the doctor is advised.

Diagnosis will be made by a doctor from the presentation of symptoms or from the analysis of a swab taken from the back of the throat.

What is the treatment for Scarlet Fever?

Scarlet Fever will very quickly become non-infectious with the treatment of oral antibiotics. It is highly important to take your student to a doctor if they present any of the above symptoms. If the illness is untreated it can remain infectious for a further 2-3 weeks.

Paracetamol and/or Brufen based medications can be used to treat symptoms such as headache and fever.

How long should my student be absent from school if they have been diagnosed with Scarlet Fever?

It is recommended that studentren with Scarlet Fever should stay off school for at least 24 hours after commencing antibiotic treatment. Please check with a doctor for confirmation of this.

More Information can be found at www.nhs.uk/conditions/scarletfever



Threadworms Information Sheet

What are threadworms?

Threadworms are small intestinal parasites that infect the intestines of humans.

Threadworm, also known as pinworm is the most common worm parasite infestation. It is common amongst small children, although any age group can be infested with the parasite. Transmission is only from human to human and animals can neither catch nor pass threadworms to humans.

Male worms tend to only stay in the intestine, however female worms lay their eggs around sensitive and private areas. Eggs are usually laid at night time when the female worm also secretes an irritant mucus. If a student scratches the very irritated/itchy areas then eggs can stick under fingernails and on fingertips and can be transferred to the mouth where re-infestation can occur. When eggs are swallowed they hatch in the intestine and worms can reproduce once they reach adult size.

Symptoms

- Itching around private areas, more intense at night
- Persistent infestation; loss of appetite/severe irritability/weight loss
- Constipation and/or diarrhoea

Threadworms do not always produce symptoms therefore all members of the household should be treated.

Diagnosis

Threadworms are difficult to see due to their colour and size. The worms resemble pieces of small white cotton thread, hence their name. Threadworms may be detected at night when they are most active and laying their eggs. Sometimes worms can be seen in faeces.

Usually threadworms only become apparent when a student is constantly itching private areas, especially at night.

Treatment

Treatments are aimed at preventing re-infestation and getting rid of the parasites themselves.

Following strict hygiene procedures (**especially hand washing**) and taking medication to remove threadworms will treat the problem.

- **PLEASE VISIT A PHARMACIST OR DOCTOR IF YOU BELIEVE YOUR student OR SOMEBODY IN YOUR FAMILY IS INFESTED WITH THREADWORM**
- **MEDICATION MUST BE TAKEN OTHERWISE INFESTATION WILL**
- **CONTINUE INDEFINITELY AND MAY SPREAD TO OTHER PARTS OF THE BODY**
- **REMEMBER ALL FAMILY MEMBERS MUST BE TREATED**

Your pharmacist or doctor can recommend over the counter medication for threadworm that are often taken twice initially and two weeks after first dose, to ensure any surviving worms that hatched later are killed.

More information can be found at www.nhs.uk/conditions/threadworms.



Warts and Verrucas Information Sheet

Warts are usually harmless, but may be unsightly. Warts on the feet are called verrucas and are sometimes painful. Warts and verrucas usually clear in time without treatment. If required, they can often be cleared more quickly with treatment. For example, by applying salicylic acid, or by freezing with liquid nitrogen or a cold spray, or by covering with tape.

What are warts and verrucas?

- **Warts** are small rough lumps on the skin. They are caused by a virus (human papillomavirus) which causes a reaction in the skin. Warts can occur anywhere on the body but occur most commonly on hands and feet. They range in size from 1 mm to over 1 cm. Sometimes only one or two warts develop. Sometimes several occur in the same area of skin. The shape and size of warts vary, and they are sometimes classed by how they look. For example: common warts, plane (flat) warts, filiform (finger-like) warts, mosaic warts, etc.

- **Verrucas** are warts that occur on the soles of the feet. They are the same as warts on any other part of the body. However, they may look flatter, as they tend to get trodden in.

Who gets warts and verrucas and are they harmful?

Most people develop one or more warts at some time in their life, usually before the age of 20. About 1 in 10 people in the UK has warts at any one time. They are not usually harmful. Sometimes verrucas are painful if they press on a sensitive part of the foot. Some people find their warts unsightly. Warts at the end of fingers may interfere with fine tasks.

Are warts contagious?

Yes, but the risk of passing them on to others is low. You need close skin-to-skin contact. You are more at risk of being infected if your skin is damaged, or if it is wet and macerated, and in contact with roughened surfaces. For example, in swimming pools and communal washing areas. You can also spread the wart virus to other areas of your body. For example, warts may spread round the nails, lips and surrounding skin if you bite warts on your fingers, or nearby nails, or if you suck fingers with warts on. If you have a poor immune system you may develop lots of warts which are difficult to clear. (For example, if you have AIDS, if you are on chemotherapy, etc.)

To reduce the chance of passing on warts to others:

- Don't share towels.
- When swimming, cover any wart or verruca with a waterproof plaster.
- If you have a verruca, wear flip-flops in communal shower rooms and don't share shoes or socks.

To reduce the chance of warts spreading to other areas of your body:

- Don't scratch warts.
- Don't bite nails or suck fingers that have warts.
- If you have a verruca, change your socks daily.

To treat or not to treat?

There is no need to treat warts if they are not causing you any problems. Without treatment, about 3 in 10 warts have gone within 10 weeks, and most warts will have gone within 1-2 years, and leave no scar. The chance that a wart will go is greatest in studentren and young people. Sometimes warts last longer. In particular, warts in older people are sometimes more persistent and may last for several years.



Treatment can often clear warts more quickly. However, treatments are time-consuming and some can be painful. Parents often want treatment for their studentren, but studentren are often not bothered by warts. In most cases, simply waiting for them to go is usually the best thing to do.

Treatment Options

The three most commonly used treatments are:

- Salicylic acid.
- Freezing treatment.
- Covering with duct tape.

What about swimming?

A student with warts or verrucas should go swimming as normal. Warts can be covered with waterproof plasters. A verruca can also be covered with a waterproof plaster but some people prefer to wear a special sock which you can buy from pharmacies. It is also a good idea to wear flip-flops when using communal showers, as this may reduce the chance of catching or passing on virus particles from verrucas.

Further information can be found at www.nhs.uk/conditions/warts- verrucas