



Roundwood Primary School

To Learn - To Live - Together

MEDICAL MATTERS

For the provision of First Aid, we will continue to provide an immediate and positive reaction to the individual needs of the child. A considered assessment will be made and the situation dealt with. The following steps will be taken:

Major Injuries

We will attempt to contact you and inform you of the situation. Depending on the severity of the incident, the child may be transported to hospital by the Emergency Services.

Head Injuries

If your child receives a bump on the head you may be contacted by phone in addition to being given an injury note and email advice. If your child has a head bump you will always receive an injury note and email advice on the day of the injury.—see below for further advice for Head Injuries.

Minor Injuries

Please note that cuts and grazes will be washed with clean water. If a wound dressing is used, it will be held with non-allergenic tape.

Medication

Medication is not generally given at school but in exceptional circumstances (for example, an asthmatic child), there is a procedure for dealing with this. Please contact the office/medical room for further details. Such an arrangement would have to be confirmed in writing and should state the dosage and time given. Medication will be held by in the Medical Room.

A child who arrives at school bearing medication but with no prior agreement will not receive that medication. However, it will be kept in a safe place for you to collect after school. Medicines for acute illnesses should be given at home, and we are advised in this regard that, if medication such as penicillin carries the instruction “*to be given three times a day*”, this generally means before and after school and at bedtime. Your family doctor is of course the best person to advise you further.

Tummy-ache and sickness

We will attempt to contact you and inform you of the situation, although generally the best place for a child in these circumstances is at home.

Special requirements

If your child is unfortunate enough to suffer from an ailment or allergy which might affect his/her participation in some school activities, we would be grateful if you would discuss this with us or the class teacher. For example, a child with a significant exercise-related asthma may need to use an inhaler before a games lesson or a child with epilepsy may need some special arrangements to enable him/her to learn to swim. More commonly, the child who is prone to persistent deafness following colds may need to be placed nearer to the teacher.

HEAD LICE

Head lice occur commonly in children. Head lice can cause distress and discomfort.

Detection

It is a good idea to get into the habit of “wet combing” your child’s hair twice a week, even when you do not suspect the presence of lice. After shampooing with an ordinary shampoo, apply ordinary conditioner to wet hair. Use a fine-toothed comb and comb from the roots of the hair in sections over a white surface such as a sink or piece of paper.

Treatment *You should only treat people who are found to have head lice.*

Please visit your local pharmacist for the recommended treatment for your child.

Your child should return to school after you have carried out the treatment once. After one week repeat the treatment once more.



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HEAD INJURIES

Children often bump or bang their heads, and it can be difficult to tell whether an injury is serious or not. Any knock to the head is considered a head injury.

Children that are well enough to stay in school are monitored by the adults working with them.

They will not take part in school P.E or sporting clubs for the next 48 hours, or longer if you think it necessary following medical advice.

Common symptoms following a head injury:

- Headache
- Tiredness or poor sleep
- Dizziness
- Poor concentration
- Short term memory loss
- Irritability or being easily annoyed
- Nausea (without vomiting) or not feeling hungry.

These symptoms should disappear over the next two weeks. Treat headaches with pain relief such as paracetamol according to the packet instructions.

Things to look out for:

If your child complains of or displays any of these symptoms, or you are worried in any way, please contact your local emergency department:

- Severe or increasing headache
- Vomiting
- Persistent sleepiness or hard to wake
- Increasing irritability or confusion
- Changes to vision
- Slurred speech
- Unsteady walk
- Seizure or sudden collapse
- Weakness in one or both arms or legs
- Clear fluid coming out of their ears or nose

It is safe to allow your child to sleep, however you may be reassured by the ability to rouse them twice during the night. Do not confuse normal sleep with unconsciousness.



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“Should I send my child to school today?” is a much asked question, and no guidelines will remove all doubts but there might be answers to some of those queries.

Measles	The best treatment is prevention, so have your child vaccinated if not previously done. If they have measles, they may not return to school until the rash is fading and the cough subsiding. You do not have to wait for the brownish discoloration of the spots and the fine scaling or peeling of skin to disappear, but the child should be “well in himself”. This is generally 10 to 20 days from the onset of fever until return to school, depending on the severity of the infection.
Chicken pox	The spots appear in crops and at two or three day intervals and the child should remain at home until the last crop of spots is dry and peeling.
German measles	The child may return to school when the rash has remained clear for 24 hours and the child is otherwise well.
Impetigo	The child should be kept away from school until the condition is treated and dry.
Allergic rashes	No infection therefore may attend school if the rash is not maddeningly itchy.
Verruca	Please cover warts with waterproof plaster or verruca sock on the days when swimming and PE lessons take place.
Covid-19	In the event that your child has a fever of above 37.8 or a continuous cough or the absence of their sense of smell or taste, please do not send them into school. For further government advice, please access the link below: https://www.nhs.uk/conditions/coronavirus-covid-19/self-isolation-and-treatment/when-to-self-isolate-and-what-to-do/

Other Illnesses

Mumps	Again prevented by vaccination ideally but, if your child has it, keep him away from school until the swollen glands have returned to normal. Anything from 5 to 15 days, longer if they develop complications.
Colds	An unwell child with fever, sore throat, runny nose and a cough should stay at home until their temperature has remained normal for 24 hours and the other symptoms are improving. You need not keep a child from school who has only residual catarrh or mild cough.
Conjunctivitis	If very sticky and red, no school until treated. If mild and associated with a cold, be guided by the severity of the cold.
Diarrhoea and Vomiting	The child with no fever may return to school after the vomiting has stopped for at least 48 hours, and the diarrhoea has cleared. The younger the child, the less able they are to cope with an episode of diarrhoea at school.
Headache or Tummy-ache	If they are otherwise well, (meaning none of the above), have no fever and have eaten their breakfast with the usual gusto, by all means send them to school but please take them home if they do not settle or develop other symptoms.
Headlice	Very common and no cause for anxiety. Telephone your Doctor for advice on what to use, treat the whole family if the problem recurs. You need not keep the child away from school but I treat it promptly to reduce the opportunity for further spread. Please inform the school, so that other parents can be alerted.
Worms	- as for headlice.