

Diarrhoea and/or Vomiting: - definition, frequent loose motions, one loose motion does not constitute diarrhoea, two or more loose motions probably is diarrhoea. Many cases will be diet related and are not infectious. Loose stool may be secondary to medications. Where an infection is confirmed, the child should be excluded from contact with others at the school. In cases of non-contagion the child should also be excluded from contact with others at the school until this is confirmed. The child should not be returned for at least 48 hours after diarrhoea and/or vomiting have completely stopped. Returning earlier than this may spread infection to other children, which could re-infect your child.

Rash: - in the absence of a temperature, a rash may be nothing to worry about. Where a rash exists in an ill child medical help should be sought and the rash should be confirmed non-contagious or non-infectious before the child is brought into school.

Chicken pox: - once the lesions have scabbed over, it is all right for the child to return. This is usually between 7-10 days from the commencement of the illness. Anyone who is pregnant or who thinks they may be pregnant should see their doctor if contact with chicken pox or rubella was possible.

High Temperature: - Frequently the result of a simple viral infection. When a child develops a temperature while in our care, as long as the child is not significantly ill, first aid measures will be taken to cool the child such as removing excess clothing, tepid sponging, and giving cool drinks. With written permission, one dose of Calpol or Nurofen may be administered. Should these measures not result in a temperature reduction, or if the child's condition deteriorates, the parents will be informed. If a child has received Calpol/Nurofen prior to school the earliest next dose can be administered is 12 noon.

Seizure Management: - All Students that have a diagnosis of epilepsy have a seizure management plan. One remains in their school bag with buccal midazalom/stesoloid if prescribed and a second in the nurses station. A record of seizure activity within the classroom needs to be kept and nurses informed of seizure activity/seizures when they occur as they may or may not require treatment with rescue meds. Only one treatment of buccal midazalom/stesolid is permitted to be given in the school if required. If the child does not respond to this treatment ambulance and parents/guardians will be called. All seizure activity is recorded and reported to parents/guardians.

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Sickness Policy

All children will experience some level of sickness from time to time. Sickness in settings where there is a group of people together can be problematic as it can result in the sickness being passed from person to person. Such situations can often mean the sickness lingers within a setting for much longer than it should. While sickness is a part of growing up it can create special concerns for parents of children and for the staff that work with them. In order to attempt to control sickness, among both pupils and staff with Scoil Aonghusa, the school has drawn up the following policy for sickness among pupils.

Health/Illness

Please notify staff at Scoil Aonghusa if your child is unwell and unable to attend if possible before 9:00am. Parental contact in journal/diary regarding medical/nursing issues must be shared with the nursing staff. Bus Escort to be informed if a child has been administered P.R.N. medication or has been unwell in school.

The School seeks to promote and encourage good health and hygiene for all the children in our care. This includes monitoring the children for signs and symptoms of communicable illnesses, for example, diarrhoea, vomiting, eye infections, chickenpox and measles etc. If your child has an infectious illness please inform us. Exclusion periods for childhood illnesses vary and this information is available from your GP. However if there is an outbreak of an illness that is highly contagious the exclusion periods will be extended.

In the School setting, there is always the possibility of cross infection between children, from children to staff and from staff to children. Should a child become ill while in our care, and if the school feels there is cause for concern, the parents will be notified. If the school feels the child should be sent home parents will be asked to collect their child. In the case of severe illness or accident and where a nurse recommends, the school will ring an ambulance and inform parents of this course of actions.

Symptoms to be Aware of:

Conjunctivitis: This is an infectious condition. Close contact between children necessitates rapid treatment. If your child possibly has sticky eye/conjunctivitis the parents should seek advice from GP for treatment if required. It is not necessary for the child to stay home.

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Accidents: - in the case of a minor accident, a member of staff will inform parents of the incident. Accidents may occur despite the close monitoring of a staff member. When deemed necessary by a nurse first aid will be administered to the pupil and incident/accident recorded and reported.

Only when there is cause for concern, and as recommended by a nurse, is an ambulance called or the child taken to Accident and Emergency. If a serious accident or illness occurs the parent is contacted immediately and the appropriate action taken. In the event of the parent not being available a senior member of staff will take any necessary action, which may include taking the child to hospital along with all the relevant details. All accidents/incidents are recorded.

Ratified by the Board of Management _____ Date

Signed Oscar Berry
Chairperson, Board of Management

