Welcome to Your School Nursing Service
Contents

Page

2. Contents
3. Now Your Child is at School
4. Starting School
5. Multi Agency Team
6. Health Screening at School Entry
7. Hearing and Vision Screening
8. Vaccination and Immunisation Information
10. Medication in School / Medical Conditions
11. Healthy Lifestyle
12. Fussy Eating
13. Caring for Your Child’s Teeth
14. Hand Washing and Good Hygiene
15. Sleeping
16. Bedwetting
17. Daytime Wetting
18. Constipation
19. Soiling
20. Parenting Advice
21. Growing up and Body Changes
22. Childhood Illnesses
36. Caring for Animals
37. Head Lice
38. Safety in the Sun / Bullying
39. Child Health Information Systems
40. Useful Websites
41. References
Now Your Child is at School

When your child starts school the School Nursing Service takes over their care from the Health Visitor. Your child’s health records are handed over to the School Nursing Service from the Health Visitor and they remain with the School Nursing Service until your child reaches 19 year of age. The School Nursing Service can provide you with help, advice and support on many of the physical and emotional problems your child may encounter throughout their school life. This service is confidential.

Working with other professionals (in Health, Education, Social Care and the Voluntary Sector), School Nurses aim to help children realise their full potential in health and education.

A wide range of support, in line with the government’s “Healthy Child Programme” is available, including:

- Promoting healthy lifestyles.
- Providing health and development reviews.
- Health screening, such as the “National Child Measurement Programme” completed in reception and year 6.
- Supporting pupils with longstanding illnesses or disabilities such as Asthma, Diabetes and Epilepsy.
- Working with schools to identify and address any particular local concerns such as smoking, alcohol or drugs.
- Support to promote positive parenting, and provide advice on specific issues such as bedwetting.
- Protection of vulnerable children to improve their health outcomes.
- Signposting and access to other services.

This booklet, alongside the health questionnaire included, has been designed to answer some of the common concerns parents may have about their children and provide early support where needed. However, if you are unable to find the answer or would like additional support please do not hesitate to contact your local School Nursing Team for further advice.

Department of Health (DH) (2009, 2012)
Starting School

Starting school is a very exciting time in your child’s life. Apart from home, school is the single most important place in the lives of most children.

The Reception year is crucial for establishing a good foundation for learning. Therefore ensuring your child has the skills to cope with this new environment is essential.

Encouraging independence such as dressing and undressing, toileting and eating unaided will all help them to adapt more easily.

Many parents report that starting school causes an increase in their child’s sleep/rest requirements and for some a regression in behaviour. Good routines, regular bedtimes, reduced after school activities and a good diet will all help to keep your child healthy and able to cope with this.

Please find details of your local School Nursing Team on the contact details on this Website:
The School Nursing Team works with a variety of other services:

- Audiology (hearing)
- Police
- Community Paediatrician
- Other relevant professionals/agencies
- Multi-agency Teams (MAT)
- Social Care
- Ophthalmology (vision)
- Public Health
- School staff
- Health Visitors
- Children’s Specialist Services
- Children’s Specialist Nurses
- Specialist Nurses
- Youth Offending
- Children’s Centres
- Behaviour Support Services
- Hospitals
- Child and Adolescent Mental Health Services
- Intensive Family Support
- GP
Health Screening at School Entry

What do we Screen For?
With your consent we will see your child in school to complete a growth review and hearing screen. The results will be recorded in your child’s health record and forwarded to you. The results from your child’s height and weight will be included in the National Child Measurement Programme (NCMP) unless you have opted out. The School Nursing Team may contact you to talk about the results of this screening and if appropriate, recommend a referral to another service.

Children / young people attending Accident & Emergency Departments
When a child/young person attends any Accident & Emergency Department in the UK, the School Nursing Team are routinely informed and may contact you to offer further support.

What if a child moves into the area?
The School should notify the School Nursing Team when a child moves into the area. A confidential health questionnaire will be sent out to you for completion. Please return it to your School Nursing Team. If there are any identified health concerns a School Nursing Team member will contact you.

When your child moves from Junior to Secondary School
The School Nursing Service supports children through their transition to senior school. During this time all families receive a health questionnaire to complete. If concerns are highlighted your School Nursing Team may contact you to offer advice and support if appropriate or recommend a referral to another service.

Derbyshire Community Health Services (DCHS) (2012)
Hearing Screening

Minor hearing problems are fairly common in children and are important to detect and treat early, as they may affect speech development or progress at school.

If you have any concerns regarding your child’s hearing at any time, then please discuss this with your School Nursing Team.

If you have given consent on the School Entry Questionnaire your child will have their hearing screened as a routine during their first year of school.

Parents / Guardians are not required to attend. You will be informed of the results.

If any follow up tests are required your School Nurse will contact you directly to discuss this.

Vision Screening

Orthoptist screen children’s vision. They are specifically trained in the testing of young children’s eyes, looking for any reduced vision in each eye and for any signs of a lazy eye (sometimes called a “squint”, where one eye is not pointing in the same direction as the other). The screening will seem more like games to the children and nothing will touch the eyes.

The Orthoptist will test your child’s eyes at the earliest opportunity during their first year at school. So if an eye problem is detected, treatment can be started whilst they are still young.

All mainstream schools will be visited including private schools. They will also offer vision screening to Home Educated children.

Parents/Guardians are not required to attend however, a copy of the results will be sent to parents. If any follow-up checks are required additional contact will be made by the Orthoptist and discussed with parents/guardians.

If you have any concerns about your child’s eyes before this check in school then speak to your GP or Health Visitor.

DH (2009)
Vaccination and Immunisation Information

By the time your child starts school they should have received their pre-school booster and also their second MMR immunisation. If this has not yet happened please contact your GP’s surgery to arrange an appointment for this to be done.

The next routine immunisation is for girls only, it is given in year 8, providing protection against the Human Papilloma Virus (HPV). HPV is known to cause some types of cervical cancer and receiving the course of 3 immunisations is an important health benefit. This will be arranged by your GP’s surgery. Further information can be found on www.immunisation.nhs.uk/HPV.

When your child is between 13 and 18 years of age they are able to receive their School Leaving Booster immunisations. This is the final part of the Vaccination and Immunisation Programme and will ensure that your child has the best possible chance of being protected against diseases. An appointment for this should be sent from your GP’s surgery but you can also make contact yourself to discuss this issue.

Skin tests and immunisations against Tuberculosis (TB) are no longer routinely done in schools, as nationally this is not thought to be necessary. A questionnaire is now completed on all children (usually before they start school) and if any risk factors for TB are identified then individuals will be referred into a specialist service.

It is important to remember that the current Vaccination and Immunisation Programme within the UK has led to the eradication of many dangerous diseases and has consequently improved life chances for thousands of children. If you require more information you can contact your School Nursing Team or speak to the Practice Nurse at your GP surgery.
For the most up to date immunisation advice [www.immunisation.nhs.uk](www.immunisation.nhs.uk) or the School Health Service on the latest national immunisation schedule.

<table>
<thead>
<tr>
<th>Age</th>
<th>Vaccines</th>
<th>Doses</th>
</tr>
</thead>
<tbody>
<tr>
<td>2 months old</td>
<td>Diphtheria, Tetanus, Pertussis, Polio and Hib (DTaP/IPV/Hib)</td>
<td>One injection</td>
</tr>
<tr>
<td></td>
<td>Pneumococcal (PCV)</td>
<td>One injection</td>
</tr>
<tr>
<td>3 months old</td>
<td>Diphtheria, Tetanus, Pertussis, Polio and Hib (DtaP/IPV/Hib)</td>
<td>One injection</td>
</tr>
<tr>
<td></td>
<td>Meningitis C (Men C)</td>
<td>One injection</td>
</tr>
<tr>
<td>4 months old</td>
<td>Diphtheria, Tetanus, Pertussis, Polio and Hib (DtaP/IPV/Hib)</td>
<td>One injection</td>
</tr>
<tr>
<td></td>
<td>Pneumococcal (PCV)</td>
<td>One injection</td>
</tr>
<tr>
<td></td>
<td>Meningitis C (Men C)</td>
<td>One injection</td>
</tr>
<tr>
<td>Around 12 months old</td>
<td>Hib / Meningitis C</td>
<td>One injection</td>
</tr>
<tr>
<td>Around 13 months old</td>
<td>Measles Mumps and Rubella (MMR)</td>
<td>One injection</td>
</tr>
<tr>
<td></td>
<td>Pneumococcal (PCV)</td>
<td>One injection</td>
</tr>
<tr>
<td>3 years, 4 months old (or soon after)</td>
<td>Diphtheria, Tetanus, Pertussis, Polio (DtaP/IPV/Hib) or TaP/IPV</td>
<td>One injection</td>
</tr>
<tr>
<td></td>
<td>Measles, Mumps and Rubella (MMR)</td>
<td>One injection</td>
</tr>
<tr>
<td>Girls aged 12 to 13 years old</td>
<td>Cervical Cancer caused by human papiloma virus types 16 and 18, HPV vaccine</td>
<td>Three doses over six months</td>
</tr>
<tr>
<td>13 to 18 years old</td>
<td>Diphtheria, Tetanus and Polio (Td/IPV)</td>
<td>One injection</td>
</tr>
</tbody>
</table>

This is the UK Universal Immunisation Schedule

Health Protection Agency (HPA) (2010)
Medication in School

Schools have their own procedures for administering medicines. If your child needs to take medication during the school day, you will need to discuss this with your child’s Head/Class Teacher. The medication needs to be labelled with your child’s name and the dose clearly stated.

As part of this procedure, you may be asked to complete an appropriate consent form.

Medical Conditions

It is important that school are aware of any medical conditions, including allergies your child has and that medication is available in school if required, e.g. inhalers, Epipen/Jext/Anapen etc.

It is the parent’s responsibility to ensure any medication given to school is in date and that it is replaced before it has expired.

Please ensure school are aware of any medical conditions your child has prior to starting school.

If you would like to discuss this further, please contact your School Nursing Team.

DH (2005)
Healthy Lifestyle

These days, “Modern Life” can mean that we’re a lot less active. With so many opportunities to watch TV or play computer games, and with so much convenience and fast food available, we don’t move about as much or eat as well as we used to.

9 out of 10 children today could grow up with dangerous amounts of fat in their bodies. This can cause life threatening diseases like cancer, type 2 diabetes and heart disease.

Following these simple steps will make a difference.

Physical Activity.
- Moderate to vigorous physical activity for at least 1 hour per day, this may be made up of 10 minute bouts. Aim for sustainable lifestyle activities such as walking, cycling, using the stairs instead of lifts.
- Develop an active lifestyle as a whole family.
- Walk or cycle to school
- Encourage active play.
- Decrease TV viewing and other sedentary behaviours.

Healthy Eating
- Plan a balanced, varied diet for the whole family.
- Eat meals at regular times. Try to avoid grazing and TV snacks.
- Be aware of “Me Size Meals” – appropriate portions for your child’s age.
- Avoid using food / snacks as rewards or treats. Healthy snacks (e.g. fruit) as alternatives to sweets, chocolates, crisps, nuts, biscuits, cakes.
- Less energy dense food, e.g. semi-skimmed milk, low fat spreads. Whole foods which take time to eat, e.g. fruit and wholemeal bread.
- Eat at least 5 portions of fruit and vegetables per day.
- Drink low calorie drinks (preferably water).
- Grill, boil or bake foods without adding fat, rather than frying.

National Health Service (NHS) (2009)
National Institute for Health & Clinical Excellence (NICE) (2009)
Fussy Eating

Fussy eating is very common and most children will go through a phase of it as they grow up. Below are some suggestions about how this may be managed.

- Be calm and consistent at meal times. Give lots of encouragement even they only eat a little bit.

- Meal times should be fun and relaxed, but with rules and structure to teach your child appropriate behaviour. Rules at meal times should apply to the whole family.

- Try not to let your child hear you call them a “fussy eater”.

- Ignore unwanted behaviour and praise good. Children soon learn that good behaviour is a much better way to get your attention.

- Ideally meals should be eaten at the table, with the rest of the family. They will copy others, so it is better if you all try and eat the same meal.

- Offer regular meals and not too many snacks or drinks beforehand as this can fill them up. Snacks and treats can be offered after they have eaten their main meal.

- Offer small portions, if these are finished offer more. Do not take food away and offer a different meal if the first one is refused.

- Encourage an interest in food by involving them in the shopping and preparation of meals.

If you need further help please contact your School Nursing Team.

Milton Keynes PCT (2006)
Caring for your child’s teeth

As parents, you have an important role to play towards the care of your child’s teeth.

You can achieve this by:

- Encouraging your child to have a healthy breakfast before school.
- Keeping to any guidelines the school has about foods and drinks from home.
- Ensuring your child has healthy snacks and drinks.
- Encourage your child to have school meals or provide a nutritious packed lunch.
- Discouraging unhealthy snacks given on the way home from school.

Follow these simple guidelines to keep your child’s teeth healthy:

- Ensure your child brushes their teeth twice a day, night time being most important, with a fluoride toothpaste containing at least 1000ppm (parts per million) fluoride.
- For children 3 years and above use a pea size amount of fluoride toothpaste.
- Encourage your child to spit out and not rinse after brushing.
- Supervise brushing until the age of seven
- Visit your dentist at least once a year.

If your child is not currently registered with a Dentist you may wish to contact NHS Direct for a list of Dentists. The website address is www.nhsdirect.nhs.uk or contact 08454647
Hand Washing and Good Hygiene

- Hand washing is an important part of controlling the spread of infections, especially those that cause diarrhoea and vomiting.

- Always wash hands after using the toilet and before eating or handling food, using warm running water and preferably a mild liquid soap. Toilets must be kept clean.

- Rub hands together vigorously until the soapy lather appears and continue for at least 15 seconds, ensuring all surfaces of the hands are covered.

- Rinse hands under warm running water and dry hands with a hand dryer or clean towel (preferably paper).

- Discard disposable towels in a bin. Bins with foot pedal operated lids are preferable.

- Encourage use of tissues when coughing or sneezing.

- Sand in sandpits should be changed regularly, or if any infectious disease occurs and the sand has been used, it should be changed before use again.

Health Protection Agency (HPA) (2010)
**Sleeping**

Some children find it hard to fall asleep or stay asleep at night time. 30-50% of all children experience problems sleeping at sometime in their lives.

A positive and consistent bedtime routine can help your child settle quicker and wake less but this may take up to 6 weeks.

When creating a bed time routine:

- Start by giving your child a bath/shower.
- Ensure your child's bedroom is dark and comfortable.
- Avoid drinks that contain caffeine e.g. tea, coffee, cola and hot chocolate.
- Ensure the hour before bed is quiet; avoid exciting playtime, computer games or TV.
- Give your child time to share any worries of the day.
- Read stories together once in bed.

**If you need further advice please contact your School Nursing Team.**

British Medical Journal Group (2009)

NHS Wales (2008)
Bed Wetting (Enuresis)

- Don't worry - bedwetting is a common problem. One in seven children wet the bed at age five. It is not their fault or yours.

- Reassure your child. Most children are dry by their teens without any help.

- Make sure your child drinks plenty of fluids during the day to allow the bladder to stretch. Between 6 and 8, 250ml glasses a day are recommended.

- Their last drink should be no later than one hour before they go to bed. This last drink should either be milk, water or very dilute fruit juice. Do not let them drink tea, coffee, cocoa or fizzy drinks as these irritate the bladder.

- Make sure your child is not constipated. Provide a healthy balanced diet and encourage exercise to help prevent this.

- Make sure your child goes to the toilet before they go to bed and again if they read before settling to sleep.

- Encourage regular toileting during the day.

- Getting your child up/lifting during the night is not encouraged, but if you do, make sure you vary the time and that they are fully awake.

- Praise any dry nights or if your child wakes to use the toilet during the night.

Please contact us if you would like further advice or support.

NICE (2010)
Day Time Wetting

- Encourage your child to drink 6 to 8 evenly spaced 250ml drinks each day - water type drinks are good.
- Avoid coffee, tea, cola and other fizzy drinks - these contain caffeine and may act as a stimulant on the bladder.
- Encourage your child to exercise and eat a healthy balanced diet to help prevent constipation.
- Your child should take time to empty the bladder completely and at regular intervals, consider using a reminder system.
- When your child feels the need to wee, encourage them to go to the toilet immediately. Once wetting happens less often, encourage them to hold on for a few seconds longer each time.
- If wetting happens, your child should still go to the toilet to empty the bladder completely and be encouraged to change their own clothes.
- Keep a record of any dry / wet times to assess if there is a pattern.

If daytime wetting continues, please contact us if you would like further advice or support.

Education and Resources for Improving Childhood Continence (ERIC) (2006)
Constipation

Constipation is the passing of abnormally delayed or infrequent dry, hardened poo that is often accompanied by straining and/or pain, poor appetite, tiredness and soiling.

Causes of constipation:

- Poo withholding – avoiding using the toilet.
- Toilet training resistance.
- Poor diet – particularly too little fibre and/or fluid.

What you can do to help:

- Encourage 6-8 drinks per day
- Eat a balanced diet, which includes plenty of fruit and vegetables.
- Use a step to support your child’s feet whilst on the toilet to ensure that they have a good base to push the poo out.
- Make toilet time relaxed and fun – e.g. bubble blowing to help push the poo out.
- Ensure the toilet is not a scary place – let them sit on the toilet without actually using it.
- Talk to your child about poo – there are books aimed at children to help you do this.
- Encourage regular exercise.
- Encourage your child to go to the toilet regularly – aim to sit on the toilet for 5 minutes 15 minutes after meals.

If you are concerned that your child might be suffering from constipation, please see your GP.
Soiling

Soiling is when children poo in their underwear or other places, e.g. on the floor or any other inappropriate place. It affects 1 in 30 4 and 5 year olds.

Causes of Soiling:

- Poo withholding – avoiding using the toilet.
- Fear of the toilet.
- Lack of toileting routine.
- Toilet training resistance.
- Poor diet – particularly too little fibre or fluid can lead to constipation.
- Routine changes, e.g. new sibling.
- Anxiety, e.g. new school.

It is likely that there will be a combination of factors which contribute to the soiling.

- Talk to your child about poo – there are books aimed at children to help you do this.
- Encourage your child to go to the toilet regularly – aim to go about 15 minutes after meals.
- Ensure the toilet is not a scary place – let them sit on the toilet without actually using it.
- Make toilet time relaxed and fun - e.g. bubble blowing to help push the poo out.
- Use a step to support your child’s feet whilst on the toilet.
- Encourage 6-8 drinks (250mls per glass) per day and a balanced diet, which includes plenty of fruit and vegetables.
- Encourage regular exercise.

If you require any more information contact your GP or the School Nursing Team.

NICE (2010)
## Behaviour Advice

From time to time we all need a little parenting guidance. Here are some tips that may give you confidence in your skills as a parent.

<table>
<thead>
<tr>
<th>Good role models:</th>
<th>Children can only behave as well as the example you set for them.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Confidence:</td>
<td>Be positive and confident in what you say.</td>
</tr>
<tr>
<td>Clear boundaries:</td>
<td>Choose your boundaries, stick to them and mean what you say. Show you love and accept your child but not all of their behaviour.</td>
</tr>
<tr>
<td>Be consistent:</td>
<td>Parents should agree over boundaries and not change them all the time, unless they need to change, as children get older.</td>
</tr>
<tr>
<td>Reward the good:</td>
<td>This will encourage good behaviour.</td>
</tr>
<tr>
<td>Diversion:</td>
<td>Try not to give attention to bad behaviour; diverting difficult situations is better than having to deal with them. Look for good behaviour and praise when they do as you want them to.</td>
</tr>
<tr>
<td>Reasonable expectations:</td>
<td>Remember their age; don’t expect them to be perfect all the time.</td>
</tr>
<tr>
<td>Behaviour management Strategy:</td>
<td>Use the time out method if age appropriate (1 minute per year of their life). Set aside quality time with your child to help build positive relationships. Lots of love and laughter. Imagine how your child feels may help you understand your child’s behaviour.</td>
</tr>
</tbody>
</table>

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Solihull NHS Care Trust (2004)
Talking to Your Child about Growing Up and Body Changes

Talking to children about relationships, growing up, puberty and sex can feel scary, but if you keep it at their level of understanding it won’t be as difficult as you think.

Even at an early age children are often interested in knowing about their own bodies and the differences between themselves and others.

It is best to answer their questions when they ask in a simple and honest way. Talking to children about storks and gooseberry bushes can feel more comfortable to parents but will only confuse them. Many of us have family names for their sexual parts of the body, but this is a good time to introduce the correct names so they are familiar with them.

- Start early – you will find it much less embarrassing when your child is young, as young children don’t need very detailed information.
- Answer questions simply and naturally as if you were talking about ice-cream and cars.
- Use everyday situations to start conversations.
- Talk when you are doing something else, such as washing up.
- Find out what they think first before answering their question.
- Get some useful books and leaflets, for example, “Talking to your child about sex and relationships”, www.fpa.org.uk

Supporting your child in this area helps them to have a positive self-esteem, healthy attitude to their body, keep themselves safe, and develop their understanding of good friendships and relationships.
Childhood Illnesses

During childhood children catch many common infectious diseases such as head lice, threadworm and scabies. To minimise this risk it is important to ensure good personal hygiene including hand washing and to ensure your child’s immunisations are up to date.

On occasions it may be necessary to keep your child off school to prevent the spread of infection. Please refer to individual conditions.

Rashes and skin infections

Athletes foot

Symptoms: Skin disease caused by a fungus, usually occurring between the toes.

Infectious: Quite infectious, usually caught where bare feet come into contact with the fungus, e.g. floors of changing rooms.

Treatment: Good foot hygiene, wash and dry thoroughly and keep dry by dusting with powder in socks. Sometimes in severe cases, lotions or creams that kill fungi are prescribed by GPs.

Exclusion from school: Not necessary. Precautions should be taken to ensure the child does not walk around barefoot to prevent spread of infection.

Chicken Pox

Symptoms: The child may feel unwell before a rash appears; the rash starts as small red pimples, which then blister before they dry and crust.

Infectious: It is highly infectious; it is spread quickly through couches and sneezes. Considered to be a mild illness but your child will feel miserable and your child may have a fever which may last for a few days.

Treatment: No treatments but there are pharmacy remedies such as Paracetamol and Calamine lotion to ease fever and itching. Discuss with your local pharmacist.

Exclusion from school: 5 days from the onset of the rash.
**Shingles**

**Symptoms:** Caused by the same virus as chickenpox, it usually affects a specific area on either the left or right side of body. It causes a painful rash and children will feel unwell for several days before the rash appears.

**Infectious:** It is not possible to catch shingles from someone else with the condition but you can catch chickenpox if you have never had it before.

**Treatment:** No treatments but there are pharmacy remedies such as Paracetamol and Calamine lotion to ease fever and itching. Discuss with you local pharmacist. Consult you GP.

**Exclusion from school:** Only if rash is weeping and cannot be covered.

**Cold sores**

**Symptoms:** Small blisters that develop on the lip caused by the herpes simplex virus

**Infectious:** Highly contagious and easily passed from person to person by direct contact

**Treatment:** Usually clears up on their own within 7-10 days, however you can get an antiviral cream from your local pharmacist.

**Exclusion from school:** No exclusion

**Impetigo**

**Symptoms:** Starts as small blisters, which then form yellow / brown crusts.

**Infectious:** Highly – use separate towels and facecloths.

**Treatment:** With cream and / or oral antibiotics on prescription from your GP.

**Exclusion from school:** Until the skin has healed or 48 hours after starting treatments.
**Measles**

**Symptoms:** The initial symptoms include cold like symptoms, red eyes and a sensitivity to light and greyish white spots in the mouth and throat, after a few days a red/brown spotty rash will appear, which starts usually behind the ears then spread around the head and neck before spreading to the rest of the body.

**Infectious:** Highly infectious viral illness. Anyone can get Measles if they have not been vaccinated however it is rare in the UK due to effectiveness of the MMR

**Treatment:** No specific treatment and your immune system should fight off the infection in a couple of weeks, however to make your child more comfortable give Paracetamol to reduce fever and drink plenty of fluid to avoid dehydration.

**Exclusion from school:** 4 days from onset of rash.

**Molluscum contagiosum**

**Symptoms:** Viral skin infection consisting of small firm raised spots on the skin, usually painless but may have mild itchiness.

**Infectious:** Highly infectious but usually most people are immune

**Treatment:** No need for treatment unless for cosmetic reasons

**Exclusion from school:** No exclusion

**Ringworm**

**Symptoms:** This causes a ring like red rash in the skin. The scalp, groin and feet are the most common areas

**Infectious:** Highly, passed between people through direct contact and object such as towels, bedding and hairbrushes.

**Treatment:** With cream from your GP, Pharmacy or School Nurse

**Exclusion from school:** No exclusion from school
Scabies

**Symptoms:** Itchy, widespread rash caused by an allergic response to the faeces and saliva of the scabies mite.

**Infections:** By direct and prolonged skin contact.

**Treatment:** By application of a lotion prescribed by your GP or School Nurse. Symptoms can take up to 10 days to disappear after treatment. Household members and close contacts require treatment.

**Exclusion from School:** Only necessary for 24 hours after treatment. 2 applications of treatment may be required

Scarlet fever

**Symptoms:** Bacterial illness that causes a distinctive pink/red rash that feels like sandpaper to the touch. A child will have a flushed red face and tongue may look like a Strawberry.

**Infectious:** Very contagious and spread through coughs and sneezes.

**Treatment:** Antibiotics from your GP

**Exclusion from school:** 24 hours after commencing treatment

Slapped Cheek Syndrome (Parvovirus)

**Symptoms:** Facial rash which spreads to the trunk and limbs, usually preceded by a non specific flu-like illness.

**Infectious:** Most common in children aged 6 – 10 years of age, but can occur at any age.

**Treatment:** As advised by GP.

**Exclusion from school:** None.
**Warts and Verrucas**

**Symptoms:** Caused by a virus called HPV. Small rough lumps on the skin and often appear on the hands and feet.

**Infectious:** Most people have warts or Verrucas at some time in their life.

**Treatment:** Most disappear without treatment but treatments are available from your GP or pharmacist.

**Exclusion from school:** None.

**Diarrhoea and vomiting illnesses**

**Diarrhoea and / or sickness**

**Symptoms:** Passing of frequent and watery stools and / or being sick.

**Infectious:** In some cases.

**Treatment:** If child has more than 6 episode in more than 24 hours seek help from your GP

**Exclusion from school:** 48 hours from the last episode of diarrhoea and sickness.

**E Coli**

**Symptoms:** Passing of frequent and watery stools and / or being sick.

**Infectious:** Yes - Good hand hygiene recommended

**Treatment:** **No treatment** - Most cases you can relieve your symptoms without seeing your GP, aim to drink 2litres of water a day plus 200mls every time you pass diarrhoea. If child has more than 6 episode in more than 24 hours seek help from your GP.

**Exclusion from school:** 48 hours from the last episode of diarrhoea
<table>
<thead>
<tr>
<th>Disease</th>
<th>Symptoms</th>
<th>Infectious</th>
<th>Treatment</th>
<th>Exclusion from school</th>
</tr>
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<tbody>
<tr>
<td><strong>Typhoid</strong></td>
<td>High temperature, abdominal pain, constipation or diarrhoea, vomiting, dry cough, dull headache, skin rash of pink spots and severe confusion</td>
<td>Very contagious and can be passed through faeces and urine.</td>
<td>Will need antibiotics from your GP</td>
<td>may be required until no longer excreting</td>
</tr>
<tr>
<td><strong>Shigella (dysentery)</strong></td>
<td>Mild stomach pains and a bloody diarrhoea which can last from 3-7 days</td>
<td>Yes - Good hand hygiene recommended</td>
<td>Should see GP if you your child has blood in their stools, otherwise drink plenty of fluids.</td>
<td>Need to contact local health protection unit for further advice</td>
</tr>
<tr>
<td><strong>Cryptosporidiosis</strong></td>
<td>Abdominal cramps, diarrhoea, tiredness and nausea</td>
<td>Yes - Good hand hygiene recommended</td>
<td>Should see your GP</td>
<td>Until the child is well and has had no symptoms for 48 hours. Exclusion from swimming pool for 2 weeks after diarrhoea has settled.</td>
</tr>
</tbody>
</table>
Respiratory Infections

Flu

Symptoms: Sudden fever, dry chesty cough, headache, tiredness, chills, aching muscle, limb or joint pain, diarrhoea, sore throat, runny or blocked nose, sneezing, loss of appetite and difficulty sleeping.

Infectious: Highly and spread easily by coughs and sneezes.

Treatment: Rest, keep warm, drink plenty of water and take medication to control fever e.g. Paracetamol

Exclusion from school: Until recovered

Tuberculosis (TB)

Symptoms: Persistent cough that brings up thick phlegm, breathlessness, weight loss, lack of appetite, high temperature, extreme tiredness, sense of feeling unwell

Infectious: Requires prolonged close contact for spread. Spread through inhaling drop of saliva from coughs or sneezes from an infected person.

Treatment: Several medicines are used to treat TB. Treatment usually last 6 months.

Exclusion from school: Always consult your local Health protection unit.
**Whooping Cough (Pertussis)**

**Symptoms:** An irritating cough gradually becomes outbursts of coughing, usually within 1 or 2 weeks and often lasts for 2 or 3 months., and may start similar to a common cold, progressing to coughing and choking spells.

**Infectious:** Highly infectious. Caused by a bacterium called Bordatella Pertussis, which is found at the back of the throat of an infected person and can be passed through droplets in the air from coughing and sneezing. The incubation period is 7 to 10 days but the infectious period can be 7 days to 3 weeks after onset.

**Prevention & Treatment:** Acellular pertussis vaccine is given in the primary course with Diphtheria, Tetanus, Polio and Hib, as DTaP/IPV/Hib, given at aged 2, 3 and 4 months of age. A further booster dose is given with the pre-school boosters between the ages of 3 and 5. Pertussis is treated with antibiotics.

**Exclusion from school:** 5 days from commencing antibiotic treatment or 21 days from onset of illness if no antibiotic treatment.

**Other Infections**

**Conjunctivitis**

**Symptoms:** The whites of the eyes become red and sore, the eyes may become “sticky”.

**Infectious:** It is very infectious and children with conjunctivitis should not share towels and facecloths.

**Treatment:** As advised by your GP.

**Exclusion from school:** None.
**Glandular fever**

**Symptoms:** The whites of the eyes become red and sore, the eyes may become “sticky”.

**Infectious:** It is very infectious and children with conjunctivitis should not share towels and facecloths.

**Treatment:** As advised by your GP.

**Exclusion from school:** None.

**Hepatitis A**

**Symptoms:** Flu like symptoms, loss of appetite, nausea or vomiting, diarrhoea, abdominal pains and jaundice.

**Infectious:** Usually passed when something that has been contaminated with the stools of an infected person, so good hand hygiene is recommended.

**Treatment:** No specific treatment and most people recover with a couple of months.

**Exclusion from school:** Exclude until 7 days of onset of Jaundice or 7 days from onset if no Jaundice.

**Meningitis (Bacterial)**

**Symptoms:** Early signs- Pain in the muscles, joints or limbs, unusually cold hands and feet, shivering, pale or blotchy skin and blue lips.  
Early symptoms - severe headache fever, nausea, vomiting, feeling generally unwell. Later symptoms – unable to tolerate bright light, stiff neck, rapid breathing rate and blotchy red rash that does not fade or change when you hold a glass against it, confusion and drowsiness.

**Infectious:** Through prolonged close contact only

**Treatment:** As advised by your GP. May need urgent treatment in hospital.

**Exclusion from school:** Until recovered
**Meningitis(Viral)**

**Symptoms:** Mild flu like symptoms. In more severe cases will have neck stiffness, muscle or joint pain, nausea and vomiting, diarrhoea and sensitivity to light.

**Infectious:** Low

**Treatment:** Plenty of rest and painkiller and may need anti sickness medication or antibiotics from your GP

**Exclusion from school:** None.

**MRSA**

**Symptoms:** Vary depending on what part of body infected. Most people will carry MRSA bacteria in their nose and will never have any symptoms.

**Infectious:** Good hand Hygiene

**Treatment:** Depends on infection, will need to see GP

**Exclusion from school:** None.
**Mumps**

**Symptoms:** Usually develops 14-25 days after infected. Swollen glands either side of face (below ears), headaches, joint pain, feeling sick, dry mouth, mild abdominal pain, tiredness, loss of appetite and a high temperature.

**Infectious:** Spread through droplets of saliva from cough and sneezes. Preventable by making sure have MMR vaccination.

**Treatment:** Get plenty of rest, painkillers, drink plenty of fluids, apply cold compress to swollen glands and eat foods that do not need lots of chewing. As advised by your GP.

**Exclusion from school:** 5 days from onset of swelling

**Threadworms**

**Symptoms:** Itching of the skin around the bottom.

**Infectious:** The eggs of the threadworms can be found in carpets, bedding, clothing and towels. They can be passed from person to person; from hand to mouth.

**Prevention:** Good hygiene. Encourage your child to wash their hands thoroughly.

**Treatment:** Prescription from GP / Pharmacy or School Nurse.

**Exclusion from School:** None.
**Tonsillitis**

**Symptoms:** Sore throat, red and swollen tonsils, pain when swallowing, fever, coughing, tiredness, pain in ears or neck, white puss filled spots on tonsils, swollen glands in neck, changes to normal tone of voice and a headache

**Infectious:** Easily spread

**Treatment:** Most Tonsillitis is Viral – So get plenty of rest, painkillers, drink plenty of fluids, if symptoms last for more than 4 days see GP

**Exclusion from school:** None.
Why should antibiotics not be used to treat coughs and colds?
All colds and most coughs and sore throats are caused by viruses. Antibiotics do not work against infections such as colds, caused by viruses. Viral infections are much more common than bacterial infections.

What are antibiotics?
Antibiotics are important medicines used to treat infections caused by bacteria. Bacteria can adapt and find ways to survive the effects of an antibiotic. They become “antibiotic resistant” so that the antibiotic no longer works. The more often we use an antibiotic the more likely it is that bacteria will become resistant to it. Some bacteria that cause infections in hospitals, such as MRSA are resistant to several antibiotics.

Why can't different antibiotics be used instead?
They can, but they may not be as effective, may have more side effects and eventually the bacteria will become resistant to them too. We cannot be sure we will always be able to find new antibiotics to replace the old ones. In recent years fewer new antibiotics have been discovered.

How can antibiotic resistance be avoided?
By using antibiotics less often we can slow down the development of resistance. It is not possible to stop it completely, but slowing down stops resistance spreading and buys some time to develop new types of antibiotics.

What can I do about antibiotic resistance?
By only using antibiotics when it is appropriate to do so. We now know that most coughs and colds get better just as quickly without antibiotics. When they are prescribed, the complete course should be taken in order to get rid of the bacteria completely. If the course isn’t completed, some bacteria may be left to develop resistance.

So when will I be prescribed antibiotics?
Your doctor will only prescribe antibiotics when you need them, for example for a kidney infection or pneumonia. Antibiotics may be life-saving for infections such as meningitis. By not using them unnecessarily, they are more likely to work when we need them.
**Asthma**

Children with asthma should be encouraged to lead a normal, healthy lifestyle and attend school. Most schools have an Asthma Policy, which is separate to the medicines policy.

Occasionally asthma treatments (inhalers) may be needed during the school day. Usually this will be a “reliever inhaler”, prescribed by the family doctor. It is important that they have easy access to their inhaler at all times. Please ensure that any medication to be used in school is correctly labelled with your child’s name and is in date.

If your child requires this treatment at school, it is important for the parents / carers to discuss this with the head teacher to make sure the school policy recognises this need.

It is important that your child knows how to use their inhaler properly. Your Practice Nurse or Asthma clinic will be able to give you advice about this.

DH (2006)
Precautions when Caring for Animals  
(Permanently or Visiting)

Animals may carry infection, especially gastro-enteritis. Guidelines for protecting the health and safety of children should be followed.

- Animals living quarters should be kept clean. All waste should be disposed of regularly. Litter boxes should not be accessible to children.

- Young children should not play with animals unsupervised and children must wash their hands after handling animals, cleaning cages etc.

- Particular care should be taken with reptiles, as all species can carry salmonella.

Health & Safety Executive (HSE) (2011)
Head Lice

Head Lice are tiny insects that live close to the scalp where they lay their eggs. Un-hatched eggs are darker in colour and usually take 7-10 days to hatch. Hatched eggs (nits) appear white in colour and are harmless. You only have head lice if you can find a living, moving louse (not a nit) on the scalp.

Can you stop them?
Combing is an important part of good personal care but head lice are not easily damaged by it. Good hair care may help spot lice early and so help to control them. There is no evidence that the old slogans “break its legs so it can’t lay eggs” or a legless louse is an eggless louse” have any truth in them. The best way to stop infection is for families to learn how to check their own heads. This way, they can find any lice before they have a chance to breed. They can then treat them and stop them going round the family. The way to check heads is called “detection combing and can be done as often as families want to. If a living moving louse is found on one of the family’s heads the others should be checked carefully. Any of them who have living lice should be treated at the same time.

Detection Combing – how to do it
You will need: A plastic detection comb (from the pharmacist), good lighting and an ordinary comb.

Wash the hair well and then dry with a towel. The hair should be damp. Make sure there is good light, daylight is best. Comb the hair with an ordinary comb. Start with the teeth of the detection comb touching the skin of the scalp at the top of the head. Draw the comb carefully towards the edge of the hair, keeping contact with the scalp as long as possible. Look carefully at the teeth of the comb in good light, repeat this from the top of the head to the edge of the hair in all directions; working round the head, it will take 10 – 15 minutes to do it properly for each head. If there are head lice, you will fine one or more lice on the teeth of the comb. Clean the comb under the tap, a nail brush helps to do this. If you find something and aren’t sure what it is, stick it on a piece of paper with clear sticky tape and show it to your School Nurse or GP. There can be other things in the hair that are not lice.

How to treat
Don’t treat unless you are sure you have found a living, moving louse.
Never use head louse lotions on your family “just in case”. It’s never a good idea to use chemicals if they aren’t really needed.
If you are sure you have found a living louse:
Check the heads of all the people in your home.
Only treat those who have living, moving lice.
Treat them all at the same time with a head lice lotion (not shampoo).
Ask your local pharmacist, school nurse, health visitor or family doctor which lotion to use and how long to leave it on.
Always follow manufacturer’s instructions when applying a lotion. There is no published evidence that alternative remedies such as tea tree oil, essential oils and other herbal remedies are effective in the treatment of head lice.

Try not to worry too much about head lice. They are unpleasant, but they rarely do any harm other than causing an itchy scalp. If you need further help and advice, ask your local Pharmacist, School Nurse, Health Visitor, or Family Doctor.

Safety in the Sun

All children need protection from sunlight.

Be “Sun Safe”; follow these guidelines:

- Avoid the sun when it is at its strongest between 11.00am and 3.00pm.
- Long loose clothing; UVA sunglasses and a broad brimmed hat or cap are good sunscreens for children. Make sure your child wears “sun safe” clothing and a hat at school.
- Protect exposed skin with a sunscreen that has a sun protection factor of at least 30.
- Find a shady place for your child to play out of strong sunlight.

Remember, there is no such thing as a “safe tan”.

- Children need to drink at least 6 – 8 glasses of water a day (and more in hot weather).

Health Education Authority (HEA) (1998)

Bullying

For most children school is a happy time with relatively few problems. Some may experience difficulties with bullying. Bullies come in all shapes and sizes and both bullies and their “victims” need help and support from parents and teachers.

If you suspect your child is being bullied it is important to let the school know your concerns. You can help your child by encouraging them to talk about their day at school and most importantly by listening to what they have to say. Children who feel they will be listened to are more confident in sharing their worries.

For further help and advice on bullying you can speak to your child’s Teacher or headteacher.
Child Health Information Systems

To make sure your child receives health checks at the right time and to help us to plan and provide any services your child needs, we keep records on information systems.

Your child may be receiving care from other people as well as the NHS. We may need to share information with other professionals and we will endeavour to obtain parental consent where appropriate before sharing information. However, we cannot compromise the safety or welfare of a child.

We only ever use or pass on information if people have a genuine need for it, in your child’s best interests. Whenever we can we remove details, which identify your child. The sharing of some types of very personal information is strictly controlled by law.

Anyone who receives information from us is also under a legal duty to keep it confidential.

You have the right to access your child’s health records. Should you wish to see this information, the first step is to contact one of the health care professionals involved in the care of your child.
Useful websites

Asthma support
   www.asthma.org.uk

National Autistic Society
   www.nas.org.uk

MENCAP—Support for people with learning disability
   www.mencap.org.uk

Help with severe allergies
   www.anaphylaxis.org.uk

Bullying
   www.antibully.org.uk

Counselling service for children & young people
   www.childline.org.uk

The voice for young peoples mental health and well being.
   www.youngminds.org.uk

NHS Direct
   www.nhsdirect.nhs.uk

Winstons Wish – Bereavement Support for Children
   www.winstonswish.org.uk

ERIC – Bedwetting
   www.eric.org.uk

Relate—The relationship people
   www.relate.org.uk

The National Deaf Children’s Society
   www.ndcs.org.uk

Derbyshire Speech & Language Therapy Service
   www.speech.derbys.nhs.uk

Change 4 Life – Healthy Lifestyle Advice
   www.nhs.uk/change4life

Family Planning
   www.fpa.org.uk

Health Protection Agency
   www.hpa.org.uk

HPV Immunisation Information
   www.immunisation.nhs.uk/HPV
References


Butler R J, “Overcoming Bedwetting”

Chesterfield Royal Hospital NHS Foundation Trust (2005), Guidelines for the Prevention and Treatment of Head Lice


Derbyshire Community Health Services (2011) Caring for your child’s teeth. Oral Health Promotion Team. Derbyshire


*Milton Keynes Primary Care Trust Health Promotion Resources and Information*


