Parents Medical Handbook

(Latest Version – October 2023)

Policy Written By Revised On	Carly Jacques (CJA) Lead School Nurse September 2022
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Introduction

Beechwood Park's mission is to be the first-choice preparatory school for parents considering an independent education, recognised for its outstanding quality of educational experience and care. To fulfil this ambition, with the support of parents and guardians, the *School*:

- **Nurtures** and promotes the happiness, health, safety and emotional well-being of every child, developing in them confidence and independence
- **Engages** the intellectual, physical and spiritual potential of every child across a broad range of academic, extra-curricular and pastoral activities and experiences
- **Inspires** children, inculcating transferable, lifelong skills and values by which to achieve personally and contribute influentially to society
- **Enables** inspirational and reflective teachers to provide every pupil with outstanding teaching, delivering the highest levels of educational pace, variety and challenge

Purpose of the Parent Medical Handbook

This policy sets out the strategic aims and scope of the medical provision at Beechwood Park School.

Strategic Aims of Medical Provision at Beechwood Park School

The principal goal of the school's medical care is to support the children's education. It allows all children in the school to reap the maximum benefit from all aspects of a Beechwood education as set out in the mission and values of the school, and to do so in a safe and supportive environment.

In order to do this, our strategic goals are:

1. To support children who become ill or injured at school so that they can get definitive treatment promptly if required and return to their school activities as soon as they are able.
2. To support children with chronic diseases and disabilities. Our goal is to allow all children at the school to benefit from the education that the school offers.

3. To support the resilience and independence of the children in an age-appropriate manner, while avoiding the medicalisation of their childhood.
4. To ensure that the school is able to able to respond to public health challenges to minimise the impact of community-wide illnesses on the education and development of the children.

Structure of medical provision at Beechwood Park School

The school benefits from a wide range of staff, including qualified nurses, who bring specific expertise and experience to the care of the pupils However, all members of staff have a role in the medical care of the pupils.

1. **All Staff:** Most medical issues arising in the school will be minor and can be dealt with by any member of staff. Where this is the case, this is to the benefit of the child, as it allows them to return to their school activities as soon as possible, while avoiding medicalisation for minor problems. In the case of more serious illness, all members of staff are responsible for calling for help and sending the children to a more qualified member of staff.
2. **First Aiders:** Many members of staff have formal first aid qualifications. They can both provide care for simple problems and are the first line of care for more serious problems, while more qualified help is obtained.
3. **Surgery:** The school benefits from the expertise of 3 registered nurses who staff a surgery that is open during the school day. Surgery provides more specialist care for pupils where this cannot be provided in their timetabled activities. Specifically, surgery has the following roles:
    a. To provide medical care for children who become unwell or are injured at school.
    b. To provide medical support for children with longstanding diseases or disabilities while at school.
    c. To provide leadership for medical policy and practice at the school.
4. **Boarding Staff:** The boarding staff have a very important role as they support and assess children who become ill overnight, they are first aid trained.
5. **School Doctor:** The school has an arrangement with two GP partners at a local practice who are available to provide medical advice and care as required.

6. **External organisations:** Some aspects of medical care are provided by outside bodies. For example, vaccinations are provided by Vaccination UK and the School Age Immunisation Service. The school occasionally makes use of outside first aid providers to support large events.

This Parent Medical Handbook applies to all EYFS, day and boarding pupils. The *School* cares for pupils over four sites: Woodlands Nursery, Junior, Middle and Senior Departments. For ease of reference, the term 'Surgery' may refer to the School Nursing Team or allocated First Aider on duty (on or off site), and in the Nursery (Woodlands) the First Aider will be the pupil's 'key person'.

Additional information and medical advice within this policy has been obtained from The NHS, the Department of Health, the Department of Education, the Royal College of Nursing (RCN), The Resuscitation Council, Royal College of Paediatrics and Child Health, and our School Medical Officers.

For additional healthcare advice parents/guardians and staff should seek medical support from *their own* GP, Practice Nurse, Medical Team, NHS 111 online or telephone helpline, and in an emergency 999.

Beechwood Park School Policies and Documents Referenced within this Document:

- ***Health and Safety Policy***
- ***First Aid Policy***
- ***Administration of Medication Policy***
- ***Intimate Care Policy***
- ***Infectious Diseases Policy (including Reportable Diseases)***
- ***Concussion Policy***
- ***Food Allergy/Preferences/|Intolerances Policy***
- ***Concussion and Head Injury Policy***
- ***Pupils with Chronic Health Conditions Policy***
- ***Anaphylaxis Policy***
- ***Asthma Policy***
- ***Diabetes Policy***
- ***Epilepsy Policy***

- ***Off Games Policy***
- ***Medical Equipment Policy***
- ***Head Injuries Policy***
- ***Procedure for Injury in Sport***
- ***BPS Medical Needs for Activities Outside School***
- ***BPS Running an Offsite Trip Policy***

Welcome to Beechwood Park School

Contact Details

Surgery is open during school term times, from Monday to Friday 07:30-17:00. Parents can email surgery via medical@beechwoodpark.com or contact surgery via the main school number, extension 144.

The Medical Team:

- Carly Jacques RN – Lead School Nurse
- Rebecca Norton RN – School Nurse
- Dr Mitchell – School Medical Officer
- Dr White – School Medical Officer
- Prof. Jacques – Beechwood Park Governor - Medical

Sending unwell children into school

School medical staff are employed to provide medical care and first aid to those pupils who become ill whilst at school, not those who become ill at home and are brought to school. Parents must not send unwell children to school. Please contact surgery (see above) to discuss your child if they are unwell. If your child is returning to school following a period of illness, you must be sure that your child is well enough to attend school before bringing them back.

The School Nurses will *only* provide care and advice within their *own* personal and individual scope of professional practice and competencies as outlined in Nursing and Midwifery Council (NMC) guidance. If they are unable to offer care and advice, the School Nurses will signpost parents to the appropriate health care provider.

Medical Questionnaire

At the point of entry to the school we ask you to complete a Medical Questionnaire (paper booklet) informing us of your child's medical conditions, vaccination history, GP details and consent for: Paracetamol (liquid/tablet), plasters, antihistamine (liquid/tablet) and antiseptic cream. **This information *must* be returned before your child joins the school to ensure we have all the relevant medical information available.**

It is important that you provide a full vaccination history, either via the questionnaire or by photocopying your child's 'red book'.

Update forms are available in Woodlands and in the Junior dept; you can use these forms to inform Surgery of any new medical condition. Update forms are also appended to the newsletter on a termly basis. You can also inform Surgery directly of any changes, at any point, by emailing or telephoning Surgery.

If a pupil has a condition that requires a health care plan (HCP), Surgery will contact you to obtain further information and request Consultant, GP and Clinic letters to help guide your child's HCP. Surgery will also contact you annually to check if the HCP is still current.

National Height and Weight Programme

As part of the National Child Measurement Programme, children are weighed and measured (their height) at school. The measurement is taken while your child is dressed in their school clothes, we ask them to remove their school shoes only. This information is obtained and recorded sensitively, individually (without other children being in the room) and confidentially. The data is reviewed, in the first instance, by our School Medical Officers and will only be disclosed to parents/guardians if requested, or if advised by our School Medical Officers.

Your child does not have to take part. Please contact surgery if you do not wish your child to participate. Measurements are usually taken within the first half term of the new school year (September – October), and a notice will be placed in the *School* newsletter informing parents/guardians. We offer measurements to those in **Reception**. By comparing your child's weight with their age, height and sex, we can tell whether they are growing as expected. https://www.nhs.uk/live-well/healthy-weight/childrens-weight/national-child-measurement-programme/

National School Vaccination Programme

Beechwood Park School hosts our local School Vaccination Team who visit the children at the *School*. The vaccinations are consented through and administered by the School Vaccination Team. The School Vaccination Team offer the single dose **HPV** vaccine for our older pupils (as a single dose) and yearly **Nasal Flu Vaccinations** for children (at specific ages and stages of development decided by the Department of Health). You will be asked to consent for these vaccinations prior to their visits.
https://www.schoolvaccination.uk/vaccinations

The consent is via an online platform to which Surgery does not have access. It is the role of Surgery to coordinate the visit and offer support on the day. If you decide not to consent, please fill in the online form and select that you do not consent. Would you also mind letting us know, via an email to medical@beechwoodpark.com to help us support children sensitively on the day.

It is your responsibility to let Hertfordshire Community NHS Trust know of any changes in your child's health, medication or if they have received a vaccination from an alternative provider since the consent form has been completed as the vaccination will be given based on this consent.

First Aid

Beechwood Staff First Aid Qualifications

At Beechwood Park School, the School Nurses have a qualification in 'First Aid at Work' and 'Paediatric First Aid', renewed every 3 years; at least one member of the surgery team is present onsite during surgery opening times during term-time (see Contact Details above) whilst day pupils are on site. Outside surgery's opening hours, the Boarders will have First Aid administered by a member of the Boarding Team who holds a First Aid qualification. When the pupils are off-site, First Aid will be provided by First Aid-qualified Sports Department Staff (sports events and away matches) or School Staff Members (on day or residential trips). Sports Department Staff are also trained with regards to first aid for suspected concussion.

A staff member from each department has either a Paediatric First Aid or Emergency First Aid at Work qualification. Surgery can arrange for staff to attend courses when required. Notices are on display around the *School* building (by first aid kits) informing staff of who the First Aiders are in each department. Surgery keeps a record of all staff who hold a first aid qualification and checks expiry dates each term.

EYFS requirements: The School provides at least one paediatric first aider for each School site and one for outings where children in EYFS are concerned. In accordance with DfE guidelines, all newly qualified EYFS staff must undertake training in Paediatric First Aid.

There will be at least one Paediatric First Aid qualified member of staff in each of the two EYFS buildings when pupils are present during term time, and on EYFS trips outside School.

Minor scrapes and grazes

If your child has a minor injury, staff will help children develop a balanced approach to their health by encouraging them to self soothe/care for minor bumps, scrapes, and bruises, rather than sending them to surgery.

In EYFS, it is likely that the classroom staff will treat your child, with minor scrapes or grazes within the Junior Department or Woodlands (including After School Care, which takes place in Woodlands).

Bumps to the head

If your child bumps their head, they come to surgery accompanied by a friend, or in the case of a Reception pupil, by a member of staff. Surgery will apply an ice pack for a minimum of 10 minutes, and observe for signs of concussion.

In Woodlands (and After School Care), your child is treated and monitored either by their key person, or by the After-School Care leader. The same procedure is followed, i.e.:

- the member of staff monitors and treats the pupil
- the member of staff completes an accident note

- the member of staff writes a wristband
- the member of staff makes a phone call to parent/guardians
- the member of staff informs parent/guardians of the injury at collection

Informing Parents

Surgery will report the injury and/or treatment to you as follows:

EYFS			
Action	**Bump to the Head**	**Minor Scrape or graze**	**Administer Paracetamol etc.**
Send eNote to inform parent/guardian ?	Yes	Only if injury is significant	Yes
Wristband?	Yes	No	Yes
Phone call?	Only if injury is significant	Only if injury is significant	Yes, always. Phone first to confirm permission.
Year 1 and 2			
Action	**Bump to the Head**	**Minor Scrape or graze**	**Administer Paracetamol etc.**
Send eNote to inform parent/guardian ?	Yes	Only if injury is significant	Yes.
Wristband?	Yes	No	Yes
Phone call?	Only if injury is significant	Only if injury is significant	Yes, if possible but written consent via medical questionnaire is adequate if parent/guardian are uncontactable.
Year 3 – Top Form			
Action	**Bump to the Head**	**Minor Scrape or graze**	**Administer Paracetamol etc.**
Send eNote to inform parent/guardian ?	Yes	Only if injury is significant	Yes
Wristband?	Yes, 3rd Form only	No	Yes, 3rd Form only
Phone call?	Only if injury is significant	Only if injury is significant	No

Intimate Care

Should Surgery need to assist your child, in relation to First Aid, all staff will consider two factors when dealing with this situation:

- Respect the privacy of the child
- Be aware of the vulnerability of the member of staff assisting the child

Surgery may need to examine your child if they have an injury or pain. Surgery does so with discretion and with the following considerations:

- Surgery will explain what they are going to do, and why (for example, have a look at their back, or their chest, and ask if they are happy to lift up their shirt etc)
- Surgery will ask if that is ok with them
- Surgery will ask the child to remove the clothing if necessary
- Surgery will use a medical screen or close the door if appropriate putting a 'please knock' sign on the door
- Surgery will be as quick as possible, but thorough
- Surgery will ask the child to re-dress as soon as possible
- Surgery will record treatment and examination, and where necessary relay that to parent/guardian or carers

Administration of Medication

Surgery is available during the day (see Contact Details for opening hours) to administer medication sent in from home. Another competent adult may administer medication after discussion with Surgery (i.e., Woodlands First Aiders may administer liquid paracetamol to a pupil, with prior verbal consent from a parent). A member of staff may also administer medication on school trips, away matches, residential visits and in Boarding. This member of staff will have completed basic first aid training and volunteer to undertake this role.

All medication must be signed in via surgery and cannot be left at the front desk or sent in via a pupil's school bag, without prior agreement from surgery. Woodland's parents may sign medication in directly with their child's 'key person'.

All prescription medication, non-prescription medication, and homely remedies brought from home must be labelled with the following:

- The pupil's name
- Class/ form

You should bring in the medication in its *original* packaging with the name of the medication and dosage information clearly legible. Surgery is unable to accept cut strips or loose tablets.

You must check that all prescribed medication from home is:

- in its original packaging
- with the name of the pupil to whom it was prescribed
- the pharmacist's details
- the name and required dose of the medication
- the date it was prescribed, and
- the expiry date.

Surgery will only accept in date medications that have been obtained from and prescribed in the UK.

It is your responsibility to ensure your child's medication is in date; parents are reminded of this procedure as they hand in medication to surgery.

It is not always possible for a school nurse to leave the medical room and find a child who requires medication. We ask that children remember to come up to surgery when their medication is due.

Procedure – Reception to Top Form

(For Woodlands, see below.)

The pupil's parent/guardian will sign medication into Surgery to explain the reason for the administration of the medication. Surgery will record these details in the Medication file. The parent/guardian signs their consent for the administration of the medication at the beginning of the course.

If the pupil is brought to School by someone other than their parent/guardian or arrives on the bus, the parent/guardian will send the medication with a cover letter or email detailing:

- the reason for the medication
- pupil's name and form and
- the dose

The parent/guardian must sign and date the letter (or email). The parent/guardian should also ring to inform Surgery that the medication is coming into School with the pupil so that Surgery can intercept it.

Surgery records details of when the medication is administered in the medication and keeps all medication (with the exception of emergency medication) in a locked cupboard (or refrigerator if required). Medication requiring refrigeration is stored in the fridge in the Surgery, clearly labelled.

Surgery will administer medication to the pupil whilst at School during Surgery hours. Whilst on a School trip, an alternative arrangement will be made for pupils requiring medication. (See 'Medical needs for Activities Outside School'.) In Boarding, a member of the Boarding Team may administer medication with prior instruction from Surgery, overnight and when surgery is closed (only if they are happy to do this and have received suitable instruction).

Surgery or an external qualified First Aid Trainer (or member of the child's own medical team i.e., Clinical Nurse Specialist) will provide training for staff where the administration of prescription medicine requires technical/medical knowledge (e.g., auto-injector / insulin).

Procedure – Boarding

Any medical concerns overnight will be recorded in the Boarding medical report book, by Boarding Staff and fed back to surgery the following morning when surgery opens. The Boarding Staff will contact the parent/guardian directly to discuss concerns for boarders

outside Surgery hours (see details above with regards to Administration of Medication).

Procedure – Woodlands

In Woodlands, parents/guardians give the medication to the pupil's 'key person'. The parent/guardian completes a 'Medication Form' and signs it. The pupil's 'key person' will give the medication at the appropriate time and the dose is checked by a second member of staff, both of whom initial the form. The parent/guardian signs again at the end of the day, and the member of staff gives the medication back to the parent/guardian.

Household Medications

Surgery will only administer over-the-counter medicines (paracetamol, antihistamines and antiseptic cream) once they have attempted to soothe symptoms with a "homely" remedy (i.e., a glass of water, warm wheaty bag and rest). Surgery will check parent/guardian consent either on the electronic pupil record or in the paper file/Medical Questionnaire and will record the time and dosage given in the daybook and on the pupil's electronic treatment record. If the pupil is in the EYFS, then Surgery will phone the parent/guardian prior to administering medicine. Surgery will provide an electronic emailed note (eNote) of any pupil administered medication to both parents, detailing the symptoms, medicine given and the time. Surgery will also write details of medication and time given on a wristband for the pupil to wear for the remainder of the day to ensure that the pupil is not given a subsequent dose, if the pupil is in Year 3 or below.

Parents are asked not to send throat lozenges into school as they can be a choking hazard.

In Woodlands, the same procedure is followed; the pupil's 'key person' will only administer paracetamol once the parent/guardian has been contacted and permission sought. The pupil is also given a wristband that includes the time of the dose.

Self-Medication

If pupils are assessed responsible to do so, and with parent/guardian consultation and written permission, Surgery will give them permission to self-medicate homely remedies (e.g., nasal sprays, eczema cream) but only in the rarest of circumstances. Surgery will make a record of these permissions in the Medication file detailing what remedy the pupil

was given, quantity and time. In some circumstances, some pupils need to carry emergency medication (such as inhalers) with them at all times, and in such circumstances may need to self-medicate the medication. Each of these pupils will have an individual Health Care Plan, written by parent/guardian or their Medical Consultant, and reviewed by Surgery and the School's Medical Officer.

Sending Medication Home

If medication needs to go home at the end of the day, the parent or pupil (middle department or senior department only) comes to collect it at the end of their school day. For EYFS pupils, a member of staff or the pupil's parent/guardian should come to collect it for them.

Sending Medication Off Site (Away Matches, Day Trips and Residential Trips)

When a pupil goes off site **during the normal school hours** (Monday – Friday) Surgery will create a Medical Alert List for all pupils, and send the medication that parents have signed in to us (EpiPens, Inhalers, etc.) on the trip. The medication will be added to the first aid kit, in a designated bag to allow quick and easy access. More details regarding away trips can be found in the *BPS Running an Offsite Trip Policy*.

Weekend Sporting Fixtures

If the pupil has been selected for a weekend sporting fixture, Surgery will create a Medical Alert List and supply a first aid bag, but school medication will not be sent. **Any medication required outside normal school hours must be provided by a parent/guardian.**

Sending an Unwell Children Home from School

If a pupil becomes unwell whilst at school, the School Nurse will assess them and decide if that child needs to be collected by parents/guardians. In most cases the School Nurse will be able to offer homely remedies to soothe the pupil (warmed wheaty bag, sips of water and rest), or contact the parent/guardian to discuss administering medication (liquid paracetamol, antihistamines, antiseptic cream or a medication that has been signed in by the parent/guardian). If a child is particularly distressed the School Nurses will contact

parents/guardians and discuss what is in the best interests of the pupil. This may be collecting the child to rest at home.

Children who have had an episode of vomiting and/or diarrhoea will need to be collected as soon as possible from Surgery primarily for the comfort of the pupil, but also to limit the spread of an infectious illness.

If parents/guardians are traveling overseas or will not be available to collect their child in a timely manner, they should make alternative arrangements with a trusted adult and inform Surgery who the point of contact will be (i.e., grandparents, nanny, child-minder etc.) and who will be collecting their child.

Returning to School after illness

If a pupil is returning to School with medication following a period of illness, the parent/guardian must be sure that the child is well enough to attend school before bringing them back. If there is any doubt, the parent/guardian must consult a GP or seek advice from the *School's* medical staff before bringing them into *School*. **Surgery staff are principally employed to provide medical care and first aid to those pupils who become ill whilst at School, not those who become ill at home and are brought to School.**

There is significant risk to the rest of the school community if a child with a contagious illness is brought into school. Parents/guardians are informed by Surgery if their child must not attend school. Surgery will explain the guidance behind these decisions and when the pupil may return to normal school lessons and activities. If an unwell child is brought into school against this advice, Surgery will refer the situation on to the Senior Leadership Team (SLT) and the child will be isolated in the Chat Room (next to surgery) until parents/guardians arrive to collect their child.

Recommended period that pupils should be kept away from school if they have one of the common infectious diseases:

Vomiting - Your child can return to school if:

- they have not been sick or had diarrhoea for at least 48hrs (*minimum* of a full 48 hours)
- they are eating and drinking normally

- they are not drowsy or lethargic
- they have not had a temperature of over 37.8 for at least 24hrs
- they are well enough to cope with a full school day.

Diarrhoea - Your child can return to school if:

- they have not been sick or had diarrhoea for at least 48hrs (*minimum* of a full 48 hours)
- they are eating and drinking normally
- they are not drowsy or lethargic
- they have not had a temperature of over 37.8 for at least 24hrs
- they are well enough to cope with a full school day.

Coughs and Colds - Your child can return to school if:

- they do not require regular dose of medication (i.e., Calpol) to get through the day
- they are eating and drinking normally
- they are not drowsy or lethargic
- they have not had a temperature of over 37.8 for at least 24hrs
- they have not been sick or had diarrhoea for at least 48hrs (*minimum* of a full 48 hours)
- they are well enough to cope with a full school day.

Flu - Your child can return to school if:

- they do not require regular dose of medication (i.e., Calpol) to get through the day
- they are eating and drinking normally
- they are not drowsy or lethargic
- they have not had a temperature of over 37.8 for at least 24hrs
- they have not been sick or had diarrhoea for at least 48hrs (*minimum* of a full 48 hours)
- they are well enough to cope with a full school day.

Scarlet Fever - Your child can return to school if:

- they have commenced on antibiotic treatment and have completed a *full* 24 hour dose
- they do not require regular dose of medication (i.e., Calpol) to get through the day
- they are eating and drinking normally
- they are not drowsy or lethargic

- they have not had a temperature of over 37.8 for at least 24hrs
- they have not been sick or had diarrhoea for at least 48hrs (*minimum* of a full 48 hours)
- they are well enough to cope with a full school day.

Covid - Your child can return to school if:

- they do not require regular dose of medication (i.e., Calpol) to get through the day
- they are eating and drinking normally
- they are not drowsy or lethargic
- they have not had a temperature of over 37.8 for at least 24hrs
- they have not been sick or had diarrhoea for at least 48hrs (*minimum* of a full 48 hours)
- they are well enough to cope with a full school day.
    - it is not recommended to test children for covid unless instructed to do so by a medical professional
    - the current guidance is to avoid school for 3 days

https://www.nhs.uk/conditions/covid-19/covid-19-symptoms-and-what-to-do/

Surgery will advise parents directly regarding other illnesses or infections not listed above.

Infectious Diseases

Guidance on Infection Control in School

If a pupil develops an infection, there may be a set period of time during which they should not come to school. This is for both their benefit as well as the protection of other pupils and staff (see above '*Returning to School After Illness'*).

Public Health England offers guidelines on infection control procedures as well as the recommended period that pupils should be kept away from school if they have one of the common infectious diseases. Specific information can be found here: https://www.gov.uk/government/publications/health-protection-in-schools-and-other-childcare-facilities

Surgery will contact the School Medical Officer for advice where necessary, who would advise us on any specific precautions.

Good Hygiene Practice

To help prevent the spread of illnesses the following procedures are in place:

- **Handwashing**. Pupils are reminded to wash hands after using the toilet, as well as before going to lunch. A 'clean hands monitor' checks the pupils for clean hands before lunch.
- **Coughing and Sneezing**. Tissues are found in most classrooms to prevent the spread of illnesses. 'Catch it. Bin it. Kill it' posters teach staff and pupils to use disposable tissues and to wash hands after coughing or sneezing. Hand gel is always available in Reception, staff rooms and dining halls.
- **Touchpoint Cleaning**. Housekeeping staff clean commonly touched areas throughout the school (door panels, stair rails, door handles etc.).

Action in the event of outbreak

In the event of an outbreak of infectious disease or virus, Surgery will do all, or some of the following:

- Email staff to make them aware, and to encourage handwashing and good hygiene, and any other illness specific advice.
- Email parent/guardian to inform of current illness, and to advise them of good practice in returning to school when the child is asymptomatic; to ask for their cooperation in keeping child home if unwell; to request they inform us if their child has a notifiable illness (such as scarlet fever).
- Remind pupils to wash hands, and to 'catch it, bin it, kill it'. This can be done via posters, discussion in class, or via assembly.
- Inform housekeeping to refill hand gel dispensers.
- Inform the cleaning company, and request extra care is taken when cleaning doors, taps, toilets etc.
- Offer hand gel to teaching staff for classrooms and keyboards.
- Inform the IT dept, who keeps a stock of wipes to clean all keyboards and mice after each lesson.
- Inform staff who are vulnerable (pregnant women, those with immunosuppressant complications) and advise them to see GP if concerned.

- Provide hand gel for events where large numbers come together, for example at parents' meetings.
- Isolate those with contagious symptoms, by placing them in sick bay/isolation room ('Chat Room') and sending them home as soon as possible.

Notifiable Diseases

Registered medical practitioners have a statutory duty to notify the 'proper officer' at their local council or local health protection team of suspected cases of certain infectious diseases. Diseases notifiable under the Health Protection (Notification) Regulations 2010 are: https://www.gov.uk/guidance/notifiable-diseases-and-causative-organisms-how-to-report#list-of-notifiable-diseases Surgery will inform the School's Medical Officers if they become aware of any cases of these diseases at the *School* as soon as possible (or within 3 days of a case being notified, or within 24 hours for urgent cases). https://www.gov.uk/government/publications/health-protection-in-schools-and-other-childcare-facilities

Catering for Pupils with food allergies, intolerances and preferences

Beechwood Park School is an Allergy Aware School. We do not allow nuts/nut products. We follow a *school wide* approach to supporting all our pupils with food allergies, intolerances and preferences.

Pupils with a variety of food allergies, intolerances and preferences eat in the dining rooms every day. The responsibility of providing these pupils with a safe option falls between the form tutor, pupil, catering managrer, serving staff, parent/guardian and Surgery. In order to make the process safer, this policy will outline a strategy to enable the pupils to have access to a wider range of options, help them to become independent and vocalise their dietary requirements.

Holroyd Howe's company policy groups pupils in three categories: **Red** (severe allergies, life threatening, Auto-injectors), **Amber** (Allergy or intolerance) and **Blue** (preference or religious; for example, vegetarian, or "does not eat...").

Parents/guardians should notify surgery in the first instance of any food allergies, intolerances and preferences *before* their child joins Beechwood Park, or for existing pupils, as soon as they are aware of any changes to their child's dietary needs. Surgery will email them a form to complete; this form gives the parent/guardian the option of categorising the pupil based on the colour parameters.

If a pupil is in the red category, the pupil's meal will be plated in advance and kept under the counter until their lunchtime. However, on the form the parent/guardian can opt-out of this arrangement, giving the pupil the freedom to choose a meal from the counter during lunch service. In this case, the pupil will follow the protocol outlined below.

Surgery will create a Medical Alert List from the information that parents/guardians have supplied (either through the Medical Questionnaire, Food Allergy Form or discussions with Surgery). This list will contain the name, form, details of the food allergies, intolerances and preferences, highlight any medication required, along with an accompanying photograph of each pupil. The lists are easily accessible by all staff to use as a reference guide and a copy is sent on school trips, residential trips and away matches.

Each pupil on the Medical Alert list will pick up a 'wooden spoon' from the cutlery area and place it on their tray to alert the serving staff to 'Think of Me'. The pupil's medical alert details are stored behind the counter and the server will refer to their medical alert information. In the Junior Dept, the teachers serve, or help to serve the pupils, and walk through the self-service area with every pupil. In Year 3&4 the Class Teacher shadows a pupil with a food allergy to ensure they are on hand to answer any queries and make sure they have chosen something they are allowed to have from the self-service area. In Years 5 to Top, the Catering Manager instructs every pupil at a beginning of year allergy meeting that they are responsible for checking with a member of the catering staff before helping themselves from the self-service area. These practices will also be followed in the provision of school snacks.

The pupil's school lunchtime register will have a symbol (i.e., wooden spoon illustration) next to the pupil's name, to alert the member of staff on duty signing pupils into the dining room. The register will be compiled each day by the Front Desk Team and distributed to the staff members on duty in both dining rooms.

White Category

This category is for pupils who are able to communicate their allergies to the staff themselves, or who are able to choose their own food with confidence. This group will not require a wooden spoon. We want to nurture independent and confident pupils, and after a 3-week period of using a wooden spoon, a pupil may ask (in agreement with parent/guardian, Surgery and Catering Manager) to 'graduate' to the white category and not use a wooden spoon. A pupil with an auto-injector will not be eligible to graduate to white, as ingredients change from time to time, and a pupil would not be aware; the consequences for a pupil with an auto-injector would be life threatening.

In order to 'graduate' to this, the pupil must:

- Be in the Senior Dept (unless in the blue category, in which case Middle Dept pupils will be considered)
- Use their wooden spoon for 3 weeks (through one menu cycle)
- Feel confident that they know what their specific allergy/intolerance is
- Be able to recognise foods that contain their allergen (e.g., lasagne has milk in it)
- Be confident to ask for help or advice from the serving staff
- Have a discussion with the Catering Manager, Surgery and parent/guardians.

Once a pupil fulfils these criteria, we will add a note to their medical record to confirm they have consent from parent/guardians, Surgery and the Catering Manager to choose their own meals without a wooden spoon.

Birthday Treats

Children like to bring treats into school, to celebrate their birthday with their class friends. We love to celebrate with the children but need to maintain the safety of those children with food allergies, intolerances and dietary preferences. We, therefore, ask that parents **do not send in any food items**. We are also aware that many parents would rather their child did not have extra-sugary treats, perhaps a small stocking filler (stickers etc.) might be better a better option.

Boarding Parties

When a child has a boarding party parents may send party food into the Boarding House. Again, we ask that parents do not send in any items that contain nuts (or *may contain* or *traces of* nuts), and only items that are wrapped (sadly, not homemade). Surgery with support from the Boarding Team, will need to double check all allergen lists and ingredients before they can be shared with the children to maintain the safety of those children with food allergies, intolerances and dietary preferences.

Head Injuries

Beechwood Park is a Concussion Aware School and we take head injuries very seriously to safeguard the health and welfare of pupils and young people. Failing to do so can have serious consequences including, in extremely rare cases, death. Pupils can sustain head injuries during contact sports such as rugby but they can also occur in other activities such as falls, traffic accidents, cycle accidents and home and playtime accidents. This policy aims to give particular guidance and procedure for head injuries in sport, but any member of staff will apply the procedure to any pupil who sustains a head injury whilst at school and offer advice to parents who have informed surgery of a head injury, occurring at home.

What Is Concussion?

A blow to the head or body which leads to the shaking or injury to the brain can cause a disturbance in brain function that can affect a pupil or young person's thinking, memory, mood, behaviour and level of consciousness. This is known as concussion.

What Causes Concussion?

A direct blow to the head can cause concussion but it can also occur when blows to other parts of the body result in rapid movement of the head e.g., whiplash type injuries.

Who is at risk?

Concussion can happen at any age. However, children and adolescents (18 and under):

- are more susceptible to concussion
- take longer to recover
- have more significant memory and mental processing issues

- are more susceptible to rare and dangerous neurological complications, including death caused by a single or second impact

A history of previous recent concussion increases risk of further concussions, which may take longer to recover.

Signs and Symptoms

The first symptoms of concussion can present at any time, but typically appear in the first 24-48 hours following a head injury. If any of the following signs or symptoms are present following an injury the child should be reviewed by a medical professional (i.e., GP, NHS 111, Minor Injuries, A&E).

Signs: visible clues of concussion – what you see

- Dazed, blank or vacant look
- Lying motionless on ground / slow to get up
- Unsteady on feet / balance problems or falling over / Incoordination
- Loss of consciousness or responsiveness
- Confused / not aware of plays or events
- Grabbing / clutching of head
- Seizure (fits)
- More emotional / irritable than normal for that person

Symptoms: - what they describe

Presence of any one or more of the following signs & symptoms may suggest a concussion:

- Headache
- Dizziness
- Mental clouding, confusion, or feeling slowed down
- Visual problems
- Nausea or vomiting
- Fatigue
- Drowsiness / Feeling like "in a fog" / difficulty concentrating
- "Pressure in head"

- Sensitivity to light or noise

Immediate management of a suspected concussion

The member of staff supervising will immediately remove from the activity anyone with a suspected concussion and follow the "*If in doubt, sit them out*" UK Concussion Guidance for Non-Elite (Grassroots) Sport (2023).

Once safely removed from play the pupil should:
- not return to competition, training, or sports lessons/activities within 24 hours of a suspected concussion.

All those suspected of sustaining a concussion should:
- be assessed by an appropriate onsite Health Professional or by accessing the NHS by calling 111 within 24 hours of the injury.

If there are any concerns about any other significant injury or the presence of 'Red Flags' then the player should receive urgent medical assessment onsite or in a hospital A&E Department using an ambulance transfer by calling 999.
Red Flags include:

- Any loss of consciousness because of the injury
- Deteriorating consciousness (more drowsy)
- Amnesia (no memory) for events before or after the injury
- Increasing confusion or irritability
- Unusual behaviour change
- Any new neurological deficit e.g. Difficulties with understanding,
- speaking, reading or writing, decreased sensation, loss of balance, weakness, double vision
- Seizure/convulsion or limb twitching or lying rigid/ motionless due to muscle spasm
- Severe or increasing headache
- Repeated vomiting
- Severe neck pain
- Any suspicion of a skull fracture (e.g. cut, bruise, swelling, severe pain at site of injury)

- Previous history of brain surgery or bleeding disorder
- Current 'blood-thinning' therapy

"*If in doubt, sit them out*" UK Concussion Guidance for Non-Elite (Grassroots) Sport (2023). http://sramedia.s3.amazonaws.com/media/documents/9ced1e1a-5d3b-4871-9209-bff4b2575b46.pdf

If a neck injury is suspected only emergency healthcare professionals with appropriate spinal care training should remove the pupil (i.e., Paramedics). Teammates, coaches, match officials, team managers, administrators or parent/guardians who suspect someone may have concussion must do their best to ensure that they remove the player from play in a safe manner. The RFU 'pitch side advice guide' is used by sports staff as a quick reference tool. (See attached, and link at the end of the chapter.)

When to call 999 for an ambulance:

If **any** of the following are reported, then any member of staff can call an ambulance to transport the pupil for urgent medical assessment at the nearest hospital:

- Severe neck pain
- Deteriorating consciousness (drowsier)
- Increasing confusion or irritability
- Severe or increasing headache
- Repeated vomiting
- Unusual behaviour change
- Seizure (fit)
- Double vision
- Weakness or tingling / burning in arms or legs

In all cases of suspected concussion, it is recommended that the pupil is referred to a medical or healthcare professional for diagnosis and advice, even if the symptoms resolve.

Ongoing management of a concussion or suspected concussion

Your child should:

- not be left alone for the first 24 hours.

- have complete rest until symptom free. This includes rest from physical activities, and brain activities such as watching television, computer, video games and smart phones (all screens).
- generally rest for 24-48 hours but can undertake easy activities of daily living and walking, but must avoid intense exercise or sport.
- minimise smartphone, screen and computer use for at least the first 48 hours. Limiting screentime has been shown to improve recovery.
- be monitored for worsening signs and symptoms of concussion for at least 24-48 hours
- be assessed by an appropriate Healthcare Professional (i.e., GP or via NHS 111) within 24 hours.
Anyone with symptoms that last longer than 28 days should be assessed and managed by an appropriate Healthcare Professional (e.g. GP).

"*If in doubt, sit them out*" UK Concussion Guidance for Non-Elite (Grassroots) Sport (2023). http://sramedia.s3.amazonaws.com/media/documents/9ced1e1a-5d3b-4871-9209-bff4b2575b46.pdf

Returning to school after a suspected concussion

Generally, a short period of relative rest (24-48 hours) followed by a gradual stepwise return to normal life and then subsequently sport is the cornerstone of concussion management.

In the first 24-48 hours the pupil should remain at home sleeping and resting. It is ok to perform mental activities like reading, but not to use screens. Pupils may return to school after the initial rest period, but may like to consider half days to begin with. **If symptoms are exacerbated, or new symptoms are produced the pupil should return home to rest.** Provided that symptoms are not severe or significantly worsened it is acceptable to allow the pupil to return to school.

Breaktimes

Pupils who have a suspected concussion will report to Surgery at all break-times and must not go outside to play during the first 48 hours post injury, to prevent further injury or exacerbation of symptoms. If a pupil does not report to Surgery, the Surgery on duty contacts the break supervisor by radio to ask them to send that pupil to Surgery.

Returning to Play After a Concussion

When the pupil is back to full pre-injury mental activity, a return to unrestricted sport can be contemplated, on completion of a graduated return to activity Programme.

Pupils with concussion should only return to playing sport which risks head injury after having followed a graduated return to activity/sports programme. All concussions should be managed individually, but there should be no return to competition before 21 days from injury.

"*If in doubt, sit them out*" UK Concussion Guidance for Non-Elite (Grassroots) Sport (2023). http://sramedia.s3.amazonaws.com/media/documents/9ced1e1a-5d3b-4871-9209-bff4b2575b46.pdf

The pupil's parent/guardian should seek advice from their GP as to when the pupil is fit to return to school, and when it is appropriate to return to sport.

Graduated Return to Play/Sport/Activities (GRTP)

The minimum time before a pupil can return to full contact sport is 23 days.

Once the pupil has been assessed by their GP or NHS 111, Beechwood Park School will introduce a graduated return to play program (in line with the UK Concussion Guidance for Non-Elite (Grassroots) Sport (April 2023) - Graduated Return to Education and Sport Summary (see illustrations below).

Return to sport can occur at a rate that does not, more than mildly, exacerbate existing symptoms or produce new symptoms. **Pupils must have returned to school and full studies before restarting physical activity.**

It is acceptable to begin light aerobic activity (walking, light jogging, riding a stationary bike etc.) even if symptoms are still present, provided they are stable and are not getting any worse. The activity should be stopped for more than mild symptom exacerbation.

Symptom exacerbations are typically brief (several minutes to a few hours) and the activity can be resumed once the symptom exacerbation has subsided.

Overview

- Generally, a short period of relative rest (first 24-48 hours) followed by a gradual stepwise return to normal life (education, work, low level exercise), then subsequently to sport is safe and effective.
- Progression through the stages below is dependent upon the activity not more than mildly exacerbating symptoms. Medical advice from the NHS via 111 should be sought if symptoms deteriorate or do not improve by 14 days after the injury. Those with symptoms after 28 days should seek medical advice via their GP.
- Participating in light physical activity is beneficial and has been shown to have a positive effect on recovery after the initial period of relative rest. The focus should be on returning to normal daily activities of education and work in advance of unrestricted sporting activities.
- If **symptoms continue beyond 28 days remain out of sport and seek medical advice from a GP.**

Passport To Play

Surgery has created a Passport To Play card for children and parents to use while they are progressing through the back to sport pathway. The card describes the stages of rehabilitation, focus and a description of activities for each stage of recovery.

Passport To Play

Concussion: Graded Return to Play (GRTP) Protocol – Beechwood Park School

Date Head Injury Occurred: (Day 0).....

Concussion Episode:.....

Date Symptom Free:.....

After the initial 24-48-hour *complete rest* phase, the pupil may return to school, if they have no further symptoms (Stage 1). If symptoms return after this point, the pupil should return to the *complete rest phase* for 24 hours.

Stage of Rehabilitation	Focus	Description	Days after injury	Notes
Complete Rest	Rest from all physical and brain activities	No lessons, exercise, reading, television, computer, video games or smartphones	0-1	**Rest at home**
Stage 1	Relative rest	Rest, minimise screen time, short walks (10-15 minutes slots)	1-2	**Rest at home**
Stage 2	Light physical activity	Gradual increase in mental activities, increase daily activities, short walks	2-6	Return to school, consider half days
Stage 3	Low risk solo physical activity	Continue to increase in mental activities, walking, swimming, stationary cycling (10-15 minutes)	7-13	In School
Stage 4	Non-contact training	Return to PE/Games sessions (avoid any activities which involve risk of head injury) Gradual increase in intensity, complexity and duration	14-20	In School
Medical Clearance By Doctor				
Stage 5	Unrestricted training activities	Non-contact sports: pupils can return to competition/matches from Day 21 Contact sports: pupils can return to *training* from Day 21	21-22	In School
Stage 6	Return to competition	Contact sports: pupils can return to competition from Day 23 - If no exacerbation of symptoms	**23***	

*Full return to matches should be guided more by symptoms and progression than absolute timescales. Pupils should take a MIMIMUM of 23 days in those aged under 19 for full return to play.

If symptoms persist for more than 28 days, the pupil will need to be assessed by an appropriate Healthcare Professional – typically their GP.

(Beechwood Park School Passport To Play follows the Nationwide Policy, March 2023, "*If in doubt, sit out*" Return to Education and Sport Pathway)

BeechwoodParkSchool/Surgery/CJA/2023

Graduated return to activity (education/work) and sport programme

Stage	Focus	Description of activity	Comments
Stage 1	Relative rest period (24-48 hours)	Take it easy for the first 24-48 hours after a suspected concussion. It is best to minimise any activity to 10 to 15-minute slots. You may walk, read and do some easy daily activities provided that your concussion symptoms are no more than mildly increased. Phone or computer screen time should be kept to the absolute minimum to help recovery.	
Stage 2	Return to normal daily activities outside of school or work.	• Increase mental activities through easy reading, limited television, games, and limited phone and computer use. • Gradually introduce school and work activities at home. • Advancing the volume of mental activities can occur as long as they do not increase symptoms more than mildly.	There may be some mild symptoms with activity, which is OK. If they become more than mildly exacerbated by the mental or physical activity in Stage 2, rest briefly until they subside.
	Physical Activity (e.g. week 1)	• After the initial 24–48 hours of relative rest, gradually increase light physical activity. • Increase daily activities like moving around the house, simple chores and short walks. Briefly rest if these activities more than mildly increase symptoms.	
Stage 3	Increasing tolerance for thinking activities	• Once normal level of daily activities can be tolerated then explore adding in some home-based school or work-related activity, such as homework, longer periods of reading or paperwork in 20 to 30-minute blocks with a brief rest after each block. • Discuss with school or employer about returning part-time, time for rest or breaks, or doing limited hours each week from home	Progressing too quickly through stages 3 - 5 whilst symptoms are significantly worsened by exercise may slow recovery. Although headaches are the most common symptom following concussion and may persist for several months, exercise should be limited to that which does not more than mildly exacerbate them. Symptom exacerbation with physical activity and exercise is generally safe, brief and is self-limiting typically lasting from several minutes to a few hours.
	Light aerobic exercise (e.g. weeks 1 or 2)	• Walking or stationary cycling for 10–15 minutes. Start at an intensity where able to easily speak in short sentences. The duration and the intensity of the exercise can gradually be increased according to tolerance. • If symptoms more than mildly increase, or new symptoms appear, stop and briefly rest. Resume at a reduced level of exercise intensity until able to tolerate it without more than mild symptom exacerbation. • Brisk walks and low intensity, body weight resistance training are fine but no high intensity exercise or added weight resistance training.	

Graduated return to activity (education/work) and sport programme

Stage	Focus	Description of activity	Comments
Stage 4	Return to study and work	• May need to consider a part-time return to school or reduced activities in the workplace (e.g. half-days, breaks, avoiding hard physical work, avoiding complicated study).	Progressing too quickly through stages 3 - 5 whilst symptoms are significantly worsened by exercise may slow recovery. Although headaches are the most common symptom following concussion and may persist for several months, exercise should be limited to that which does not more than mildly exacerbate them. Symptom exacerbation with physical activity and exercise is generally safe, brief and is self-limiting typically lasting from several minutes to a few hours.
	Non-contact training (e.g. during week 2)	• Start training activities in chosen sport once not experiencing symptoms at rest from the recent concussion. It is important to avoid any training activities involving head impacts or where there may be a risk of head injury. Now increase the intensity of exercise and resistance training.	
Stage 5	Return to full academic or work-related activity	• Return to full activity and catch up on any missed work.	Individuals should only return to training activities involving head impacts or where there may be a risk of head injury when they have not experienced symptoms at rest from their recent concussion for 14 days. Recurrence of concussion symptoms following head impact in training should trigger removal of the player from the activity.
	Unrestricted training activities (not before week 3)	• When free of symptoms at rest from the recent concussion for 14 days can consider commencing training activities involving head impacts or where there may be a risk of head injury.	
Stage 6	Return to competition	This stage should not be reached before day 21* (at the earliest) and only if no symptoms at rest have been experienced from the recent concussion in the preceding 14 days and now symptom free during pre-competition training. * The day of the concussion is Day 0 (see example below).	Resolution of symptoms is only one factor influencing the time before a safe return to competition with a predictable risk of head injury. Approximately two-thirds of individuals will be able to return to full sport by 28 days but children, adolescents and young adults may take longer. Disabled people will need specific tailored advice which is outside the remit of this guidance.

Example:

- Concussion on Saturday 1st October (Day 0)
- All concussion-related symptoms resolved by Wednesday 5th October (Day 4)
- No less than 14 days is needed before the individual returns to sport-specific training involving head impacts or where there may be a risk of head injury (Stage 5) on Wednesday 19th October (Day 18)
- Continue to be guided by the recommendations above and, if symptoms do not return, the individual may consider returning to competitive sport with risk of head impact on Wednesday 26th October (Day 25)

If symptoms continue beyond 28 days – remain out of sport and medical advice should be sought from a GP (which may in turn require specialist referral and review)

Timeline Example (see full details above):

- ⊗ Concussion occurred: (**Day 0**)
- ⊗ STAGE 1 - Pupil rest at home for 24-48 hours: (**Day 1-2**)
- ⊗ STAGE 2 – Gradually introduce school activities at home: (**Day 3**)
- ⊗ STAGE 3 – If all concussion-related symptoms resolved after 4 days, explore adding longer periods of reading and homework: (**Day 4**)
- ⊗ STAGE 4 – Return to School (consider half days) avoiding complicated study: (**Day 5**)
- ⊗ STAGE 5 – Return to full academic activity (**Day 14**). No less than 14 days is needed before the individual returns to sport-specific training involving head impacts or where there may be a risk of head injury: (**Day 15 onwards**)
- ⊗ STAGE 6 - Continue to be guided by the recommendations above and, if symptoms do not return, the pupil may consider returning to competitive sport with risk of head impact (**Day 23**)

It is the parent/guardian 's responsibility to obtain medical clearance for their child before returning to play if they have any concerns about symptoms.

Concussion Recovery Times Vary

Although symptoms may resolve following a concussion, it takes longer for the brain to recover. Most symptoms of a concussion resolve by two to four weeks, but some can take longer. Everyone is unique in their recovery duration which is why **completion of a graduated return to activity (education) and sport programme is important to reduce the risks of a slow recovery, further brain injury, and longer-term problems. Children and adolescents may take longer to recover than adults.**

If symptoms persist for more than 28 days, individuals need to be assessed by an appropriate Healthcare Professional – typically their GP.

Please note that headaches can persist for several months or more, well after the acute injury from the concussion has resolved. They may resemble migraine and may be associated with nausea and sensitivity to light and/or sound. Sometimes they are from a neck injury. Persisting symptoms are not usually due to a more severe brain injury and, if the headache is not increased by mental or physical activity and the frequency and

intensity is managed adequately, it should not preclude an individual from returning to school and physical activity.

Also see *Procedure for Injury in Sport Policy* – Sports Department.

Sources:

This policy has been written in consultation with the following documents:

- "*If in doubt, sit them out*" UK Concussion Guidance for Non-Elite (Grassroots) Sport (April 2023). http://sramedia.s3.amazonaws.com/media/documents/9ced1e1a-5d3b-4871-9209-bff4b2575b46.pdf
- http://www.sportscotland.org.uk/media/1534421/Scottish-Sports-Concussion-Guidance.pdf
- http://www.englandrugby.com/mm/Document/MyRugby/Headcase/01/30/49/57/returntoplayafterconcussion_Neutral.pdf
- http://www.irbplayerwelfare.com/concussion
- Pitch side advice card: http://www.englandrugby.com/mm/Document/MyRugby/Headcase/01/30/91/29/Headcasepitchsideadvicecards_Neutral.pdf

Care of a Pupil with a Chronic Health Condition

A chronic health condition is defined broadly as a long-term condition that requires ongoing medical attention. Diabetes, Asthma and Epilepsy are all common examples seen in childhood.

At the point of entry to the school, parent/guardians complete a Medical Questionnaire informing us of medical conditions, vaccination history, GP details and consent for medication. If a pupil has a **chronic condition** that requires a health care plan (HCP), Surgery contacts their parent/guardian for further information.

Health Care Plans

The help a pupil needs is likely to change as time goes on, and so their HCP will need to change to reflect this. At the very least it should be reviewed annually, but must also be reviewed when management of a medical condition changes or the level of care a pupil needs changes. Update medical forms are available in Woodlands and in the Junior dept; parent/guardian can use these forms to inform Surgery of any new **chronic condition**. Update forms are also appended to the newsletter on a termly basis. Parent/guardian can also inform Surgery of any changes at any point by emailing or telephoning Surgery.

The HCP will document a description of the symptoms and possible triggers of any emergency situation which requires urgent attention (e.g., asthma attack, seizure, anaphylaxis, hypoglycaemia) and what staff will do if any of these occurs. It should also include when the parent/guardian /carer should be contacted and when an ambulance should be called.

Medical Letters/Clinic Appointments

Surgery will request **copies of medical letters** etc. from parent/guardian and file them with the pupil's Medical Record in surgery. All information will be kept confidential unless parent/guardian permit Surgery to disclose the information to other members of staff.

Medication, Equipment and Testing

If a pupil needs to receive specific medication at school for their **chronic condition** (insulin, antiepileptic medication, inhaler etc.), Surgery will follow the Administration of Medication Policy with regards to administration and storage of the medication. Surgery will request copies of medical letters relating to any prescribed medication (POM). Surgery will require details of any medication needed, the dose needed, when it is needed and the procedure for using any equipment. Surgery will also require details of any testing the pupil needs to do, the procedures involved and the action to be taken depending on the result.

Additional Information

The HCP may also need to include the following:

- Exactly what help the pupil needs, what they can do themselves and what they need from somebody else
- Who is going to give that help and when?
- The things that need to be done before, during or after PE/games lessons
- What plans need to be put in place for exams (if appropriate)
- Any support needed around the pupil's emotional and social needs, e.g., counselling arrangements
- Any details of when the pupil needs to eat meals and snacks, what help they need around meal or snack time, e.g., whether they need to go to the front of the lunch queue or have any other special arrangement around meal/snack time
- What plans need to be put in place for any school trips (including overnight) or other school activities outside of the normal timetable

This is not an exhaustive list, and the HCP might also include other aspects of a pupil's care.

Serious Medical Conditions

The goal of Surgery is to support pupils to manage the day to day medical, emotional, and psychological aspects of their condition. As well as potential medical emergencies. Children with a life-long illnesses are likely to have many challenging implications during their school experience, particularly those with diabetes, epilepsy, life-threatening allergies, and severe asthma.

Emergency Equipment

There are **emergency inhalers** in the Sports Hall (garage) Swimming Pool, Back Field, and Front Field Pavilions. Additional inhalers are held in Surgery and by the Forest School Leader (taken outside when children have Forest School lessons). Children with a known asthmatic diagnosis will collect their own inhaler prior to sport, from Surgery and return it to Surgery at the end of the lesson.

Generic **Adrenaline Auto Injectors** are kept in Surgery. An additional set are held by the Forest School Leader (taken outside when children have Forest School lessons).

Anaphylaxis

Anaphylaxis is a severe and potentially life-threatening allergic reaction to the extreme end of the allergic spectrum; it may occur within minutes of exposure to the allergen, although sometimes it can take hours. It can be life-threatening if not treated quickly with adrenaline (often via an Adrenaline Auto Injectors).

Parent/guardians of a pupil with a known allergic condition will make it known to the medical department on the Medical Questionnaire they complete when they join the school. The medical department will discuss the allergy with the parent/guardian, and the parent/guardian will complete an Allergy Health Care Plan which would address the following points:

- What the pupil is allergic to (the allergen);
- what the signs and symptoms are;
- how it is treated (e.g., antihistamines, Adrenaline Auto Injectors);
- what action to take in an emergency.

If the pupil has an Adrenaline Auto Injectors they may keep it in their classroom or their bag (depending on their age, maturity and parents' wishes). Parent/guardians are to provide a spare Adrenaline Auto Injectors to remain in surgery. Surgery will check the expiry date every term and inform parents if it is due to expire or has expired (if expired, Surgery will ask parents to provide a new one). Generic Adrenaline Auto Injectors are kept in surgery (x2 for those under 8 years and x2 for those over 8 years). Surgery would use it if a pupil who has a known allergy does not have theirs in school, or if a pupil suffers their first anaphylactic reaction. As per new guidance from the Department of Education (2023) an Adrenaline Auto Injector can be administered to anyone for the purpose of saving a life. Therefore, a school's back-up Adrenaline Auto Injector, which has not been supplied against a prescription for a named individual, can in principle be used in the event of an emergency to save the life of an individual who develops anaphylaxis unexpectedly. The provision should be reserved for exceptional circumstances only, that could not have been foreseen.
https://www.gov.uk/government/publications/adrenaline-auto-injectors-aais-safety-campaign/adrenaline-auto-injectors-aais

Where possible, Adrenaline Auto Injectors should be administered by a School Nurse, a member of staff who has received formal training as part of their First Aid certification and is trained to recognise the signs and symptoms of Anaphylaxis, or any member of staff who is instructed to do so by a medical professional i.e., 999 call centre/paramedics. Surgery or the supervising staff member will ensure that an ambulance is called if an Auto-injector is administered.

All Auto-injectors and antihistamines are be sent on away sports matches/events, day trips and residential visits, and returned to surgery.

References:

- Resuscitation Council UK – Guidance: Anaphylaxis
https://www.resus.org.uk/library/additional-guidance/guidance-anaphylaxis
- Anaphylaxis UK – Safter School Programme
https://www.anaphylaxis.org.uk/education/safer-schools-programme/

- Department of Education - Allergy Guidance for Schools https://www.gov.uk/government/publications/school-food-standards-resources-for-schools/allergy-guidance-for-schools

Asthma

Asthma is a long-term medical condition that affects the airways. Children and young people with asthma have airways that are almost always red and sensitive (inflamed). Asthma "triggers" then irritate these airways, causing them to react in such a way that the muscles around the walls of the airways tighten making the airways narrow. The lining of the airways then becomes inflamed and starts to swell and sticky mucous or phlegm is produced.

Beechwood Park is an Asthma Aware School. Parent/guardian and Surgery should discuss condition and parent/guardian must complete an Asthma Healthcare Plan. This will explain:

- What might "trigger" an attack?
- Is the pupil on regular medication?
- What to do in an emergency.

Children who are diagnosed with asthma are usually prescribed an inhaler for use when they are symptomatic, as well as an accompanying action plan by their respiratory team or GP. Asthma has the potential to be life-threatening; because of this it is important that a pupil always has an inhaler readily available whilst at school. **All pupils who have been prescribed an inhaler must bring in a named inhaler for storage in Surgery. If the pupil needs to have one in their school bag or classroom, parent/guardian should provide another one.** In this instance, parent/guardian must give permission for their child to self-medicate when necessary.

A parent/guardian may provide their child with an additional inhaler to be used during Games if they deem their child responsible enough to self-administer it (in which case, the Health Care Plan should state this). This inhaler must be in addition to the one in surgery. Generic emergency inhalers and spacers are kept in first aid kits by sports areas (front field, back field, sports hall and swimming pool) in case a pupil has an asthma attack and

does not have their inhaler. If time allows, a member of staff should fetch the pupil's own inhaler, but if the attack is sudden and severe, the emergency inhaler should be used.

In the event of a pupil suffering an asthma attack at school, the supervising member of staff should call for support immediately.

Procedure

Ensure that the Reliever Inhaler is taken immediately

In an emergency, especially with a child, a spacer should be used. When a spacer is attached to the inhaler, only one puff should be administered at a time, followed by five regular breaths. This is usually blue and opens up the narrowed air passages. If after two minutes the symptoms are not improving, another two puffs of this inhaler may be given.

Stay calm and reassure the child

Attacks can be frightening, so stay calm. Listen carefully to what the child is saying – remember, this may have happened to them before.

Help the child to breathe slowly

Encourage the child to breathe slowly and deeply. Most children find it easier to sit upright or lean forward slightly, perhaps facing backwards on a chair with arms on the back of the chair. Lying flat on the back is not recommended. Loosen tight clothing and offer a drink of water.

After an attack

Parent/guardian will be informed of the attack and depending on the severity, may wish to take their child home. Minor attacks should not interrupt a pupil's involvement in school. As soon as they feel better, they can return to normal school activities.

Emergency situation – 999

Call 999 for an ambulance urgently if:

- the reliever has no effect after 5 to 10 minutes;
- the child is either distressed, or unable to talk in full sentences;
- the child is unable to drink;
- the child is getting exhausted;

- cyanosis is present (lips may have a blue tinge);
- you have any doubts at all about the child's condition.

What to do in an asthma attack

1. Sit up straight - try to keep calm.
2. Take one puff of your reliever inhaler (usually blue) every 30-60 seconds up to 10 puffs.
3. If you feel worse at any point OR you don't feel better after 10 puffs **call 999 for an ambulance**.
4. If the ambulance has not arrived after 10 minutes and your symptoms are not improving, repeat step 2.
5. If your symptoms are no better after repeating step 2, and the ambulance has still not arrived, **contact 999 again immediately**.

   Important: this asthma attack advice does not apply to you if you use a MART inhaler. Get more information and advice about the MART regime .

All inhalers must be sent on away sports matches/events, day trips and residential visits, and returned to surgery.

References:

- Asthma UK/Asthma and Lung UK

https://www.asthmaandlung.org.uk/conditions/asthma/asthma-attacks

Diabetes

Diabetes is a long-term condition where the amount of glucose (sugar) in the blood is too high because the body cannot use it properly. This happens because:

- The pancreas does not make any or enough insulin;
- The insulin does not work properly;
- Or sometimes it can be a combination of both.

Provision

Prior to the pupil starting school, Surgery will arrange a meeting with the pupil (if appropriate), parent/guardian and immediate teaching staff. The School Medical Officer will be informed and advice sought if required. The child's diabetes nurse may also visit to school to give advice and support and surgery may wish to contact them directly for a copy of the medical care plan.

A Healthcare Plan will be agreed, which will explain:

- If the pupil is Type 1 diabetic (insulin-dependent); (the usual type in children);
- If the pupil is Type 2 (treated with life style changes such as weight loss, healthier diet); (this type is less common in children);
- Signs and symptoms of Hyperglycaemia and Hypoglycaemia;
- If insulin dependent, is the pupil able to administer themselves and how best to accommodate this during the school day;
- If the pupil is too young to administer own insulin, arrangements will be made between Surgery and appropriate staff members as how to best monitor blood sugar levels and administer insulin;
- Where insulin is to be stored and who may administer it;
- What may trigger Hypo- and Hyper-glycaemia;
- How to prepare for exercise and physical activity;
- How to prepare for school trips, special events and away matches.

Surgery asks the parent/guardian to review the HCP annually or if there is any change in condition. It will identify who has been trained to treat the child; Surgery can arrange further training from the Diabetic Nurse Specialist. Each Health Care Plan is to be signed off by the School Medical Officer on creation and updating; Surgery adds a summary of

the plan to their record on iSAMS. Surgery will ensure all staff are made aware when a new child with diabetes joins the school and medical updates will be given to each of the child's teachers as they move up the school, as well as school wide information via staff inset days.

Normal Procedure

Pupils with Type 1 diabetes, who are able to administer their own insulin, must carry the medication with them at all times. The School Nurses will check the pupil's normal procedure with their Diabetes Team. Often their blood glucose levels will need to be checked regularly; this should be before and after physical activity before a meal or at any time they feel their blood glucose is falling too low or climbing too high. If they need to inject during the school day, for example before lunch, it is necessary for them to visit surgery to take their insulin.

A "sharps bin" is located in surgery for the disposal of needles, lancets (finger pricker) and reagent (test) strips.

A regime is established for all diabetic pupils, which will note whether or not they are permitted to administer their own insulin or check their blood glucose levels. This may involve the form teacher, sports teacher or boarding staff recording blood glucose levels (only if they are happy to do this and have received suitable instruction) and informing Surgery, who can ascertain whether insulin is required; or Surgery can record glucose levels and administer insulin if required, either by the pupil visiting surgery or Surgery visiting the classroom, whichever is most appropriate.

Emergency Procedure

Hyperglycaemia - high glucose levels:

The pupil's parent/guardian will be called who may request that extra insulin be given. The pupil may feel confident to give extra insulin.

Call 999 If the pupil has deep and rapid breathing, is vomiting or breath smells of nail varnish remover ('pear drops').

Hypoglycaemia - low glucose levels:

- Immediately give something sugary, such as:
- Apple juice
- A glass of Lucozade/Ribena (not sugar free)
- Glucose tablets
- GlucoGel

Sugary snacks such as a biscuit should not be given in the first instance as it takes longer to be absorbed.

Call 999 If the pupil is unconscious or fitting, Surgery, or any member of staff, will call an ambulance and contact parent/guardian . Glucagon could be administered by Surgery or paramedics if prescribed for the child.

References:

- Diabetes UK
  https://www.diabetes.org.uk/diabetes-the-basics/types-of-diabetes/type-1
  https://www.diabetes.org.uk/guide-to-diabetes/your-child-and-diabetes/schools/ihp-a-childs-individual-healthcare-plan

Epilepsy

Epilepsy is a tendency to have seizures caused by a sudden burst of intense electrical activity in the brain. This causes a temporary disruption to the way that messages are passed between brain cells, so the brain's messages briefly pause or become mixed up. Epilepsy is different for each individual as seizures can manifest themselves in many ways, ranging from Absence (apparent daydreaming) seizures to Tonic-clonic seizures where the pupil may become unconscious and experience convulsions.

Provision

Prior to the pupil starting school, Surgery will arrange a meeting with the pupil (if appropriate), parent/guardian and immediate teaching staff. The School Medical Officer will be informed, and advice sought if required. The child's epilepsy nurse may also visit to school to give advice and support and surgery may wish to contact them directly for a copy of the medical care plan.

Surgery asks the parent/guardian to review the HCP annually or if there is any change in condition. Surgery can arrange further training from the Epilepsy Nurse Specialist. Each Health Care Plan is to be signed off by the School Medical Officer on creation and updating; Surgery adds a summary of the plan to their record on iSAMS. Surgery will ensure all staff are made aware when a new child with epilepsy joins the school and medical updates will be given to each of the child's teachers as they move up the school, as well as school wide information via staff inset days.

The medical department will agree an individual Healthcare Plan with the pupil and parent/guardian which will explain:

- The types of seizures the pupil is likely to have
- What may trigger a seizure
- What to do when the pupil has a seizure
- What represents a medical emergency for the pupil and what to do in such an emergency, including when and how to give emergency medicines
- What adjustments can be made in the curriculum so as to allow the pupil access to high risk activities such as swimming or cookery, etc.
- This plan will be reviewed annually or updated as required

Surgery will inform staff of what a pupil's most likely signs and symptoms may be if they were about to have a seizure. Should staff have concerns, Surgery is there to reassure and give training updates where necessary.

In the event of a seizure

Surgery should be summoned. Follow the guidance below:

Emergency Procedure

- Protect the pupil from injury (remove harmful objects from nearby)
- Make a note of the time the seizure started
- If pupil is lying on the floor, cushion their head and when seizure has finished, gently place them in the recovery position

- Keep calm and reassure the pupil
- Stay with the pupil until recovery is complete

DO NOT:

- Restrain the pupil
- Put anything in the pupil's mouth
- Attempt to bring them round
- Give the pupil anything to eat or drink until they are fully recovered

Call 999 for an ambulance if:

- You believe it is the pupil's first seizure
- The seizure continues for more than five minutes
- One tonic-clonic seizure follows another without the pupil regaining consciousness
- The pupil is injured during the seizure
- You believe the pupil needs urgent medical care
- Or, it is in the child's Health Care Plan that an ambulance must be called

Parent/guardian will be informed and depending on severity of seizure, may arrange for collection from school or the pupil may rest in surgery until they feel well enough to return to class.

Surgery will comfort and reassure pupils who have witnessed a seizure by explaining what has happened and how they may help in the future by recognising the possible signs and symptoms of an impending seizure.

Surgery will document details of any seizures and add these to the *School's* medical records.

References:

- NHS Epilepsy
  https://www.nhs.uk/conditions/epilepsy/
- Epilepsy Action
  https://www.epilepsy.org.uk

Coeliac Disease

Coeliac disease is a condition where your immune system attacks your own tissues when you eat gluten. This damages your gut (small intestine) so your body cannot properly take in nutrients. Coeliac disease can cause a range of symptoms including diarrhoea, abdominal pain and bloating.

Provision

Prior to the pupil starting school, Surgery will inform the catering department and arrange a meeting with the pupil (if appropriate), parent/guardian and immediate teaching staff if required. The School Medical Officer will be informed, and advice sought if needed.

The pupil will be added to the Medical Alert List and this information will be shared with all staff.

References:

- https://www.nhs.uk/conditions/coeliac-disease/
- https://www.coeliac.org.uk/home/

Off Games

If a child is well enough to attend school, they should also be able to participate in sporting activities and games lessons. From time to time, pupils may be injured or be too unwell to participate in their Games, PE or Swimming lessons. To support this, we have reviewed our off games provision for pupils at Beechwood Park, as well as how parents request their child to be off games.

Rather than emailing Front Desk, Form Teachers, Sports Teachers and the Medical Team, parents are asked to complete the **Off Games Form** on iSAMS. You can do this by logging into the iSAMS Parent Portal, clicking on the top menu bar, selecting *Interactive* and then *Electronic Forms*.

Whenever possible, off games pupils will continue to join in with their Sports lessons by accompanying their class to the lesson and joining in from the sidelines. Our Sports Teachers

are skilled at involving all children, whether on or off the pitch. Off games pupils can learn umpiring skills, help to keep score or develop their own skills through observing the session. Please may all children have a warm coat to wear on colder days.

During inclement weather, pupils will either watch a lesson in the Sports Hall, or will be supervised inside by a member of the teaching staff. Pupils will remain at school when they are off games, except under exceptional medical circumstances (fracture, concussion etc.).

Off Games FAQs

When should I request that my child is off games? If your child has been seen by a medical practitioner who has advised your child to rest from sporting activities. Alternatively, if your child has had an accident outside of school and you feel the injury is serious enough to warrant rest.

Can my child sit out of games with an injured ankle/wrist or similar? Some strains and sprains may need to be rested. However, little aches and pains can benefit from gentle movement, and it isn't advisable to completely stop moving the affected joint in many cases. Please discuss these concerns with our School Nurses.

My child is recovering from a cold, can they rest off games? Some children take a few extra days to recover after a short illness, such as a cold. We often see them enjoying their breaktimes running around outside with their friends, before presenting to Surgery to be off games. If your child is too unwell to manage a full school day, please consider keeping them at home to rest until they have fully recovered.

Can I request that my child is off games if they are tired? No, off games is for children with a medical exemption. Although your child might feel that exercise is the last thing they want to do when tired, regular exercise will make them feel less tired in the long run, so they'll have more energy. Your child can let their Sports Teachers know if they aren't feeling full of energy and they will be able to participate at their own pace.

Can I request that my child is off games if the weather is poor? No, off games is for children with a medical exemption. There's a famous Scandinavian saying: "There is no

such thing as bad weather, only bad clothing". It means that it's never a bad day to be outside, as long as you are properly dressed for the conditions.

My child doesn't love sport, can they watch instead? No, off games is for children with a medical exemption. We do recognise that all children are different, but sport is part of the curriculum at Beechwood Park. As well as keeping their bodies healthy, sport also increases confidence, mental alertness and self-esteem. Participating in group sports helps children to develop their social skills by making friends, learning how to deal with conflict, and celebrating shared success with others.

Can I collect my child early from school if they are off games? Pupils will remain at school when they are off games, except under exceptional medical circumstances (i.e. fracture, concussion). Please discuss these concerns with our School Nurses*.

My child is too unwell to join in. If your child is too unwell to manage a full school day, please consider keeping them at home to rest until they have fully recovered. Unwell children should remain at home.

(*please contact your child's Head of Year as Surgery is unable to grant permission for you to remove your child from school).

Medical Equipment

Any medical monitoring equipment brought in by a pupil (i.e., blood glucose monitor, diabetic sensor, insulin pump, etc.) will be under the responsibility of the child's hospital based medical team for calibration, repair and replacement.

Risk Assessments and Personalised Emergency Evacuation Plans (PEEPs)

For some children getting around school can be difficult, especially if they are using a mobility aid (such as crutches, a frame or a wheelchair). In the past, we have supported children by moving classroom locations around to the ground floor, if this is needed and Surgery can visit children downstairs, rather than asking them to come up in surgery. For any child with considerable restricted mobility, a Risk Assessment and Personalised Emergency Evacuation Plan (PEEP) will be put in place.

Getting around school safely

Your child's Form Tutor will inform the teaching staff that your child may need to leave lessons a few minutes early, while the corridors are less busy. This will allow your child to get to their next lesson and be less likely to be accidentally bumped. They will have a *buddy* allocated to them to help carry lunch trays, book bags, hold open doors etc.

Mobility Aids

If your child requires a mobility aid we will complete a risk assessment looking at their safe mobility around the *School* site. Some of our grounds will not be suitable or safe for children to use (woods, sports pitches etc.). Most children quickly become adept on their mobility aids and can safely manage steps and even use stairs at home. We encourage children to move up and down school steps or stairs on their bottom.

(Further advice can be found in our Surgery Advice Sheet – *Returning to School After a Fracture*).

Any mobility aids brought into school by a pupil (i.e., crutches, a walking/support frame or a wheelchair) will be under the responsibility of the child's parents and/or medical team for safety checks, repair and replacement. Surgery does not recommend that parents source their own equipment for use with children.

General Communication With Parents

Surgery will primarily communicate with parents/guardians via the weekly school newsletter to provide general information and medical updates. Specific health information may need to be communicated by year groups or to the parents/guardians of individual pupils (such as vaccination details or outbreaks of illness). This information will be sent out via direct email.

Surgery's Medical Advice Sheets

The following Advice Sheets have been created by Surgery for parents and staff, with information taken from https://www.nhs.uk/

Return to school advice taken from guidance from our School Medical Officers and medical information from the Department of Education. Any images contained within the advice sheets have been obtained via the NHS website.

Medical Advice Sheets:

1. Flu
2. Chicken Pox
3. Headlice
4. Nosebleeds
5. Threadworm
6. Scarlet Fever
7. Diarrhoea and Vomiting
8. Mumps
9. Slapped Cheek
10. Impetigo
11. Hand Foot and Mouth
12. Meningitis Outbreak
13. Coughs and Colds
14. Verruca
15. Athletes Foot
16. Molluscum Contagiosum
17. Hay Fever
18. Sun Safety for Children
19. Childhood Diseases and Potential Risks During Pregnancy
20. Whooping Cough
21. Measles
22. Keep Well This Winter
23. Cold Sores
24. Insect Bites and Stings
25. Conjunctivitis
26. Sprains and Strains
27. Constipation in Children
28. Fractures
29. Croup
30. Puberty Girls
31. Rubella
32. Roseola
33. Wound Care
34. Returning to School with a Fracture

Surgery's Medical Advice Sheet No. 1

Flu

Advice for Parents

Flu is a common infectious viral illness spread by coughs and sneezes. It can be very unpleasant, but your child should begin to feel better within about a week.

Symptoms

Flu symptoms come on very quickly and can include:

- a sudden fever – a temperature of 38C or above
- aching body
- feeling tired or exhausted
- dry, chesty cough
- sore throat
- headache
- difficulty sleeping
- loss of appetite
- diarrhoea or tummy pain
- nausea and being sick
- Children often complain of earache, appear lethargic.

What's the difference between flu and a cold?

Cold and flu symptoms are similar, but flu tends to be more severe.

Flu	Cold
Appears quickly within a few hours	Appears gradually
Affects more than just your nose and throat	Affects mainly your nose and throat
Makes you feel exhausted and too unwell to carry on as normal	Makes you feel unwell, but you're OK to carry on as normal (for example, go to work)

Self help

To help your child get better more quickly:

- rest and sleep
- keep warm

- take paracetamol to lower their temperature and treat aches and pains
- drink plenty of water to avoid dehydration (pee should be light yellow or clear)

When to get help

Call NHS 111 or see your GP if:

- you're worried about your baby's or child's symptoms
- you have a long-term medical condition – for example, diabetes or a heart, lung, kidney or neurological disease
- you have a weakened immune system – for example, because of chemotherapy or HIV
- your symptoms don't improve after 7 days

Call 999 or go to A&E if:

- they develop sudden chest pain
- they have difficulty breathing
- they start coughing up blood

When to return to school

Your child can return to school if:

- they are eating and drinking normally
- they are not drowsy or lethargic
- they have not had a temperature of over 38.0 for at least 24hrs
- they have not been sick or had diarrhoea for at least 48hrs
- they are well enough to cope with a full school day.

Prevention

The following advice can help to prevent the spread of infection:

- Vaccination; opting into the vaccination programme offered to young pupils can protect vulnerable groups.
- Encourage children to wash hands regularly, especially before meals.
- Use tissues and throw them away. Wash hands afterwards; remember: Catch it, Bin it, Kill it.
- Stay home, if unwell; this limits the spread from one person to another.
- Keep cleaning - especially door handles, light switches and surfaces.

Please contact surgery by telephone or email Medical@beechwoodpark.com if you would like to talk about you child.

Surgery's Medical Advice Sheet No. 2

Chickenpox

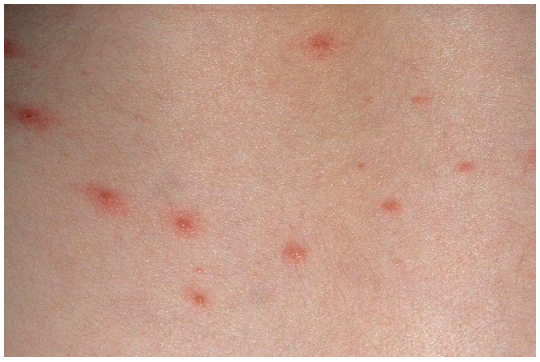
Advice for Parents

Chickenpox is a highly infectious viral illness, which mostly affects children, although you can get it at any age. It usually gets better by itself within a week without needing to see a GP. You can catch chickenpox by being in the same room as someone with it. It's also spread by touching clothes or bedding that has fluid from the blisters on it.

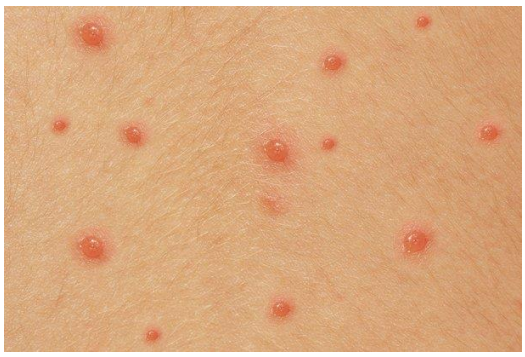
Symptoms

After coming in contact with someone who has chickenpox it can take 1 to 3 weeks for the spots to start appearing.

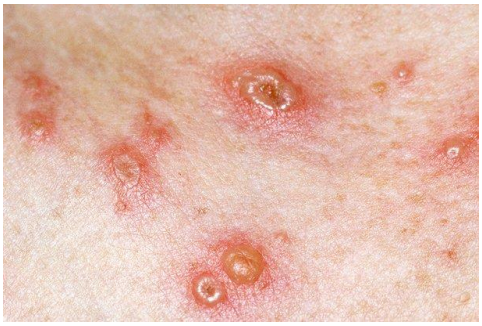
- Stage 1 - Chicken pox starts with red spots that can appear anywhere on the body:



- Stage 2 - The spots fill with fluid and these blisters may burst. Spots might stay in one area or spread to other areas of the body:



- Stage 3 - The spots begin to scab over, however new spots may still be appearing:



Other symptoms may include:

- a sudden fever – a temperature of 38C or above
- aching body (especially arms and legs)
- loss of appetite
- Chickenpox is very itchy and can make children feel miserable, even if they don't have many spots. Chickenpox is usually much worse in adults. It's possible to get chickenpox more than once, although it's unusual.

How long chickenpox is infectious for?

Chickenpox is usually infectious from 2 days before the spots appeared until 5 days after they first appeared.

You'll need to keep your child stay away from school or nursery until they've stopped getting any new spots **and** for at least 5 days after the first spots appeared.

But you don't need to wait until all the spots have healed or crusted over before going back as the risk of spreading it to others is very small after 5 days.

Self help

To help your child get better more quickly:

- rest and sleep
- keep warm
- take paracetamol to lower their temperature and treat aches and pains
- DO NOT TAKE NEUROFEN as this can make your child very ill
- drink plenty of water to avoid dehydration (pee should be light yellow or clear). Try ice lollies if your child has a painful mouth.
- put socks on your child's hands at night to stop scratching
- cut your child's nails

- use cooling creams or gels from your pharmacy
- speak to your pharmacist about using antihistamine medicine to help itching
- bathe in cool water and pat the skin dry (don't rub)
- dress in loose clothes

When to get help

Call NHS 111 or see your GP if:

- you are unsure what the rash is (not chicken pox rash)
- you're child is dehydrated
- the skin around the blisters is red, hot or painful (signs of infection)
- you're worried about your baby's or child's symptoms
- you have a long-term medical condition – for example, diabetes or a heart, lung, kidney or neurological disease
- you have a weakened immune system – for example, because of chemotherapy or HIV
- your symptoms don't improve after 7 days

Tell the receptionist you think it's chickenpox before going in. They may recommend a special appointment time if other patients are at risk.

When to return to school

Your child can return to school if:

- they've stopped getting any new spots and for at least 5 days after the first spots appeared
- they are not drowsy or lethargic
- they have not had a temperature of over 38.0 for at least 24hrs
- they have not been sick or had diarrhoea for at least 48hrs
- **they are well enough to cope with a <u>full</u> school day**

Prevention

The following advice can help to prevent the spread of infection:

- stay home (see time limits above), this limits the spread from one person to another.

- you can get the chickenpox vaccine on the NHS if there's a risk of harming someone with a weakened immune system (for example, a child could be vaccinated if one of their parent/guardian was having chemotherapy).
- you can pay for the vaccine at some private clinics or travel clinics.

Shingles and chickenpox

You can't catch shingles from someone with chickenpox. You can catch chickenpox from someone with shingles if you haven't had chickenpox before. When you get chickenpox, the virus stays in your body. It can be triggered again if your immune system is low and cause shingles. This can be because of stress, certain conditions, or treatments like chemotherapy.

Please contact surgery by telephone or email Medical@beechwoodpark.com if you would like to talk about you child.

Surgery's Medical Advice Sheet No. 3

Head Lice

Advice for Parents

Head lice are very common in young children. They don't have anything to do with dirty hair and are usually picked up from head-to-head contact. Head lice are small insects, up to 3mm long. They can be difficult to spot in your child's hair. Head lice eggs (known as nits) are yellow, brown or white (empty shells) and attached to the hair.

Symptoms

Symptoms can include:

- an itchy head and scalp
- the feeling of something moving in your hair
- the only way to be sure someone has head lice is by finding live lice or eggs. You can do this by combing their hair with a special fine-toothed comb (detection comb). You can buy these online or at pharmacies.


Self help

To help your child get better more quickly:

- your local pharmacist will be able to advise you on suitable treatments or you can buy products from supermarkets or online

When to get help

Call NHS 111 or see your GP if:

- you do not need to see your GP to treat head lice

When to return to school

There's no need to keep your child off school if they have head lice. Please let the school Surgery know so we can inform other parent/guardian in your child's year group (we will of course keep your name anonymous).

Treatment

The following advice can help to prevent the spread of head lice:

- Treat head lice as soon as you spot them. You should check everyone in the house and treat them on the same day if they have head lice.
- You can use medicated lotions and sprays that kill head lice in all types of hair. You can buy these from pharmacies, supermarkets or online.
- Head lice should die within a day. Lotions and sprays come with a comb to remove dead lice and eggs.
- Some treatments need to be repeated after a week to kill any newly hatched lice. Check the pack to see whether they're OK for you or your child to use and how long they should be left in the hair.
- If lotions or sprays don't work, speak to your pharmacist about other treatments.

Some treatments aren't recommended because they're unlikely to work:

- products containing permethrin
- head lice "repellents"
- electric combs for head lice
- tree and plant oil treatments, such as tea tree oil, eucalyptus oil and lavender oil herbal remedies

If you don't want to use chemicals you can buy a special fine-toothed comb (detection comb) online or from pharmacies to remove head lice and nits. There will be instructions on the pack to follow, but typically you:

- use the comb on wet or dry hair – although it usually works best on wet hair with conditioner
- comb the whole head of hair, from the roots to the ends
- repeat every few days for 2 weeks, or every day for at least 3 days after you last found a lice or egg.

Prevention

There's nothing you can do to prevent head lice. You can reduce the risk of lice spreading by avoiding head-to-head contact, which can be minimised by wearing long hair in a plait or ponytail. Don't use medicated lotions and sprays to prevent head lice as this can irritate the scalp. There's no need for children to stay off school, or to wash laundry on a hot wash.

Please contact surgery by telephone or email Medical@beechwoodpark.com if you would like to talk about you child.

Surgery's Medical Advice Sheet No. 4

Nosebleeds

Advice for Parents

Nosebleeds are very common in children. Nosebleeds aren't usually a sign of anything serious and most can be easily treated at home or at school.

Causes of a nosebleed

The inside of the nose is delicate and nosebleeds happen when it's damaged. This can be caused by:

- picking your nose

- blowing your nose too hard
- the inside of your nose being too dry (because of a change in air temperature)
- Certain people are more prone to getting nosebleeds, including children but they usually grow out of them by age 11

Nosebleeds that need medical attention can come from deeper inside the nose. They can be caused by:

- an injury or broken nose
- sometimes the cause of a nosebleed is unknown

Treatment

To help your child get better more quickly:

- sit or stand them upright (don't lie them down)
- pinch their nose just above their nostrils (the fleshy part of the nose) for 10 to 15 minutes
- lean them forward and tell them to breathe through their mouth
- place an icepack (or a bag of frozen peas wrapped in a teatowel) at the top of their nose or allow them to suck ice chips

When to get help

Call NHS 111 or see your GP if:

- a child under 2 years old has a nosebleed
- your child has regular nosebleeds
- your child has symptoms of anaemia – such as a faster heartbeat (palpitations), shortness of breath and pale skin
- your child has a condition that means their blood can't clot properly, such as haemophilia

Go to A&E if:

- your child's nosebleed lasts longer than 20 minutes
- the bleeding seems excessive
- they are swallowing large amounts of blood making them vomit
- the bleeding started after a bump to the head

- they feel weak or dizzy
- they have difficulty breathing

When to return to school

There's no need to keep your child off school if they have nosebleeds.

Prevention

The following advice can help to stop the bleeding and prevent it starting again:

After a nosebleed, for 24 hours encourage your child not to:

- blow their nose
- pick their nose
- drink hot drinks
- take hot baths
- do any strenuous exercise
- pick any scabs that form (they help it to heal and prevent infection)
- encourage them to sneeze through their mouth
- try and avoid nose injury

Please contact surgery by telephone or email Medical@beechwoodpark.com if you would like to talk about you child.

Surgery's Medical Advice Sheet No. 5

Threadworms

Advice for Parents

Threadworm (or pinworms) are tiny worms in your child's poo. They're common in children and spread easily. You can treat them at home without seeing your GP.

Symptoms

You can often spot worms in your child's poo. They look like pieces of white thread. You might also see them around your child's bottom. The worms usually come out at night while your child is sleeping causing:

- extreme itching around your child's bottom, particularly at night
- irritability and waking up during the night

Threadworms may also cause these less common symptoms:

- Weight loss
- Wetting the bed
- Irritated skin around the bottom (anus)

Treatment

To help your child get better more quickly:

- You can buy medicine for threadworms from pharmacies. This is usually a chewable tablet or liquid you swallow
- Treat everyone in your household, even if they don't have symptoms

When to get help

Call NHS 111 or see your GP if:

- You can treat them without seeing your GP
- Your pharmacist will be able to advise medication for you to buy

When to return to school

There's no need to keep your child off school if they have threadworms. Please let Surgery know if your child has threadworms as they are easily spread. We will need to let other parent/guardian in your child's/children's year group know (we will of course keep your name anonymous).

Prevention

Threadworms spread when their eggs are swallowed. They lay eggs around your child's bottom, which make it itchy. The eggs get stuck on their fingers when they scratch. They can then pass on to anything they touch, including:

- clothes

- toys
- toothbrushes
- kitchen or bathroom surfaces
- bedding
- food
- pets

Eggs can then pass to other people when they touch these surfaces and touch their mouth. They take around 2 weeks to hatch. Children can get worms again after they've been treated for them if they get the eggs in their mouth. This is why it's important to encourage children to wash their hands regularly, especially before eating.

Although medicine kills the threadworms, it doesn't kill the eggs which can live for up to 2 weeks outside the body.

There are things you can do to stop becoming infected again:

Do	Don't
wash hands and scrub under fingernails – particularly before eating, after using the toilet	shake clothing or bedding, to prevent eggs landing on other surfaces
encourage children to wash hands regularly	share towels or flannels
bathe or shower every morning	bite nails or suck thumbs and fingers
rinse toothbrushes before using them	
keep fingernails short	
wash sleepwear, sheets, towels and soft toys (at normal temperature)	
disinfect kitchen and bathroom surfaces. Vacuum and dust with a damp cloth	
make sure children wear underwear at night – change it in the morning	

Please contact surgery by telephone or email Medical@beechwoodpark.com if you would like to talk about you child.

Surgery's Medical Advice Sheet No. 6

Scarlet Fever

Advice for Parents

Scarlet fever, also called scarlatina, is a highly contagious infection that causes a blotchy, pink-red rash. It's most common in young children, but can affect people of any age. It isn't usually serious and can be treated with antibiotics from your GP. Once you've had it, you're unlikely to get it again.

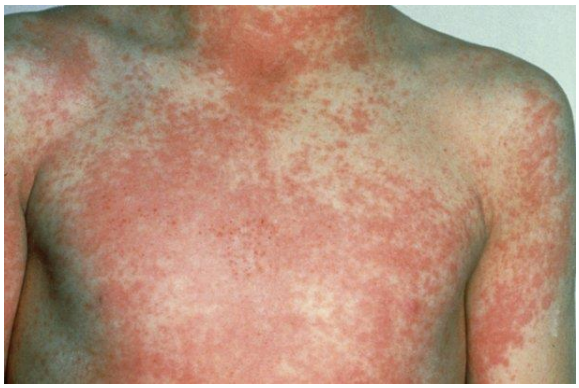
Symptoms

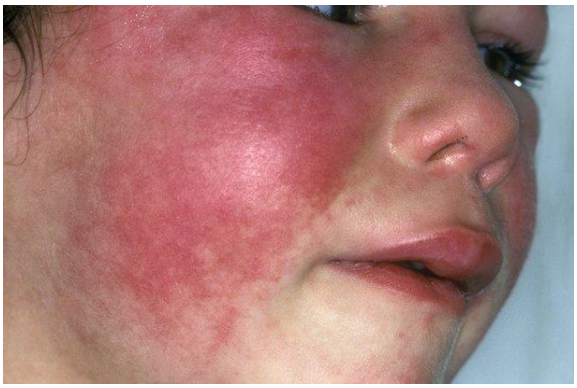
Symptoms of scarlet fever usually develop within a week of being infected. Early signs include:

- a sore throat
- a headache
- a high temperature (38.3C/101F or above)
- swollen glands in the neck
- being sick (vomiting)
- This may be followed by a rash on the body, a red face and a white or red tongue

The rash

The above symptoms are followed by a fine red rash which typically first appears on the chest and tummy, these spots often merge together before rapidly spreading to other parts of the body. On more darkly-pigmented skin, the scarlet rash may be harder to spot, but it should feel rough like 'sandpaper'. The face can be flushed red but pale around the mouth. The rash will turn white when you press a glass over it. Some children also have bright red skin in their body folds (armpit, elbow).





Sometimes a white coating will appear on the tongue. This will peel away after a few days leaving a red and swollen tongue. This is known as 'strawberry tongue'.

When to get help

Call NHS 111 or see your GP as soon as possible if:

- you suspect your child may have scarlet fever or the symptoms of scarlet fever
- you or your child have been treated for scarlet fever but the symptoms haven't improved after a week or are getting worse
- Your GP can usually diagnose scarlet fever by looking at the rash. Sometimes they may use a cotton bud to remove a bit of saliva from the throat so it can be tested (swab)

Treatment

Treatment with antibiotics (tablets or liquids) is recommended to reduce the length of time the infection is contagious, speed up recovery and reduce the risk of any further problems.

To help your child get better more quickly:

- give your child the antibiotic medication prescribed by their GP for five or 10 days (your GP will advise you how long the treatment will last)
- your child should start feeling better after a day or two, but make sure you finish the whole course of treatment
- While taking antibiotics they should rest and drink plenty of fluids
- take paracetamol or ibuprofen if they are uncomfortable or have high temperature (don't give aspirin to children under 16)

Scarlet fever usually clears up within a week, although the skin may peel for a few weeks after the other symptoms have passed.

Contact your GP if you or your child gets any new symptoms that you're worried about in the weeks after a scarlet fever infection.

When to return to school

Please let Surgery know if your child has scarlet fever, as it is easily spread. We will need to let other parent/guardian in your child's year group know (we will of course keep your name anonymous). Stay at home, away from nursery or school for at least 24 hours after starting the antibiotic treatment, to avoid spreading the infection.
Inform Surgery by telephone or email Medical@beechwoodpark.herts.sch.uk

Prevention

Scarlet fever is very contagious. It's spread in the tiny droplets found in an infected person's breath, coughs and sneezes. You can be infected if the droplets get into your mouth, nose or eyes – either by being in close contact with an infected person, or by touching something that has droplets on it.
To help stop the infection spreading:

- keep your child away from nursery or school for at least 24 hours after starting antibiotic treatment
- encourage your child to cover their mouth and nose with a tissue when they cough or sneeze – throw away used tissues immediately
- wash hands with soap and water often, especially after using or disposing of tissues
- avoid sharing utensils, cups and glasses, clothes, baths, bed linen, towels or toys

Make sure that your child takes the full course of any antibiotics prescribed by the doctor. Surgery can give antibiotics at school (Please see BPS Medical Policy – Administration of Medicines for further details).

Other rashes

There are many other illnesses that can cause a spotty or blotchy red rash, including: Roseola, slapped cheek syndrome, measles, rubella, **meningitis** – this can cause a rash that doesn't fade when a glass is rolled over it. See your GP or call NHS 111 for advice if you or your child has a rash and you're worried. Call 999 for an ambulance or go to your nearest accident and emergency (A&E) department if you think you or your child might have meningitis.

Please contact surgery by telephone or email Medical@beechwoodpark.com if you would like to talk about you child.

Surgery's Medical Advice Sheet No. 7

Diarrhoea and Vomiting

Advice for Parents

Diarrhoea and vomiting are common in young children. Also known as a stomach or tummy bug, it's usually caused by an infection. Most children who have diarrhoea and vomiting don't need treatment and you can safely look after them at home.

Symptoms

Symptoms of an infection causing diarrhoea and vomiting could include:

- a high temperature (38.3C/101F or above)
- abdominal pain
- feeling generally unwell
- loss of appetite
- dizziness
- feeling of weakness
- feeling nauseous
- being sick (vomiting) and/or diarrhoea

It's important to look out for signs of dehydration. Especially young children can become dehydrated more quickly than older children, when they have diarrhoea and vomiting. If dehydration becomes severe, it can be dangerous, particularly in young babies.

When to get help

Vomiting usually lasts for 1 to 2 days, while diarrhoea lasts for about 5 to 7 days. If your child's symptoms last longer than this or they're showing signs of dehydration, speak to your GP.

Call NHS 111 or see your GP as soon as possible if:

- your child seems to be deteriorating rather than getting better
- has blood or mucus in their poo
- has bile-stained (green) vomit
- has severe abdominal pain

Treatment

To help your child get better more quickly:

- offer your child plenty of clear fluids such as water, avoiding fruit juice and fizzy drinks
- offer a light diet slowly until they feel able to eat more

When to return to school

Please let Surgery and Mrs Knight know if your child has diarrhoea and vomiting. **Stay at home, away from nursery or school for at least 48 hours after the last episode, to avoid spreading the infection**. Even if your child has only had one bout of sickness and/or diarrhoea. Inform Surgery by telephone or email Medical@beechwoodpark.com

Prevention

It's important to be careful with hygiene while your child is ill to stop diarrhoea and vomiting spreading. To help stop the infection spreading:

- Make sure everyone in the family washes their hands frequently, preferably using liquid soap with warm running water. They also need to dry their hands properly.
- It's particularly important for everyone to wash their hands after going to the toilet and before eating.
- Anyone who has diarrhoea and vomiting should have their own towel to use.
- Children who have diarrhoea and vomiting should be kept away from childcare or school for at least 48 hours after the last bout of diarrhoea or vomiting.
- Children shouldn't swim in public swimming pools for 2 weeks after diarrhoea and vomiting has stopped.

Please contact surgery by telephone or email Medical@beechwoodpark.com if you would like to talk about you child.

Surgery's Medical Advice Sheet No. 8

Mumps

Advice for Parents

Mumps is a contagious viral infection that used to be common in children before the introduction of the MMR vaccine.

Symptoms

Mumps is most recognisable by the painful swellings at the side of the face under the ears (the parotid glands), giving a person with mumps a distinctive "hamster face" appearance.
Other symptoms include:

- headaches
- joint pain
- a high temperature (38.3C/101F or above), which may develop a few days before the swelling of the glands

How mumps is spread

Mumps is spread in the same way as colds and flu – through infected droplets of saliva that can be inhaled or picked up from surfaces and transferred into the mouth or nose. A person is most contagious a few days before the symptoms develop and for a few days afterwards. During this time, it's important to prevent the infection spreading to others, particularly teenagers and young adults who haven't been vaccinated.

If your child has mumps, you can help prevent it spreading by:

- regularly washing their hands with soap
- using and disposing of tissues when they sneeze
- avoiding school for at least five days after their symptoms first develop

When to get help

It's important to contact your GP if you suspect mumps so a diagnosis can be made. While mumps isn't usually serious, the condition has similar symptoms to more serious types of infection, such as glandular fever and tonsillitis.
Your GP can usually make a diagnosis after seeing and feeling the swelling, looking at the position of the tonsils in the mouth and checking your child's temperature to see if it's higher than normal.
Let your GP know in advance if you're coming to the surgery, so they can take any necessary precautions to prevent the spread of infection.

Call NHS 111 or see your GP as soon as possible if:

- your child seems to be deteriorating rather than getting better

Treatment

The infection should pass within one or two weeks. To help your child feel better more quickly:

- make sure they get plenty of bed rest
- offer your child plenty of clear fluids such as water, avoiding fruit juice and fizzy drinks
- use painkillers such as paracetamol and ibuprofen (aspirin should not be given to children under 16 years) to help with the pain and reduce high temperatures
- apply a warm or cool compress to the swollen glands to help relieve the pain

When to return to school

Please let Surgery know if your child has mumps, as it is easily spread. We will need to let other parent/guardian in your child's year group know (we will of course keep your name anonymous). **Stay at home, away from nursery or school for at least 5 days after the first signs of facial swelling, to avoid spreading the infection**. Inform Surgery by telephone or email Medical@beechwoodpark.herts.sch.uk

Prevention

You can protect your child against mumps by making sure they're given the combined MMR vaccine (for mumps, measles and rubella). The MMR vaccine is part of the routine NHS childhood immunisation schedule. Your child should be given one dose when they are around 12-13 months and a second booster dose before they start school. Once both doses are given, the vaccine provides 95% protection against mumps.

Complications

Mumps usually passes without causing serious damage to a person's health. Serious complications are rare. However, mumps can lead to viral meningitis if the virus moves into the outer layer of the brain. Other complications include swelling of the testicles in males or the ovaries in females (if the affected male or female has gone through puberty).

Please contact surgery by telephone or email Medical@beechwoodpark.com if you would like to talk about you child.

Surgery's Medical Advice Sheet No. 9

Slapped Cheek

Advice for Parents

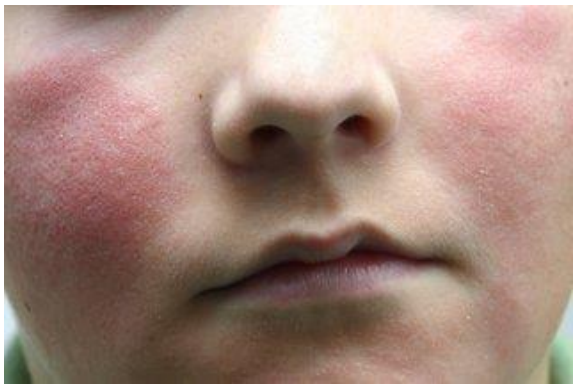
Slapped cheek disease (also known as fifth disease because it used to be the fifth most common childhood infection) is a common viral infection that mainly affects children between the ages of six and ten years old. It should clear up on its own within 3 weeks.

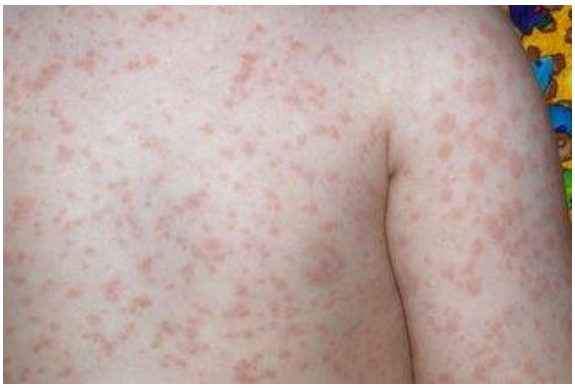
Symptoms

The incubation period between catching the virus and showing any symptoms is one to two weeks. Your child may have flu like symptoms such as:

- a runny nose
- headaches
- joint aches and pains
- a high temperature (38.3C/101F or above)

To begin with, the rash appears on both cheeks making them look red - which is why it is called slapped cheek. Adults don't always get the rash.





A few days later, a raised and itchy rash will appear on your child's chest, arms and legs. The rash may fade a bit and then come back if your child gets hot after a bath, is in direct sunlight or runs about.

Some people can have slapped cheek disease and not have any symptoms, but they will still be able to pass the virus on to other people.

The cheek rash normally fades within 2 weeks. The body rash also fades within 2 weeks but sometimes comes and goes for up to a month – especially if your child gets hot (especially when running around) or feels anxious.

How slapped cheek is spread

Slapped cheek is spread in the same way as colds and flu – through infected droplets of saliva that can be inhaled or picked up from surfaces and transferred into the mouth or nose. It often occurs in outbreaks because children can be infectious for up to two weeks before any signs appear. During this time, it is important to prevent the infection spreading to others. A child is no longer infectious once the rash has appeared and when your child has had slapped cheek, they will not catch it again.

If your child has slapped cheek, you can help prevent it spreading by:

- regularly washing their hands with soap
- encouraging your child to put their hand over their mouth when coughing and sneezing
- using and disposing of tissues when they sneeze
- using a moisturiser or antihistamine medication for the itching

When to get help

It's important to contact your GP if you suspect slapped cheek so a diagnosis can be made. Let your GP know in advance if you're coming to the surgery, so they can take any necessary precautions to prevent the spread of infection.

Call NHS 111 or see your GP as soon as possible if:

- your child seems to be deteriorating rather than getting better
- your child has a chronic illness, particularly affecting his or her blood
- your child is diabetic

Treatment

In most children, slapped cheek is a mild illness, which gets better in a few days without any treatment. As a virus causes slapped cheek, antibiotics won't help to treat it. To help your child feel better more quickly:

- make sure they get lots of bed rest
- offer your child plenty of clear fluids such as water, avoiding fruit juice and fizzy drinks
- use painkillers such as paracetamol and ibuprofen (aspirin should not be given to children under 16 years) to help with aches and pains and reduce high temperatures

When to return to school

Please let Surgery know if your child has slapped cheek, as it is easily spread. We will need to let other parent/guardian in your child's year group know (we will of course keep your name anonymous). **You do not need to keep your child off school, unless they are feeling unwell, as the rash and red cheeks are the last presenting symptom and by this stage your child will no longer be infectious.** Inform Surgery by telephone or email Medical@beechwoodpark.com

Prevention

It's hard to prevent slapped cheek because most people don't know they have it until they get the rash. You can only it spread to other people before the rash appears. But regular hand washing is an excellent way to prevent viruses from spreading.

Please contact surgery by telephone or email Medical@beechwoodpark.com if you would like to talk about you child.

Slapped cheek in adults and in pregnancy

Slapped cheek is rarer in adults but can be more serious. Adults might also have joint pain and stiffness. This can continue for many weeks, even after the other symptoms have gone. If a pregnant woman comes into contact with or develops slapped cheek, she should see her GP and Midwife as soon as possible as it can cause severe complications.

Surgery's Medical Advice Sheet No. 10

Impetigo

Advice for Parents

Impetigo is a skin infection that's very contagious but not usually serious. It often gets better in 7 to 10 days if you get treatment. Anyone can get it, but it's very common in young children.

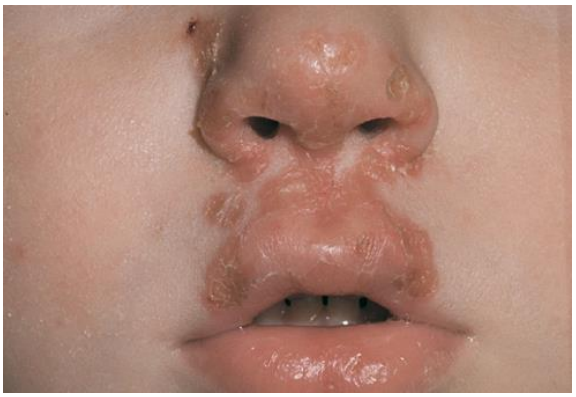
Symptoms

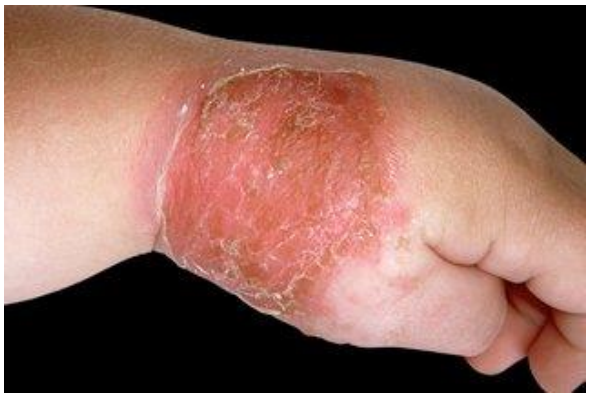
Impetigo starts with red sores or blisters. They quickly burst and leave crusty, golden-brown patches. These can:

- look a bit like cornflakes stuck to child's skin
- get bigger
- spread to other parts of your child's body
- be itchy
- sometimes be painful

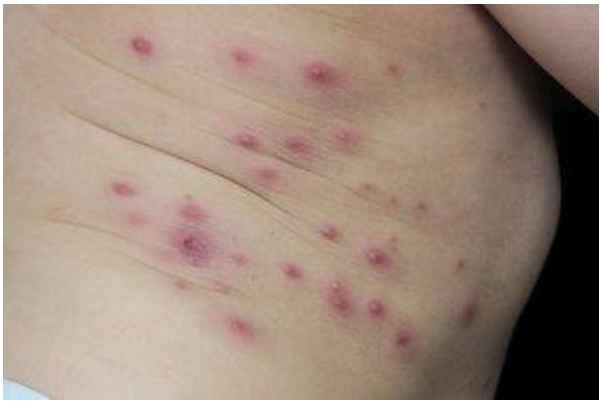
The two types of impetigo are bullous impetigo and non-bullous impetigo. Bullous impetigo causes large fluid-filled blisters that are painless. Non-bullous impetigo is the more contagious form of the condition causing sores that burst leaving a yellow-brown crust.

Sores (non-bullous impetigo) or blisters (bullous impetigo) can start anywhere – but usually on exposed areas like the face (around the nose and mouth), hands and sometimes on the arms or legs.





It is also common for blisters to start around your child's middle.



Causes of impetigo

The most common cause of impetigo is the bacteria Staphylococcus aureus. These bacteria lurk everywhere. It is easier for a child with an open wound or fresh scratch to contract impetigo. Other skin-related problems, such as eczema, body lice, insect bites, fungal or bacterial infections, and various forms of dermatitis can make a person susceptible to impetigo.

Most people get this highly infectious disease through physical contact with someone who has it, or from sharing the same clothes, bedding, towels, or other objects. The very nature of childhood, which includes much physical contact and large-group activities, makes children the primary victims and carriers of impetigo.

How it spreads

Impetigo can easily spread to other parts of your child's body or to other people until it stops being contagious.

It stops being contagious:

- 48 hours after starting the medicine your GP prescribed
- when the patches dry out and crust over – if your child doesn't get treatment

If your child has impetigo, you can do some things to help stop it spreading or getting worse while it's still contagious:

Do	Don't
stay away from school or nursery	touch or scratch sores, blisters or crusty patches – this also helps stop scarring

keep sores, blisters and crusty patches clean and dry	have close contact with other children, or people with diabetes or a weakened immune system (if they're having chemotherapy, for example)
cover them with loose clothing or gauze bandages	share flannels, sheets or towels
encourage your child to wash their hands frequently	prepare food for other people
wash your flannels, sheets and towels at a high temperature	play contact sports like football
wash or wipe down toys with detergent and warm water if your children have impetigo	

When to get help

It's important to contact your GP if you suspect impetigo so a diagnosis can be made and treatment can be started. Let your GP know in advance if you're coming to the surgery, so they can take any necessary precautions to prevent the spread of infection.

Call NHS 111 or see your GP as soon as possible if your child:

- might have impetigo
- had treatment for impetigo but the symptoms change or get worse
- had impetigo before and it keeps coming back
- seems to be deteriorating rather than getting better
- has urine changes, body swelling, nausea, or headaches develop. These could be signs of post-streptococcal glomerulonephritis, a severe kidney disease that occurs following a streptococcal infection in about 2% to 5% of cases, mainly in children.

Treatment

Your child's GP can prescribe antibiotic cream to speed up their recovery or antibiotic tablets if it's very bad. It is very important to continue using the treatment. Don't stop using the antibiotic cream or tablets early, even if the impetigo starts to clear up.

If your child's impetigo keeps coming back a GP can take a swab from around their nose to check for the bacteria that causes impetigo. They might prescribe an antiseptic nasal cream to try to clear the bacteria and stop the impetigo coming back.

When to return to school

Please let Surgery know if your child has impetigo, as it is easily spread. We may need to let other parent/guardian in your child's year group know (we will of course keep your name anonymous). **Stay away from school or nursery until lesions are crusted and healed or 48 hours after starting antibiotic treatment.**

Inform Surgery by telephone or email Medical@beechwoodpark.com

Prevention

Impetigo usually infects skin that's already damaged. Avoid infection by:

- keeping cuts, scratches and insect bites clean – for example, by washing with warm water and soap
- getting treatment for skin conditions, like eczema

Is Impetigo the same as cold sores?

Sores associated with impetigo may be mistaken for a cold sore (herpes virus) infection. However, impetigo spreads faster, never develops inside the mouth, and is rarely confined to one area of the body. If in doubt, seek advice from your GP for an accurate diagnosis.

Please contact surgery by telephone or email Medical@beechwoodpark.com if you would like to talk about you child.

Surgery's Medical Advice Sheet No. 11

Hand, Foot and Mouth Disease

Advice for Parents

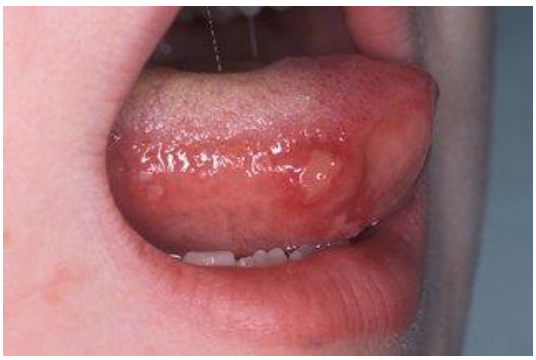
Hand, foot and mouth disease is a highly contagious viral infection that is common in childhood (particularly under 10 years old), but can also affect adults. It usually clears up by itself in 7 to 10 days. It's possible to get hand, foot and mouth disease more than once and it has nothing to do with foot and mouth disease that affects farm animals.

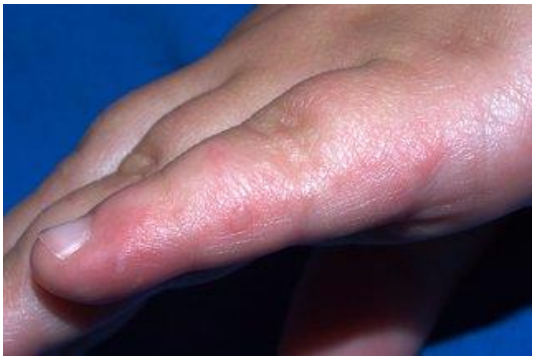
Symptoms

The first signs of hand, foot and mouth disease can be:

- a sore throat
- a high temperature, above 38°C
- loss of appetite

After a few days mouth ulcers and a rash will appear. Ulcers in the mouth and on the tongue can be very painful and make it difficult to eat or drink. Raised red spots, which develop into blisters, usually appear on the hands and feet (the foot blisters are grey in the centre and can be sore) and occasionally the groin area.





Your child is infectious from a few days before they have any symptoms, but they are most likely to give it to others in the first 5 days after symptoms start.

When to get help

It's important to contact your GP if you suspect hand, foot and mouth so a diagnosis can be made. Let your GP know in advance if you're coming to the surgery, so they can take any necessary precautions to prevent the spread of infection.

Call NHS 111 or see your GP as soon as possible if your child:

- might have hand, foot and mouth
- seems to be deteriorating rather than getting better
- symptoms don't improve after 7 to 10 days
- has a very high temperature (38°C), or feels hot and shivery
- is dehydrated – they're not peeing as often as usual
- or if you're worried about your child's symptoms

Treatment

You can't take antibiotics or medicines to cure hand, foot and mouth disease – it has to run its course. Hand, foot and mouth disease can be unpleasant, but it usually gets better in 7 to 10 days.

To help your child feel better more quickly you can help them by:

- letting them rest and sleep
- give Paracetamol to lower their temperature and to help ease a sore mouth or throat
- give an antihistamine (Antihistamines) if the rash is itchy
- offer plenty of water to drink to avoid dehydration (pee should be light yellow or clear) avoiding acidic drinks such as fruit juice
- eat soft foods like soup – avoid hot and spicy foods

Speak to your local pharmacist for advice about treatments, such as mouth ulcer gels, sprays and mouthwashes to relieve pain. They can tell you which ones are suitable for children.

When to return to school

Please let Surgery know if your child has hand foot and mouth disease, as it is easily spread. We may need to let other parent/guardian in your child's year group know (we will of course keep your name anonymous). **Please keep your child away from school or nursery while they're feeling unwell or have a temperature. If your child has hand, foot and mouth disease but is feeling well, they don't need to stay off school or nursery.** Inform Surgery by telephone or email Medical@beechwoodpark.com

Prevention

It's not always possible to avoid getting hand, foot and mouth disease, but following the advice below can help stop the infection spreading. Hand, foot and mouth disease is easily passed on to other people. It's spread in coughs, sneezes and poo.

To reduce the risk of spreading hand, foot and mouth disease:

- encourage your child to wash their hands especially after going to the toilet
- use tissues to trap germs when they cough or sneeze
- bin used tissues as quickly as possible
- don't share towels or household items – like cups or cutlery

- wash soiled bedding and clothing on a hot wash

Hand, foot and mouth disease in adults and pregnancy

The symptoms are usually the same in adults and children, but they can be much worse in adults.

Although there's normally no risk to the pregnancy or baby, it's best to avoid close contact with anyone who has hand, foot and mouth disease. This is because:

- having a high temperature during the first 3 months of pregnancy can lead to miscarriage, although this is very rare
- getting hand, foot and mouth disease shortly before birth can mean the baby is born with a mild version of it

Speak to your GP or midwife if you have been in contact with someone with hand, foot and mouth disease.

Please contact surgery by telephone or email Medical@beechwoodpark.com if you would like to talk about you child.

Surgery's Medical Advice Sheet No. 12

Meningitis Outbreak

Advice for Parents

Meningitis is an infection of the protective membranes that surround the brain and spinal cord (meninges). It can affect anyone, but is most common in babies, young children, teenagers and young adults. Meningitis can be very serious if not treated quickly. It can cause life-threatening blood poisoning (septicaemia) and result in permanent damage to the brain or nerves.

Symptoms

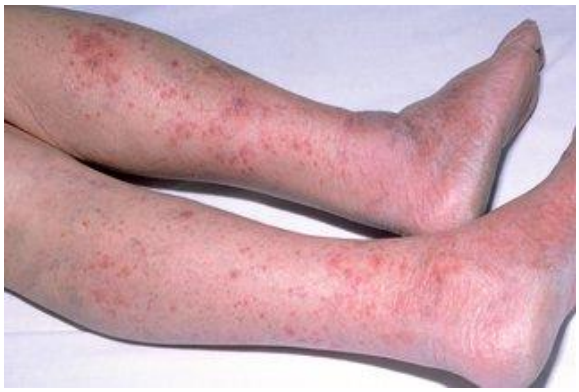
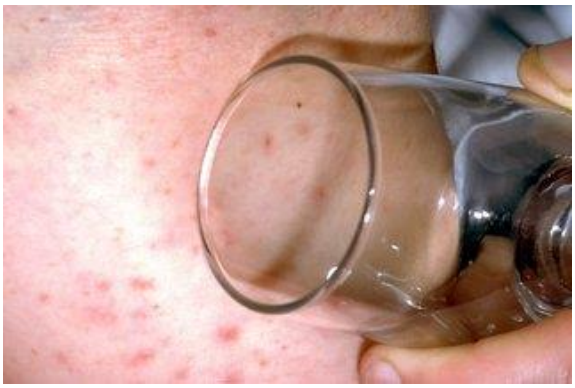
Symptoms of meningitis develop suddenly and can include:

- a high temperature (fever) of 38C (100.4F) or above
- being sick

- a headache
- a blotchy rash that doesn't fade when a glass is rolled over it (this won't always develop)
- a stiff neck
- a dislike of bright lights
- drowsiness or unresponsiveness
- seizures (fits)
- confusion
- cold hands and feet

These symptoms can appear in any order, and some may not appear.

A classic symptom of meningitis is a blotchy rash that doesn't fade when a glass is rolled over it, but this doesn't appear in many cases. The rash usually starts as small, red pinpricks before speading quickly and turining into red or purple blotches. If a rash doesn't fade under a glass, it's a sign of blood poisoning (septicaemia) caused by meningitis, and you should **get medical advice right away**. The rash can be harder to see on dark skin. Check for spots on paler areas like the palms of the hands, soles of the feet, the tummy, inside the eyelids, and the roof of the mouth.

How meningitis is spread

Meningitis is usually caused by a bacterial or viral infection. Bacterial meningitis is rarer but more serious than viral meningitis. Infections that cause meningitis can be spread through:

- sneezing
- coughing
- kissing

- sharing utensils, cutlery and toothbrushes

Meningitis is usually caught from people who carry these viruses or bacteria in their nose or throat but aren't ill themselves. It can also be caught from someone with meningitis, but this is less common. Several different viruses and bacteria can cause meningitis, including the mumps virus, herpes simplex virus (that usually causes cold sores) and enteroviruses (that can cause a mild stomach infection).

When to get help

You should get medical advice as soon as possible if you're concerned about yourself or your child. Trust your instincts and don't wait until a rash develops.

Call 999 for an ambulance or go to your nearest accident and emergency (A&E) department if you think your child might be seriously ill.

Call NHS 111 or see your GP as soon as possible if your child:

- might have meningitis
- seems to be deteriorating rather than getting better
- symptoms don't improve after 7 to 10 days
- has a very high temperature (38^{o}C), or feels hot and shivery
- is dehydrated – they're not peeing as often as usual
- or if you're worried about your child's symptoms

Treatment

People with suspected meningitis will usually have tests in hospital to confirm the diagnosis and check whether the condition is the result of a viral or bacterial infection. Viral meningitis tends to get better on its own within 7 to 10 days and can often be treated at home. It rarely causes any long-term problems.

To help your child feel better more quickly you can help them by:

- letting them rest and sleep
- give Paracetamol to lower their temperature
- offer plenty of water to drink to avoid dehydration (pee should be light yellow or clear) avoiding acidic drinks such as fruit juice

Bacterial meningitis usually needs to be treated in hospital for at least a week. Treatment includes antibiotic and fluids given directly into the blood (intravenous) and oxygen therapy. Most people with bacterial meningitis who are treated quickly will also make a full recovery, although some are left with serious, long-term problems. Overall, it's estimated that up to 1 in every 10 cases of bacterial meningitis is fatal.

When to return to school

Please let Surgery know if your child has meningitis, as it is easily spread. We may need to let other parent/guardian in your child's year group know (we will of course keep your name anonymous). **Please keep your child away from school or nursery until they have recovered.** Inform Surgery by telephone or email Medical@beechwoodpark.com

Prevention

Vaccination such as the measles, mumps and rubella (MMR) vaccine and Meningitis C vaccination have had a great impact on the numbers of people developing meningitis. However, they are only effective if children and young people receive them as part of their routine vaccinations.

Please contact surgery by telephone or email Medical@beechwoodpark.com if you would like to talk about you child.

Surgery's Medical Advice Sheet No. 13

Coughs and Colds (including croup)

Advice for Parents

Coughs and colds (viruses) are common infectious spread by coughs and sneezes. They can be unpleasant, but your child should begin to feel better within a few days. The common cold is infectious from a few days before your child's symptoms appear until all of the symptoms are gone. Most people will be infectious for around two weeks. Symptoms are usually worse during the first two to three days and this is when you're most likely to spread the virus. Symptoms often last longer in children than in adults.

Symptoms

The symptoms of a virus can include:

- blocked or runny nose
- sore throat
- headaches
- muscle aches
- coughs
- sneezing
- a raised temperature
- pressure in your child's ears and face
- loss of taste and smell
- children may appear lethargic

In children, colds usually begin with a sore throat, followed by a dripping nose, sneezing, feeling tired and sometimes a mild fever (below 38°C). A mild cough is not uncommon with a cold. If your child has asthma, a cold may make it worse.

What's the difference between a cold and flu?

Cold and flu symptoms are similar, but flu tends to be more severe:

Cold	Flu
Appears gradually	Appears quickly within a few hours
Affects mainly your nose and throat	Affects more than just your nose and throat
Makes you feel unwell, but you're OK to carry on as normal (for example, go out to play)	Makes you feel exhausted and too unwell to carry on as normal

Treatment

GPs don't recommend antibiotics for colds because they won't relieve symptoms or speed up recovery. Antibiotics are only effective against bacterial infections and colds are caused by viruses.

How long will a cold last?

Common cold symptoms usually start between 1 and 3 days after you are infected with a cold virus. Typically, the symptoms last for about 7 to 14 days. At that point, the worst is over, but your child may feel congested for a few weeks. Whilst they have symptoms of

the common cold they are contagious. That means they can pass the cold virus on to people who come into contact with them.

Self help

To help your child get better more quickly:

- encourage rest and sleep
- keep them warm
- give paracetamol **or** neurofen to lower their temperature and treat aches and pains (DO NOT GIVE ASPIRIN), staggering the doses evenly throughout the day
- offer plenty of water to avoid dehydration (their pee should be light yellow or clear)

Croup

Croup is a type of respiratory infection that is usually caused by a virus. The infection leads to swelling inside the windpipe, which interferes with normal breathing and produces the classic symptoms of "barking" cough and a hoarse voice. Croup usually gets better on its own within 48 hours. Until it does, sit your child upright, comfort them if they're distressed (crying can make the symptoms worse) and give them plenty of fluids. Do not put your child in a steamy room or get them to inhale steam and don't give them any cough or cold medicines. If you're not sure if it's croup, see your GP.

When to get help

Call NHS 111 or see your GP if:

- you're worried about your child's symptoms
- your child's symptoms are getting worse:
    - Their breathing is very rapid
    - The effort they are using to breathe increases
    - Their muscles in their chest and neck pull in when they breath
    - Their nostrils flare when they breathe
    - They are pale and lethargic
    - They have a temperature of 38.5 degrees
- your child has a long-term medical condition – for example, diabetes or a heart, lung, kidney or neurological disease
- your child has a weakened immune system

- your child's symptoms don't improve after 7 days

Call 999 or go to A&E if:

- they develop sudden chest pain
- they have difficulty breathing
- their lips are blue
- they become unresponsive
- they drool or are not able to swallow
- they start coughing up blood

When to return to school after a cough, cold, virus or croup

Your child can return to school if:

- they are well enough to cope with a full school day
- they have not been sick or had diarrhoea for at least 48hrs
- they have not had a temperature of over 38.0 for at least 24hrs
- they are eating and drinking normally
- they are not drowsy or lethargic

Children with croup should be considered contagious for three days after the illness begins or until the fever is gone.

Prevention

The following advice can help to prevent the spread of infection:

- stay home, if unwell; this limits the spread from one person to another
- encourage children to wash hands regularly, especially before meals
- use tissues and throw them away. Wash hands afterwards; remember: Catch it, Bin it, Kill it
- keep cleaning - especially door handles, light switches and surfaces.

Please contact surgery by telephone or email Medical@beechwoodpark.com if you would like to talk about you child.

Surgery's Medical Advice Sheet No. 14

Verruca

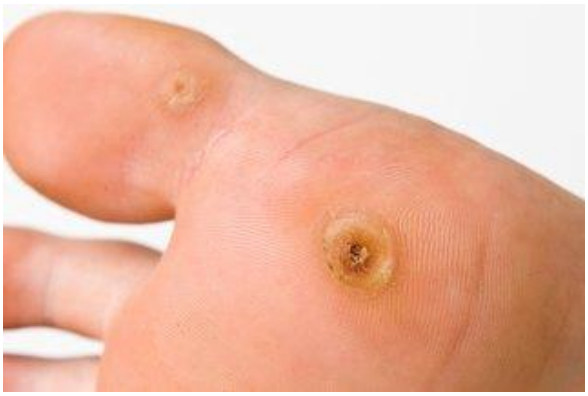
Advice for Parents

Verruca are small lumps on the skin that most people have at some point in their life. They usually go away on their own but may take months or even years. Verruca appear on your child's feet. They have a tiny black dot (which is actually the blood vessel) under the hard skin.

Symptoms

Symptoms of a verruca can include:

- a painful spot – like standing on a needle
- sometimes they feel itchy
- the verrucae are round or oval in shape and can be firm and raised or flattened
- an irregular surface typically like a cauliflower



How verruca are spread

Verruca are caused by a virus. They can be spread to other people from contaminated surfaces or through close skin contact. You're more likely to spread a verruca if your skin is wet or damaged. It can take months for a verruca to appear after contact with the virus. You can try to prevent verrucas spreading by:

Do	Don't
wash your hands after touching a verruca	share towels, flannels, socks or shoes if you have a verruca
change your socks daily if you have a verruca	walk barefoot in public places if you have a verruca

cover verrucas with a plaster when swimming	scratch or pick a verruca

When to get help

See your GP if:

- if the verruca does not heal
- you're worried about a growth on your child's skin
- the verruca keeps coming back
- your child has a very large or painful verruca
- or if you're worried about your child's symptoms

Treatment

You can buy creams, plasters and sprays from pharmacies to get rid of verrucas. These treatments can take up to 3 months to complete, may irritate your child's skin and don't always work. Your pharmacist can give you advice about the best treatment for your child. Your GP may be able to freeze a verruca so it falls off a few weeks later. Sometimes it takes a few sessions. If treatment hasn't worked your GP might refer your child to a skin specialist.

Swimming and sports at school

You do not need to stay away from school with a verruca. If your child has a verruca, we would love for them to continue with sports and swimming and would ask them not to miss a lesson unless it is painful or advised by their GP.

However, we will only allow them to swim or have bare feet in gymnastics (or dance and drama) if they wear a verruca sock or waterproof plaster. If they do not have it covered, they will not be able to take part.

You can purchase a verruca sock from your local pharmacist, some supermarkets or online.

Please contact surgery by telephone or email Medical@beechwoodpark.com if you would like to talk about you child.

Surgery's Medical Advice Sheet No. 15

Athlete's Foot

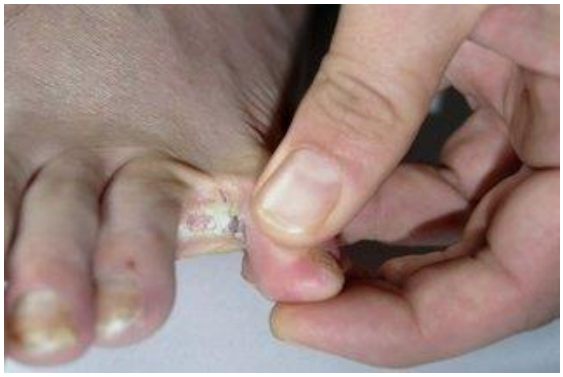
Advice for Parents

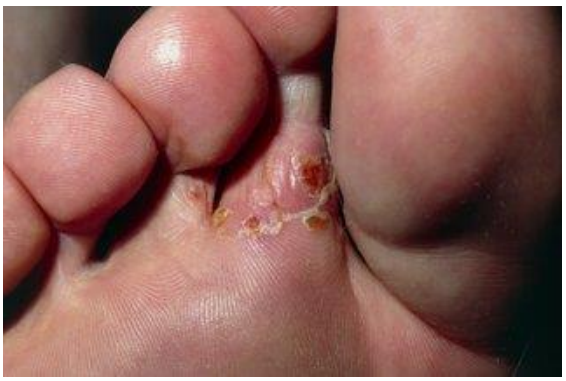
Athlete's foot is a fungal infection that causes a red, itchy, moist rash, usually between the toes. It may be more likely to happen if you take your child swimming a lot. This is because the fungus thrives in warm, damp areas like showers and changing rooms.

Symptoms

Symptoms of athlete's foot can include:

- itchy white patches around the toes
- red, sore and flaky patches on your child's feet
- skin that may crack and bleed





It can also affect the soles or sides of the feet. If it's not treated, it can spread to your child's toenails and cause a fungal nail infection. Athlete's foot sometimes causes fluid-filled blisters to form.

How Athlete's Foot is spread

Your child can catch athlete's foot from other children with the infection. You can get it by:

- walking barefoot in places where someone else has athlete's foot – especially changing rooms and showers
- touching the affected skin of someone with athlete's foot
- you're more likely to get it if you have wet or sweaty feet, or if the skin on your feet is damaged

When to get help

See your GP if your child:

- is in a lot of discomfort
- foot is red, hot and painful – this could be a more serious infection
- has diabetes – foot problems can be more serious if you have diabetes
- symptoms don't improve
- or if you're worried about your child's symptoms

Treatment

Athlete's foot is unlikely to get better on its own, but you can buy antifungal medicines for it from a pharmacy. They usually take a few weeks to work. Your pharmacist can give you advice about the best treatment for your child. If treatment hasn't worked your GP might refer your child to a skin specialist.

Athlete's foot treatments are available as:

- creams
- sprays
- powders

They're not all suitable for everyone – for example, some are only for adults. Always check the packet or ask a pharmacist.

Swimming and sports at school

You do not need to stay away from school with Athlete's foot. If your child has it, we would love for them to continue with sports and swimming and would ask them not to miss a lesson unless it is painful or advised by their GP.

However, we will only allow them to swim or have bare feet in gymnastics (or dance and drama) if they wear a protective sock (like a verruca sock) or waterproof plaster. If they do not have it covered, they will not be able to take part.

You can purchase a verruca sock from your local pharmacist, some supermarkets or online.

Prevention

You can prevent Athlete's foot by following this advice:

Do	Don't
Encourage your child to dry their feet after washing them, particularly between their toes – dab them dry rather than rubbing them	scratch affected skin – this can spread it to other parts of your child's body
use a separate towel for their feet and wash it regularly	walk around barefoot – wear flip-flops in places like changing rooms and showers
take their shoes off when at home	share towels, socks or shoes with other people
wear clean socks every day – cotton socks are best	wear the same pair of shoes for more than 2 days in a row
	wear shoes that make your feet hot and sweaty

Please contact surgery by telephone or email Medical@beechwoodpark.com if you would like to talk about you child.

Surgery's Medical Advice Sheet No. 16

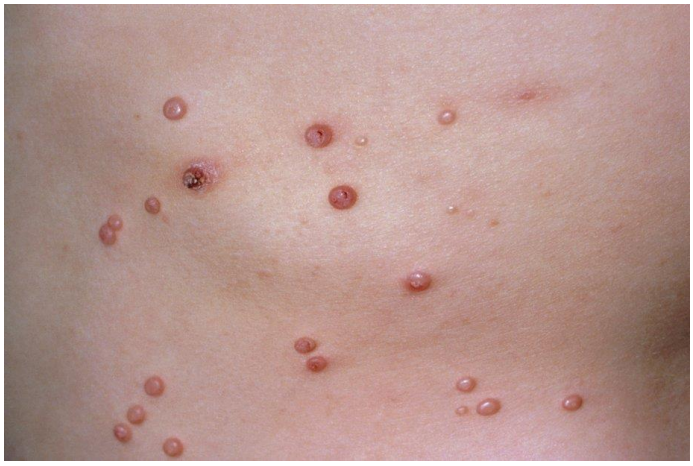
Molluscum Contagiosum

Advice for Parents

Molluscum contagiosum is a highly infectious viral infection that affects the skin. It most commonly affects children, although it can occur at any age. It is generally a harmless condition that normally gets better in a few months without any specific treatment. However, it's common for the condition to spread around the body, so it can take up to 18 months or more for the condition to clear completely.

Symptoms

Usually, the only symptom of molluscum is a number of small, firm, raised spots on the skin with a characteristic small dimple in the middle. The spots aren't painful, but can be itchy. The spots may develop in small clusters and can be spread across different parts of the body. They're most often found in the armpit, behind the knees or on the groin.



The spots are usually firm and dome-shaped, with a small dimple in the middle. They're usually less than 5mm (0.5cm) across, but can sometimes be bigger.

They're typically pink or red, although they may have a tiny white or yellow head in the centre. If this head ruptures, a thick yellowy-white substance will be released, which is highly infectious. It's important not to squeeze the spots, as this will increase the risk of the infection spreading to other parts of the body.

Causes of molluscum

Molluscum is caused by a virus known as the molluscum contagiosum virus (MCV). This virus can be spread through:

- close direct contact – such as touching the skin of an infected person
- touching contaminated objects – such as towels, flannels, toys and clothes

It's not known exactly how long someone with molluscum is contagious for, but it's thought the contagious period may last up until the last spot has disappeared.

When to get help

See your child's GP if you notice the spots associated with molluscum. They're usually easy to recognise, so they should be able to diagnose the condition without the need for further tests. If your GP thinks the infection may be caused by something other than molluscum, they may want to investigate further.

See your GP if your child:

- symptoms don't improve after 7 to 10 days
- or if you're worried about your child's symptoms

Treatment

Routine treatment, particularly in children, is generally not recommended because:

- the infection usually clears up on its own
- the infection doesn't normally cause any symptoms other than the spots
- treatments can be painful and may cause scarring or damage to the surrounding skin

Treatment, such as creams and gels, are usually only recommended for older children and adults when the spots are particularly unsightly and affect quality of life.

In many cases, the individual spots will start to crust over and heal within two months. Some children may experience mild swelling and redness around each spot as it begins to heal. The spots don't usually leave scars, but they may leave a small area of lighter skin or a tiny, pitted mark, particularly if treatment was needed.

As the virus that causes molluscum can spread to other parts of the body, new spots may develop as the old ones are disappearing. This can result in an episode of molluscum lasting for quite a long time. Most cases clear up within around 6-18 months, but the

condition can, occasionally, persist for several years. Molluscum can affect a person on more than one occasion, but this is uncommon.

When to return to school

It's not necessary to stay away from school or nursery, or to stop doing activities such as swimming if you have molluscum. Although molluscum is infectious, the chance of passing it on to others during normal activities is small.

Prevention

It can be very difficult to prevent molluscum spreading as children play closely together. However, you should take some steps to avoid spreading the virus to other children:

- avoid squeezing or scratching the spots – as well as increasing the risk of the infection spreading, this can cause pain, bleeding and can lead to scarring
- keep affected areas of skin covered with clothing whenever possible – a waterproof bandage can be put over the area when your child goes swimming
- avoid sharing towels, flannels and clothing
- avoid sharing baths with siblings

Please contact surgery by telephone or email Medical@beechwoodpark.com if you would like to talk about you child.

Surgery's Medical Advice Sheet No. 17

Hay Fever

Advice for Parents

Hay fever is an allergic reaction to pollen (or other allergens such as fungal spores), typically when it comes into contact with your child's mouth, nose, eyes and throat. Hay fever is usually worse between late March and September, especially when it's warm, humid and windy. This is when the pollen count is at its highest.

Symptoms

Symptoms of hay fever can include:

- sneezing and coughing
- a runny or blocked nose
- itchy, red or watery eyes

- itchy throat, mouth, nose and ears
- loss of smell
- pain around your child's temples and forehead
- headache
- earache
- feeling tired

Children with asthma might also:

- have a tight feeling in their chest
- be short of breath
- wheeze and cough

Hay fever can sometimes be confused with a virus. The way to tell the difference is by how long the symptoms last. If it is a virus, the symptoms should only last for a week or two. If your child has a constant runny nose and is sneezing every day for part of the year but not in the winter, it may be a sign that they are allergic to something. Symptoms can start as early as March and continue through until October.

When to get help

See your GP if your child:

- symptoms don't improve
- or if you're worried about your child's symptoms
- is experiencing worsening of asthma, wheezing or any shortness of breath

Treatment

Many hay fever medicines are available to buy from supermarkets and pharmacies. However, these products may not always be suitable for children. Always check the product is suitable for the child you are intending to treat before buying it. If you are unsure which product is most suitable, ask your local pharmacist.
Treatment options include:

Antihistamines - help block the effects of one of the chemicals released during an allergic reaction. This prevents the symptoms of an allergic reaction occurring. They are often

effective in relieving symptoms such as itching, sneezing and watery eyes and can be taken when required or regularly to prevent symptoms occurring. They can cause drowsiness.

Eye drops - containing anti-inflammatory medicines, may help treat watery, itchy and red eyes. They can cause mild stinging and burning of the eyes in children.

Steroid nasal sprays - can only be bought from supermarkets and pharmacies for use in adults (over 18 years old). They are only available for children on prescription.

Prevention

There's currently no cure for hay fever and you can't prevent it. But you can do things to ease your child's symptoms when the pollen count is high:

Do	Don't
• **put Vaseline around their nostrils to trap pollen**	• cut grass or walk on grass
• **wearing wraparound sunglasses can stop pollen getting into their eyes**	• spend too much time outside
• **shower and change your child's clothes after they've been outside to wash pollen off**	• keep fresh flowers in the house
• **keep indoors whenever possible**	• dry clothes outside – they can catch pollen
• **keep windows and doors shut as much as possible**	• let pets into the house if possible – they can carry pollen indoors
• **vacuum regularly and dust with a damp cloth**	•
• **buy a pollen filter for the air vents in your car and a vacuum cleaner with a special HEPA filter**	•

Please contact surgery by telephone or email Medical@beechwoodpark.com if you would like to talk about you child.

Surgery's Medical Advice Sheet No. 18

Sun Safety For Children

Advice for Parents

Enjoying a lovely summer's day can expose our children to too much sun, increasing their risk of skin cancer later in life. Sunburn can also cause considerable pain and discomfort. It is recommended that children in the UK have their skin protected between March and October.

Tips to keep you child safe in the sun

- Encourage your child to **play in the shade** – for example, under trees – especially between 11am and 3pm, when the sun is at its strongest.
- Cover exposed parts of your child's skin with **sunscreen**, even on cloudy or overcast days. Use one that has a sun protection factor (SPF) of 15 or above and is effective against UVA and UVB. Don't forget to apply it to their shoulders, nose, ears, cheeks, and the tops of their feet. Reapply often throughout the day.
- Be especially careful to protect your child's shoulders and the back of their neck when they're playing, as these are the most common areas for sunburn.
- Cover your child up in **loose cotton clothes**, such as an oversized T-shirt with sleeves.
- Get your child to wear a floppy **hat** with a wide brim that shades their face and neck.
- Protect your child's eyes with **sunglasses** that meet the British Standard (BSEN 1836:2005) and carry the CE mark – check the label.
- If your child is **swimming**, use a waterproof sunblock of factor 15 or above. Reapply after towelling.

Symptoms of too much sun exposure

These can include:

- skin redness and blistering (sunburn)

- headaches
- fever and chills
- nausea
- dizziness
- dehydration

Dehydration

Children are much more prone to dehydration than adults because their bodies don't cool down as efficiently, and they are never more at risk than during the heat of summer. The danger arises when fluids are leaving the body through sweating faster than they are being replaced, and severe dehydration can be life-threatening. Taking a few simple precautions will protect your child and allow him to enjoy the summer fun safely. Children taking part in sports need to replenish the lost fluids by drinking more water.

- aim for 6-8 glasses of water (milk, fruit or vegetable juices) a day

Sunburn

When children get sunburned, they usually have pain and a sensation of heat — symptoms that tend to get worse several hours after sun exposure. Some also get chills. Because the sun has dried their skin, it can become itchy and tight. Sunburned skin begins to peel about a week after the sunburn. Encourage your child not to scratch or peel off loose skin because skin underneath the sunburn is at risk for infection.

To treat a sunburn:

- have your child take a cool (not cold) bath, or gently apply cool, wet compresses to the skin to help ease pain and heat
- give your child an anti-inflammatory medicine like ibuprofen to ease the pain and itching. (**Do not give aspirin** to children or teenagers)
- apply moisturizing cream to rehydrate the skin and treat itching
- keep your child out of the sun until the sunburn is healed. Any further sun exposure will only make the burn worse and increase pain

Double-Check Medicines

Some medicines make skin more sensitive to UV rays. Ask your doctor or pharmacist if any prescription (especially antibiotics) and over-the-counter medicines increase sun sensitivity. If so, take extra sun precautions. The best protection is simply covering up or staying indoors; even sunscreen can't always protect skin from sun sensitivity.

Heat Exhaustion

Heat exhaustion is not serious and usually gets better when your child cools down. If it turns into heat stroke it needs to be treated as an emergency.

Symptoms of heat exhaustion can include:

- faintness or dizziness
- nausea or vomiting
- heavy sweating often accompanied by cold, clammy skin
- weak, rapid pulse
- pale or flushed face
- muscle cramps
- headaches
- weakness or fatigue
- children may also become floppy and sleepy

Heat Stroke

Call 999 if your child:

- is no better after 30 minutes
- feels hot and dry
- is not sweating even though they are too hot
- has a temperature that's risen to 40C or above
- has rapid or shortness of breath
- is confused
- has a fit (seizure)
- loses consciousness
- is unresponsive

These can be signs of heat stroke. While you wait for help, keep giving first aid and put them in the recovery position if they lose consciousness.

When to get help

See your GP if your child:

- shows signs of heat stroke (see above)
- has severe sunburn and blisters develop. Tell your child not to scratch, pop, or squeeze the blisters, which can get infected and cause scarring
- shows symptoms of severe dehydration (see above)
- symptoms don't improve
- or if you're worried about your child's symptoms

Remember 'slip, slap, slop' and drink plenty of water this summer!

Please contact surgery by telephone or email Medical@beechwoodpark.com if you would like to talk about you child.

Surgery's Medical Advice Sheet 19 - Childhood Diseases And Potential Risks During Pregnancy Advice for Staff and Parents

It can be really worrying to read information about the possible complications caused by childhood illnesses when you are expecting. Please remember these complications are rare and exposure to unwell children is unlikely to cause you, or your baby any harm. Good hand washing practice is an excellent way to prevent many illnesses from spreading. Childhood diseases may cause complications if you're pregnant or trying to conceive. Contact surgery if you are at all worried or need any help and advice. If ever you do come into contact with an infection that you are concerned about, it is always worth contacting your GP or Midwife to establish whether or not the particular infection does carry risks during pregnancy.

This advice sheet covers the following common childhood diseases:

- Chicken pox & shingles
- Slapped cheek (also known as fifths disease)
- Measles
- Hand, foot and mouth disease
- Scarlett fever
- Meningitis

- Mumps
- Flu
- Whooping cough
- Impetigo
- Skin rashes

Chicken pox & shingles

Most pregnant women are immune to chicken pox as they will have had the illness themselves as a child. If you're sure you've had it, don't worry. If not, serious complications from the virus during **pregnancy** are uncommon.

Ideally, women who haven't had chicken pox or who aren't sure of their immunity status should be tested before pregnancy. Women who are not immune may receive the chicken pox vaccine and should wait at least one month after receiving **it before trying to conceive.**

If you're already pregnant and unsure of your chicken pox status, you should avoid anyone with chicken pox and anyone who has been in contact with someone who has chicken pox. If you are exposed, your doctor will probably recommend treatment. Your baby is also at risk of contracting the illness if you get it **near the time of delivery.**

Slapped cheek

If a **pregnant** woman comes into contact with or develops slapped cheek, she should see her GP and Midwife as soon as possible as there is a small risk that it might cause severe complications. The virus can disrupt the baby's ability to produce red blood cells, and the baby could contract a form of anaemia, which can lead to further problems.

If there's an outbreak of slapped cheek at school, talk to your doctor about whether you should stay home until it subsides. To reduce the risk of infection, wash your hands thoroughly after touching objects and surfaces used by infected children.

A blood test may be needed to determine whether you currently have the illness. If you're infected, you'll be monitored carefully often through repeated ultrasound examinations.

Measles

Most pregnant women are immune to measles, due to widespread vaccination. However, outbreaks occasionally occur, and inadequately vaccinated adults can be at risk of getting ill. It's rare to get measles during pregnancy. However, when a **pregnant** woman does get

it, she is at increased risk of complications associated with her pregnancy. Your baby is also at risk of contracting the illness if you get it **near the time of delivery**.

Hand, foot and mouth disease

Although there's normally no risk to the pregnancy or baby, it's best to avoid close contact with anyone who has hand, foot and mouth disease. This is because having a high temperature during the **first 3 months of pregnancy** can lead to miscarriage, although this is very rare. Getting hand, foot and mouth disease **shortly before birth** can mean the baby is born with a mild version of it.

Speak to your GP or midwife if you have been in contact with someone with hand, foot and mouth disease.

Scarlet fever

There's no evidence that catching scarlet fever during your **pregnancy** will put your baby at risk. However, if you are infected **when you give birth**, there is a risk your baby may also become infected. Pregnant women who have been diagnosed with scarlet fever will be treated with antibiotics, which are safe to take in pregnancy and labour.

Meningitis

There are many different viruses that can cause meningitis, and the vast majority of these would not pose any threat during **pregnancy**. Unless you have had very close contact with a child who has viral meningitis, it is unlikely that you will have been exposed to the infection. If you do begin to feel unwell in any way, it would be worth arranging to see your GP so that you can be assessed, but it is very unlikely that any action will be required.

Mumps

In the past it was thought developing mumps during **pregnancy** increased the risk of miscarriage, but there's little evidence to support this. But, as a general precaution it is recommended that pregnant women avoid close contact with people known to have an active mumps infection. A high fever during pregnancy may be harmful - contact your GP or Midwife if you have a fever as you are at increased risk for complications.

If you're **pregnant** and you think you have come into contact with someone with mumps but you haven't been vaccinated, contact your GP or midwife for advice. There's no cure for mumps but a GP will be able to suggest treatment to relieve your symptoms.

Flu

Unlike a cold, the flu comes on quickly with fever, headaches, muscle aches, chills, a sore throat and cough. A high fever during **pregnancy** may be harmful - contact your GP or Midwife if you suspect the flu as you are at increased risk for complications. If you don't feel better after several days, your cough worsens, or you're having trouble breathing contact your GP immediately.

Flu vaccinations are safe in pregnancy. It's recommended that all pregnant women have the flu vaccine, whatever stage of pregnancy they're at. The flu jab will help protect both you and your baby. It's also **safe for women who are breastfeeding** to have the vaccine.

There is good evidence that pregnant women have a higher chance of developing complications if they get flu, particularly in the **later stages of pregnancy**. One of the most common complications of flu is bronchitis, a chest infection that can become serious and develop into pneumonia.

Whooping cough

Although this illness will not affect you during pregnancy, **young babies** with whooping cough are often very unwell and most will be admitted to hospital because of their illness. The best time to get vaccinated against whooping cough is from **16 weeks up to 32 weeks of pregnancy**. If you miss having the vaccine for any reason, you can still have it up until you go into labour. Getting vaccinated while you're pregnant is highly effective in protecting your baby from developing whooping cough in the first few weeks of their life. The immunity you get from the vaccine will pass to your baby through the placenta and provide passive protection for them until they are old enough to be routinely vaccinated against whooping cough at two months old.

Impetigo

Being **pregnant** does not create an extra risk. The bacteria that cause the disease are not likely to cause any harm to an unborn child if there is only an infection on the skin. Impetigo is often treatable with antibiotic cream, if you did catch the infection an antibiotic could be prescribed that is safe to use in pregnancy.

Skin rashes during pregnancy

If you develop a rash when you're **pregnant**, get advice from your GP or midwife straight away so they can diagnose its cause.

When to seek advice

If you are worried about *any* illness or your exposure to it, your Midwife or GP can offer your further advice and reassurance.

Surgery's Medical Advice Sheet No. 20

Whooping Cough

Advice for Parent/guardian

Whooping cough (also called pertussis) is a highly contagious bacterial infection of the lungs and airways. It causes repeated coughing bouts that can last for two to three months or more, and can make babies and young children in particular very ill.

Symptoms

The first symptoms of whooping cough are similar to those of a cold:

- runny nose
- a sore throat
- red and watery eyes
- a slightly raised temperature

Intense coughing bouts start about a week later:

- the bouts usually last a few minutes at a time and tend to be more common at night
- coughing usually brings up thick mucus and may be followed by vomiting
- between coughs, your child may gasp for breath – this may cause a "whoop" sound, although not everyone has this

- the strain of coughing can cause the face to become very red, and there may be some slight bleeding under the skin or in the eyes
- young children can sometimes briefly turn blue (cyanosis) if they have trouble breathing – this often looks worse than it is and their breathing should start again quickly
- In very young babies, the cough may not be particularly noticeable, but there may be brief periods where they stop breathing

The bouts of coughing will eventually start to become less severe and less frequent over time, but it may be a few months before they stop completely.

Who's at risk of whooping cough?

Whooping cough can affect people of any age, including:

- babies and young children – young babies under six months of age are at a particularly increased risk of complications of whooping cough
- older children and adults – it tends to be less serious in these cases, but can still be unpleasant and frustrating
- people who've had whooping cough before – you're not immune to whooping cough if you've had it before, although it tends to be less severe the second time around
- people vaccinated against whooping cough as a child – protection from the whooping cough vaccine tends to wear off after a few years

Treatment for whooping cough

Treatment for whooping cough depends on your child's age and how long they've had the infection.

Children under six months who are very ill and children with severe symptoms will usually be admitted to hospital for treatment.

If your child is diagnosed during the first three weeks of infection they may be prescribed antibiotics, these will help stop the infection spreading to others, but may not reduce the symptoms.

People who've had whooping cough for more than three weeks won't normally need any specific treatment, as they're no longer contagious and antibiotics are unlikely to help.

Self help

To help your child get better more quickly:

- encourage rest and sleep
- keep them warm
- give paracetamol to treat aches and pains (DO NOT GIVE ASPIRIN), staggering the doses evenly throughout the day
- offer plenty of water to avoid dehydration (their pee should be light yellow or clear)
- avoid using cough medicines, as they're not suitable for young children and are unlikely to be of much help.

When to get help

Call NHS 111 or see your GP if your child:

- has symptoms of whooping cough
- has had a cough for more than three weeks
- has a cough that is particularly severe or is getting worse
- if you're worried about your child's symptoms
- if your child's symptoms are getting worse:
    - Their breathing is very rapid
    - The effort they are using to breathe increases
    - Their muscles in their chest and neck pull in when they breath
    - Their nostrils flare when they breathe
    - They are pale and lethargic
    - They have a temperature of 38.5 degrees
- symptoms don't improve after 7 days

Call 999 or go to A&E if:

- they develop sudden chest pain
- they have difficulty breathing
- their lips are blue
- they become unresponsive

- they drool or are not able to swallow
- they start coughing up blood
- have significant breathing difficulties, such as long periods of breathlessness or choking, shallow breathing, periods where breathing stops, or dusky, blue skin
- develop signs of serious complications of whooping cough, such as fits (seizures) or pneumonia

When to return to school after whooping cough

Children with whooping cough should be considered contagious for **48 hours** after starting antibiotic treatment or **21 days** from the onset of symptoms if no antibiotics are taken.

Your child can return to school when they are no longer contagious if:

- they are well enough to cope with a full school day
- they have not had a temperature of over 38.0 for at least 24hrs
- they are eating and drinking normally
- they are not drowsy or lethargic

Prevention

Whooping cough is spread in the droplets of the coughs or sneezes of someone with the infection.

The following advice can help to prevent the spread of infection:

- keep your child at home, until the period of contagiousness has past; this limits the spread from one person to another
- encourage children to wash hands regularly, especially before meals
- use tissues and throw them away. Wash hands afterwards; remember: Catch it, Bin it, Kill it
- keep cleaning - especially door handles, light switches and surfaces.

Please contact surgery by telephone or email Medical@beechwoodpark.com if you would like to talk about you child.

Surgery's Medical Advice Sheet No. 21

Measles

Advice for Parents

Measles is a highly infectious viral illness that can be very unpleasant and sometimes lead to serious complications. It's now uncommon in the UK because of the effectiveness of vaccination. Anyone can get measles if they haven't been vaccinated, although it's most common in young children. The infection usually clears in around 7 to 10 days.

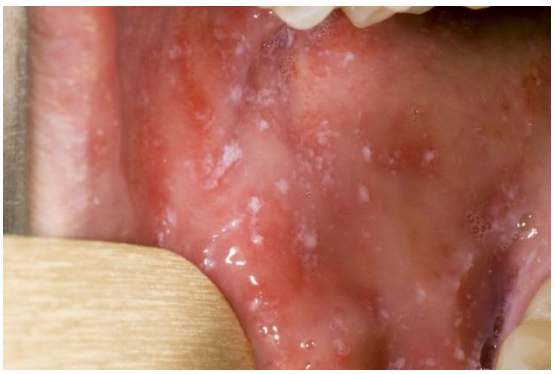
Symptoms

The initial symptoms of measles develop around 10 days after you are infected. The first symptoms of measles are similar to those of a cold:

- runny or blocked nose
- sore throat
- red and watery eyes
- sneezing
- swollen eyelids
- sore, red eyes that may be sensitive to light
- a high temperature (fever), which may reach around 40C (104F)
- aches and pains
- a cough
- loss of appetite
- tiredness, irritability and a general lack of energy
- small greyish-white spots in the mouth (see below)

Spots in the mouth

A day or two before the rash appears, many people with measles develop small greyish-white spots in their mouth. Not everyone with measles has these spots, but if someone has them in addition to the other symptoms listed above or a rash, it's highly likely they have the condition. The spots will usually last for a few days.

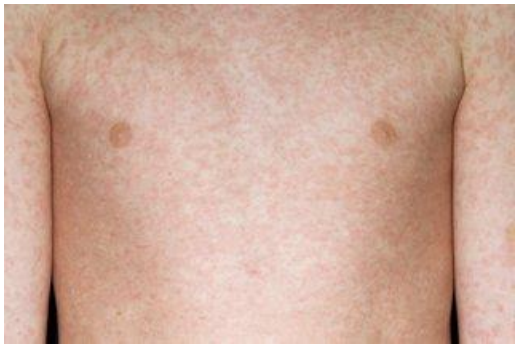


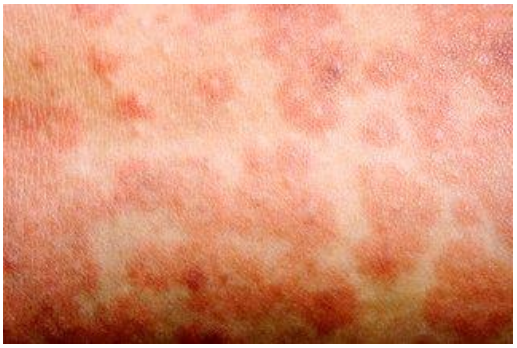
The measles rash

The measles rash appears around 2 to 4 days after the initial symptoms and normally fades after about a week. Your child will usually feel most ill on the first or second day after the rash develops.

The rash:

- is made up of small red-brown, flat or slightly raised spots that may join together into larger blotchy patches
- usually first appears on the head or neck, before spreading outwards to the rest of the body
- is slightly itchy for some people
- can look similar to other childhood conditions, such as slapped cheek syndrome, roseola or rubella (see rubella factsheet)
- is unlikely to be caused by measles if the person has been fully vaccinated (had 2 doses of the MMR vaccine) or had measles before





Treatment

Measles can be unpleasant but will usually pass in about 7 to 10 days without causing any further problems. Once your child has had measles, their body builds up resistance

(immunity) to the virus and it's highly unlikely they'll get it again. However, measles can lead to serious and potentially life-threatening complications in some people. These include infections of the lungs (pneumonia) and brain (encephalitis).

Self help

To help your child get better more quickly:

- encourage rest and sleep
- keep them warm
- give paracetamol **or** neurofen to treat aches and pains (DO NOT GIVE ASPIRIN), staggering the doses evenly throughout the day
- offer plenty of water to avoid dehydration (their pee should be light yellow or clear)

When to get help

Call NHS 111 or see your GP if your child:

- contact your GP as soon as possible if you suspect that you or your child has measles, even if you're not completely sure
- it's best to phone before your visit, as your GP surgery may need to make arrangements to reduce the risk of spreading the infection to others
- you should also see your child's GP if they've been in close contact with someone who has measles and they've not been fully vaccinated or haven't had the infection before – even if they don't have any symptoms yet
- if you're worried about your child's symptoms
- if your child's symptoms are getting worse
- symptoms don't improve after 7 days

When to return to school after measles

Children with measles should be considered contagious for **4 days** after the rash appears.

Your child can return to school when they are no longer contagious if:

- they are well enough to cope with a full school day
- they have not had a temperature of over 38.0 for at least 24hrs
- they are eating and drinking normally

- they are not drowsy or lethargic

Prevention

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. Your child can easily catch measles by breathing in these droplets or, if the droplets have settled on a surface, by touching the surface and then placing their hands near their nose or mouth. The virus can survive on surfaces for a few hours. People with measles are infectious from when the symptoms develop until about four days after the rash first appears.

The following advice can help to prevent the spread of infection:

- keep your child at home, until the period of contagiousness has past; this limits the spread from one person to another
- encourage children to wash hands regularly, especially before meals
- use tissues and throw them away. Wash hands afterwards; remember: Catch it, Bin it, Kill it
- keep cleaning - especially door handles, light switches and surfaces.

Measles can be prevented by having the measles, mumps and rubella (MMR) vaccine. This is given in two doses as part of the NHS childhood vaccination programme. The first dose is given when your child is around 13 months old and a second dose is given before your child starts school.

Adults and older children can be vaccinated at any age if they haven't been fully vaccinated before. Ask your GP about having the vaccination.

There is more information here about the MMR vaccination:
https://www.nhs.uk/conditions/vaccinations/mmr-vaccine/

Please contact surgery by telephone or email Medical@beechwoodpark.com if you would like to talk about you child.

Surgery's Medical Advice Sheet No. 22

Keep well this winter

Advice for Parents

Winter is finally here and with it the challenge to keep your children happy, healthy and warm despite the cold weather. Here are a few tips to keep you child healthy this winter.

Coughs, colds and viruses are everywhere at this time of year!

Colds

When your child feels unwell it's difficult to balance missing school and taking time off for your child to fully recover. **We would recommend that if your child has a temperature or feels very under the weather, it's best for them to recover at home** for their comfort and for the benefit of the wider community. You can help prevent colds by washing hands regularly. This destroys bugs that your child may have picked up from touching surfaces used by other people, such as light switches and door handles.

Sore throats

Sore throats are common in winter and are almost always caused by viral infections. There's some evidence that changes in temperature, such as going from a warm, centrally heated room to the icy outdoors, can also affect the throat. Sipping warm drinks can have a soothing effect.

Norovirus

Also known as the winter vomiting bug, norovirus is an **extremely infectious** stomach bug. It can strike all year round, but is more common in winter and in places such as hospitals and schools. The illness is unpleasant, but it's usually over within a few days. When your child is ill with vomiting and diarrhoea, it's important to drink plenty of fluids to prevent dehydration. Young children are especially at risk. By drinking oral rehydration fluids (available from pharmacies), you can reduce the risk of dehydration.

Please let Surgery know if your child has diarrhoea and vomiting. **Stay at home, away from nursery or school for at least 48 hours after the last episode, to avoid spreading the infection. Even if your child has only had one bout of sickness and/or diarrhoea.** Inform Surgery by telephone or email Medical@beechwoodpark.com

Dry skin

Dry skin is a common condition and is often worse during the winter. Moisturising is essential during winter months. Contrary to popular belief, moisturising lotions and creams aren't absorbed by the skin. Instead, they act as a sealant to stop the skin's natural moisture evaporating away. The best time to apply moisturiser to your child is after a bath or shower while their skin is still moist, and again at bedtime.

Cold weather can affect certain childhood conditions

Asthma in cold weather

Cold or damp air can enter the airways and trigger them to go into spasm, causing asthma symptom like coughing, wheezing, shortness of breath and tightness in the chest. During cold, damp weather there are also more mould spores in the air, which can trigger asthma symptoms too. Winter can be a difficult time for people with asthma for other reasons. It's hard to avoid the cold and flu viruses that many people say make their asthma symptoms worse. Being vaccinated against flu each year can prevent your child getting the most common strain of flu virus. Simple things like wrapping a scarf loosely around your child's mouth when outdoors will help to keep the cold air out!

Diabetes in cold weather

Over the winter, people with Type 1 (controlled with insulin) and Type 2 (controlled with tablets and/or diet) diabetes tend to have higher blood sugar levels than during the warmer summer months, as blood glucose levels can creep up as the temperature drops. The cold weather can leave your child with cold hands which can make blood testing more difficult. Keep your child's fluid levels up during the winter months as being unwell and having diabetes can be made worse if you are not hydrated.

Why a flu vaccination is important for people with long term health conditions

Children from Reception to year 5 are offered a free nasal flu vaccination at school each year. From time-to-time the Department of Health will extend this programme to include older year groups. Our local Vaccination School Team will contact surgery each September with details and consent forms. Surgery will communicate this with parents.

Getting the flu on top of any long term health condition can easily develop into something very serious, and your child could end up in hospital. Older children are also eligible for the free flu jab if they have the following conditions:

Asthma, heart conditions, kidney conditions, diabetes, lowered immunity as a result of a disease or medical treatment, a neurological condition or a learning disability, a problem with their spleen including sickle cell disease or if they have had their spleen removed. Contact your child's GP to get the flu jab now.

Hypothermia

Hypothermia happens when someone's body temperature drops below 35°C (95°F). Normal body temperature is around 37°C (98. 6°F).

Hypothermia can become life-threatening quickly, so it's important to treat someone with hypothermia straight away. Severe hypothermia, when the body temperature falls below 30°C (86°F), is often fatal.

Hypothermia is usually caused by being in a cold environment for a long time. This could be from staying outdoors in cold conditions or falling into cold water. Anyone who is unable to move around easily is particularly vulnerable.

What to look for

These are the four key things to look for:

1. Shivering, cold, pale, and dry skin
2. Tiredness, confusion, and irrational behaviour
3. Slow and shallow breathing
4. Slow and weakening pulse

What you need to do

If you notice any of these symptoms in your child, you need to warm them up.

If they are outside, if possible get them indoors - Cover them with layers of blankets and warm the room to about 25°C (77°F). Give them something warm to drink, like soup, and high energy food, like chocolate.

Once they have warmed up, tell them to see a doctor as soon as possible. If they lose responsiveness at any point, open their airway, check their breathing call for an ambulance by contacting 999.

If they are outdoors and you can't move them indoors - Find something for them to lie on to protect them from the cold ground, like a coat or anything you can find (even something heather or pine branches). If their clothes are wet, change them into dry clothes, if possible. Put them in a sleeping bag and cover them with blankets, if available. Make sure their head is covered too.

Call 999 for an ambulance. If possible, don't leave them by themselves but stay with them until help arrives. While you wait for help to arrive, keep checking their breathing and level of response.

Stay well this winter!

Please contact surgery by telephone or email Medical@beechwoodpark.com if you would like to talk about you child.

Surgery's Medical Advice Sheet No. 23

Cold Sores

Advice for Parents

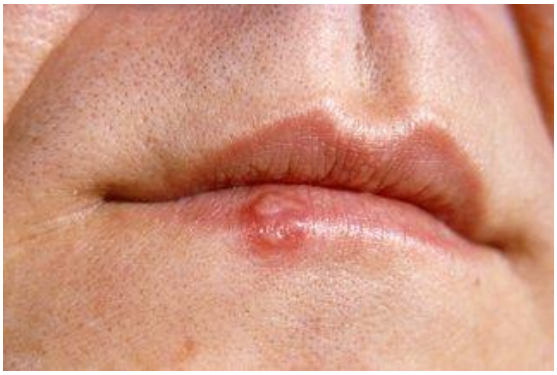
Cold sores are a common skin infection caused by a virus (herpes simplex) and usually clear up on their own within 10 days. They're contagious until they go away.

Symptoms

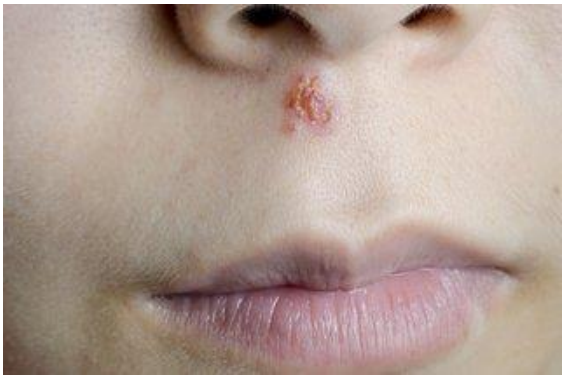
A cold sore usually starts with a:

- tingling
- itching
- burning feeling

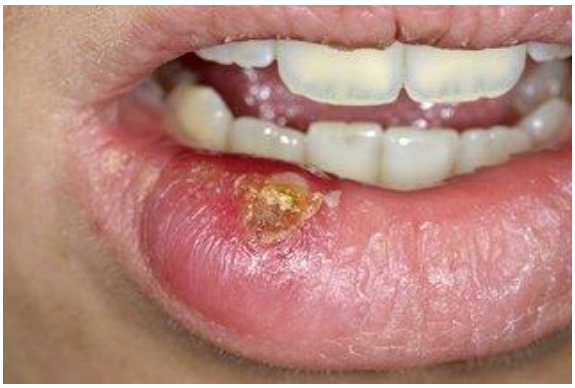
Over the next 48 hours small fluid filled blisters appear:



The blisters can appear anywhere on the face:



The blisters burst and crust over into a scab:



Cold sores should start to heal within 10 days, but may spread and be irritating or painful while they heal.

Causes of cold sores

Cold sores are caused by a virus called herpes simplex. Once a person has the virus, it stays in their skin for the rest of their life. Sometimes it causes a cold sore. Most people are exposed to the virus when they're young after close contact with someone who has a cold sore. It doesn't usually cause any symptoms until they are older. You won't know if it's in your child's skin unless they get a sore.

Stop the spread

Encourage your child not to kiss anyone while they have a cold sore. It is especially important not kiss babies if you have a cold sore as this can lead to neonatal herpes, which is very dangerous to newborn babies.

When to get help

Call NHS 111 or see your GP as soon as possible if:

- the cold sore hasn't started to heal within 10 days
- you're worried about a cold sore or think it's something else
- the cold sore is very large or painful
- if the sore is near your child's eye (this is called herpes simplex eye infection - see below)
- your child also have swollen, painful gums and sores in the mouth (gingivostomatitis)

Treatment

The GP may prescribe antiviral tablets or cream if your child's cold sores are very large, painful or keep coming back. A pharmacist can recommend:

- creams to ease pain and irritation
- creams to speed up healing time
- cold sore patches to protect the skin while it heals
- if your child regularly get cold sores, their GP may advise them to use antiviral creams as soon as they recognise the early tingling feeling, as they don't always work after blisters appear

Things that you can do to help your child include:

Do	Don't
eat cool, soft foods	touch or scratch sores – this also helps stop scarring

use a mild mouthwash if it hurts your child to brush their teeth	eat acidic or salty foods
wash your hands with soap and water before and after applying any creams	share flannels, towels, cutlery, lip balm etc. with anyone
avoid anything that triggers your child's cold sores	rub in any creams - dab cream on instead
use sunblock lip balm (SPF 15 or above) if sunshine is a trigger	kiss anyone while you have a cold sore
give your child paracetamol or ibuprofen to ease pain and swelling (DO NOT give aspirin to children under 16 years of age)	have close contact with other children, or people with diabetes or a weakened immune system (if they're having chemotherapy, for example)
offer plenty of fluids to your child to avoid dehydration (their pee should be light yellow)	
encourage your child not to touch their sores and to wash their hands well with soap and water	

When to return to school

Cold sores take time to heal and they're very contagious, especially when the blisters burst. However, there is no need to keep your child away from school while they have a cold sore. Please let Surgery know if your child has a sore, or if they need any medication at school. Inform Surgery by telephone or email Medical@beechwoodpark.herts.sch.uk

Prevention

Nearly everyone is exposed to the herpes simplex virus during childhood. Most people won't notice this because there are often no symptoms. But afterwards the virus will remain inactive in the body.

In some people, the virus can be reactivated later on. This can happen randomly or may be triggered by:

- an illness or a high temperature (fever) above 38C (100.4F)

- exposure to strong sunlight or cold wind
- an eye or lip injury
- stress
- hormones (such as periods)

Herpes simplex eye infections

This is a relatively common and potentially serious type of eye infection caused by the same virus (herpes simplex), which also causes cold sores. It's important to get rapid medical help if you think your child may have this infection, as their vision could be at risk if it's not treated. Usually only one eye is affected, although sometimes both can be. Herpes simplex eye infections usually occur when a previous infection with the virus reactivates and spreads to the eye. Antiviral eye drops or ointments might be prescribed by your child's GP to stop the virus spreading and are usually used several times a day for up to two weeks.

Symptoms of a herpes simplex eye infection can include:

- a red eye
- eye pain
- swelling around the eye
- sensitivity to bright light
- a watering eye
- blurred vision

Are cold sores the same as impetigo?

While cold sores and impetigo share some visual similarities, the conditions are quite different. Cold sores stem from a virus while impetigo is the result of a bacterial infection. Sores associated with impetigo may be mistaken for a cold sore infection. However, impetigo spreads faster, never develops inside the mouth, and is rarely confined to one area of the body. If in doubt, seek advice from your GP for an accurate diagnosis.

Please contact surgery by telephone or email Medical@beechwoodpark.com if you would like to talk about you child.

Surgery's Medical Advice Sheet No. 24

Insect Bites and Stings

Advice for Parents

Most **insect bites and stings** are not serious and will get better within a few hours or days. But occasionally they can become infected, cause a severe allergic reaction (anaphylaxis) or spread serious illnesses such as Lyme disease and malaria. Bugs that bite or sting include wasps, hornets, bees, horseflies, ticks, mosquitoes, fleas, bedbugs, spiders and midges.

Symptoms

Insect bites and stings will usually cause a red, swollen lump to develop on the skin. This may be painful and in some cases can be very itchy. The symptoms will normally improve within a few hours or days, although sometimes they can last a little longer.

Some people have a mild allergic reaction and a larger area of skin around the bite or sting becomes swollen, red and painful. This should pass within a week.

What to do if you've been bitten or stung

To treat an insect bite or sting:

- remove the sting or tick if it's still in the skin (see below)
- wash the affected area with soap and water
- apply a cold compress (such as a flannel or cloth cooled with cold water) or an ice pack to any swelling for at least 10 minutes
- raise or elevate the affected area if possible, as this can help reduce swelling
- avoid scratching the area, to reduce the risk of infection
- avoid traditional home remedies, such as vinegar and bicarbonate of soda, as they're unlikely to help

Removing a sting - If your child has been stung and the sting has been left in their skin, you should remove it as soon as possible to prevent any more venom being released. Scrape it out sideways with something with a hard edge, such as a bank card, or your fingernails if you don't have anything else to hand. Don't pinch the sting with your fingers or tweezers because you may spread the venom.

Removing a tick - If your child has been bitten by a tick and it's still attached to their skin, remove it as soon as possible to reduce the risk of picking up illnesses such as Lyme disease.

To remove a tick:

- use a pair of tweezers that won't squash the tick (such as fine-tipped tweezers) or a tick removal tool (available from pet shops or vets)
- grip the tick as close to the skin as possible to ensure the tick's mouth isn't left in the skin
- pull steadily away from the skin without crushing the tick
- wash the skin with water and soap afterwards, then apply an antiseptic cream to the skin around the bite
- don't use a lit cigarette end, a match head or substances such as alcohol or petroleum jelly to force the tick out

Dealing with caterpillar hairs - If a caterpillar of the oak processionary moth gets on your child's skin:

- use tweezers or a pen to remove it
- try not to disturb it (for example, by brushing it with your hands) as it will then release more hairs
- rinse your child's skin with running water, allow it to air dry and then use sticky tape to strip off any leftover hairs
- use calamine or ice packs to relieve the itch
- remove all contaminated clothes and wash at as a high a temperature as the fabric allows
- don't towel yourself dry after rinsing or use creams containing antihistamine

When to get help

Occasionally, a severe allergic reaction can occur, causing symptoms such as breathing difficulties, dizziness and a swollen face or mouth. This requires immediate medical treatment.

Dial 999 for an ambulance immediately if you or someone else has symptoms of a severe reaction, such as:

- wheezing or difficulty breathing
- a swollen face, mouth or throat
- nausea or vomiting
- a fast heart rate
- dizziness or feeling faint
- difficulty swallowing
- loss of consciousness

Emergency treatment in hospital is needed in these cases.

See your GP if your child:

- symptoms don't improve within a few days or are getting worse
- or if you're worried about your child's symptoms
- you're worried about a bite or sting
- your child has been stung or bitten in their mouth or throat, or near their eyes
- a large area (around 10cm or more) around the bite becomes red and swollen
- your child has symptoms of a wound infection, such as pus or increasing pain, swelling or redness
- your child has symptoms of a more widespread infection, such as a fever, swollen glands and other flu-like symptoms

Treatment

Many hay fever medicines are available to buy from supermarkets and pharmacies. However, these products may not always be suitable for children. Always check the product is suitable for the child you are intending to treat before buying it. If you are unsure which product is most suitable, ask your local pharmacist.

Treatment options include:

- Antihistamines - help block the effects of one of the chemicals released during an allergic reaction. This prevents the symptoms of an allergic reaction occurring. They are often effective in relieving symptoms such as itching, sneezing and watery eyes and can be taken when required or regularly to prevent symptoms occurring. They can cause drowsiness.

- Eye drops - containing anti-inflammatory medicines, may help treat watery, itchy and red eyes. They can cause mild stinging and burning of the eyes in children.

- Steroid nasal sprays - can only be bought from supermarkets and pharmacies for use in adults (over 18 years old). They are only available for children on prescription.

Prevention

There are some simple precautions you can take to reduce your child's risk of being bitten or stung by insects.

For example, you and your child should:

- remain calm and move away slowly if you encounter wasps, hornets or bees – don't wave your arms around or swat at them
- cover exposed skin by wearing long sleeves and trousers
- wear shoes when outdoors
- apply insect repellent to exposed skin – repellents that contain 50% DEET (diethyltoluamide) are most effective
- avoid using products with strong perfumes, such as soaps, shampoos and deodorants – these can attract insects
- be careful around flowering plants, rubbish, compost, stagnant water, and in outdoor areas where food is served

You may need to take extra precautions if you're travelling to part of the world where there's a risk of serious illnesses. For example, you may be advised to take antimalarial tablets to help prevent malaria. Your GP or Practice Nurse will be able to advise you further.

Please contact surgery by telephone or email Medical@beechwoodpark.com if you would like to talk about you child.

Surgery's Medical Advice Sheet No. 25

Conjunctivitis

Advice for Parents

Conjunctivitis (sometimes known as pink eye) is a very common eye condition caused by infection or allergies. It involves the swelling of the conjunctiva (the thin delicate membrane that covers the whites of the eyes and lines the inside of the eyelids). Most children will suffer from conjunctivitis at least once while they are growing up. It isn't usually serious - in most cases it clears up quickly, either on its own, or with the help of eye drops prescribed by a doctor.

What causes conjunctivitis?

There are 3 main types of conjunctivitis. In children, the cause is usually a **virus**, a **bacteria** or an **allergy**.

Viral or bacterial conjunctivitis <u>is</u> infectious. In other words it can pass from one eye to the other and from one person to another. This might happen by sharing a face cloth or towel. **Allergic conjunctivitis is <u>not</u> infectious –** it cannot be passed from one person to another. It is common in people who have hay fever and asthma, and is caused by pollen and dust that irritate the eyes.

A child may also suffer from conjunctivitis in response to:

- certain medicines or foods
- certain chemicals, such as those used in swimming pools
- smoke or fumes

However, these types of conjunctivitis are rare.

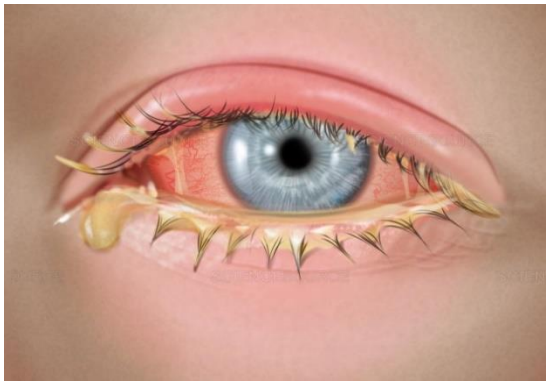
What are the signs and symptoms of conjunctivitis?

A child is likely to have red, itchy eyes and sticky eyelids. Their eyes will be watering more than usual, and may have a discharge. The discharge might be more noticeable in the morning – for example, they may have a crusting on their eyelid when they first wake up.

Your child may complain that:

- their eye feels sore
- they have a 'gritty' feeling in their eye
- or that their vision is blurred

If it is **infectious conjunctivitis** and caused by bacteria, the discharge will be yellow:



Viral conjunctivitis causes a sticky clear discharge and is almost always accompanied by flu-like symptoms:

If it is **allergic conjunctivitis**, the discharge is watery and clear.

Infectious conjunctivitis usually starts in one eye then spreads to the other. Allergic conjunctivitis usually starts in both eyes at the same time.

How is conjunctivitis normally diagnosed and treated?

A child with symptoms of conjunctivitis should visit the doctor. A GP may take a swab (sample) of the discharge from the eye that can be tested for any bacteria or virus.

The type of treatment your child will need will depend on the type of conjunctivitis they have:

- If the doctor thinks the infection is caused by bacteria, they may recommend a course of antibiotic eye drops.

- If it's a viral infection, they may recommend a different type of eye drops that reduce inflammation.
- If the conjunctivitis is caused by an allergic reaction, the doctor will probably suggest antihistamine medication to soothe the irritation.

Eye drops won't be painful but might cause a slight stinging sensation (like putting water in your eyes).

A child's symptoms can also be relieved by gently cleaning away any crusty discharge with clean cotton wool soaked in boiled, cooled water. Start in the corner of the eye, and gently wipe to the outer eye. Use a separate piece of cotton wool for each eye to prevent spreading the infection.

When to get help

Conjunctivitis is quite common and shouldn't cause any damage to a child's eyes or any long-term vision problems. But, if their symptoms last longer than one week, despite using eye drops, it's best to go back to the doctor. They may refer your child to a paediatric ophthalmologist.

See your GP if your child:

- symptoms don't improve within a week or are getting worse
- or if you're worried about your child's symptoms
- your child has symptoms of an infection, such as a temperature, increasing pain, swelling or redness
- your child has symptoms of a more widespread infection, such as a fever, swollen glands and other flu-like symptoms

Occasionally, with an allergy a severe allergic reaction can occur, causing symptoms such as breathing difficulties, dizziness and a swollen face or mouth. This requires immediate medical treatment.

Dial 999 for an ambulance immediately if your child has symptoms of a severe reaction, such as:

- wheezing or difficulty breathing

- a swollen face, mouth or throat
- nausea or vomiting
- a fast heart rate
- dizziness or feeling faint
- difficulty swallowing
- loss of consciousness

Emergency treatment in hospital is needed in these cases.

When to return to school

There's no need to keep your child off school if they have conjunctivitis. Please let the school Surgery know in case we need to inform other parent/guardian in your child's year group (we will of course keep your name anonymous) if an outbreak occurs.

Prevention

If your child's conjunctivitis is caused by an infection, it can be prevented from spreading by making sure your child:

- washes their hands frequently
- tries not to touch or rub their eyes
- doesn't use towels that are shared with other people

Please contact surgery by telephone or email Medical@beechwoodpark.com if you would like to talk about you child.

Surgery's Medical Advice Sheet No. 26:
Sprains and Strains (including Soft Tissue Injuries)
Advice for Parents

Strains and sprains are common injuries which affect the soft tissues around joints – the muscles, tendons and ligaments. They happen when the tissues are stretched, twisted or torn by violent or sudden movements, for instance if someone changes direction suddenly, or falls and lands awkwardly.

Is it a strain or is it a sprain?

- A **sprain** is when a ligament has been twisted or torn.
- A **strain** is when the muscle has been overstretched and has partially torn

(A **rupture** is when a muscle or tendon is completely torn).

Signs and symptoms of sprains and strains

If you think your child may have strained or sprained a muscle, ligament or tendon, these are the three key things to look for:

- Pain and tenderness
- Difficulty moving
- Swelling and bruising

How are sprains and strains treated?

For the first couple of days, follow the 4 steps known as **RICE therapy** to help bring down swelling and support the injury:

- **R**est – stop any exercise or activities and try not to put any weight on the injury
- **I**ce – apply an ice pack (or a bag of frozen vegetables wrapped in a tea towel) to the injury for up to 20 minutes every 2 to 3 hours
- **C**omfortable support – such as a bandage around the injury to support it (only if needed)
- **E**levate – keep it raised on a pillow as much as possible

To help prevent swelling, try to avoid heat – such as hot baths and heat packs for the first couple of days.

When your child can move the injured area without pain stopping them, encourage them to try to keep moving it so the joint or muscle doesn't become stiff.

A pharmacist can help with sprains and strains. Speak to your local pharmacist about the best treatment for your child. They might suggest painkiller tablets, or a cream or gel you rub on the skin. Painkillers like paracetamol will ease the pain and ibuprofen will bring down swelling (if your child is able to take ibuprofen). However, you shouldn't give your child ibuprofen for 48 hours after their injury as it may slow down healing.

After 2 weeks, most sprains and strains will feel better. Your child might need to avoid strenuous exercise such as running for up to 8 weeks, as there's a risk of further damage. Severe sprains and strains can take months to get back to normal.

When to get help

Visit the minor injuries unit of your local hospital if:

- Your child's injury isn't feeling any better after treating it yourself or if the pain or swelling is getting worse.

You may be given further self-care advice or prescribed a stronger painkiller. If your child needs an X-ray it might be possible to have one at the unit or they may be referred to another hospital.

Go to A&E or call 999 if:

- you heard a crack when your child had the injury
- the injured body part has changed shape
- the injury is numb, discoloured or cold to touch

Your child may have broken a bone and will need an X-ray.

See your GP if your child:

- symptoms don't improve within a week or are getting worse
- or if you're worried about your child's symptoms
- your child has symptoms of an infection, such as a temperature, increasing pain, swelling or redness
- your child has symptoms of a more widespread infection, such as a fever, swollen glands and other flu-like symptoms

Dial 999 for an ambulance immediately if your child has symptoms of a severe infection, such as:

- High temperature (39.5 C or greater)
- If the fever lasts more than seven days
- If the fever symptoms get worse

- wheezing or difficulty breathing
- a fast heart rate
- dizziness or feeling faint
- loss of consciousness

Emergency treatment in hospital is needed in these cases.

When to return to school

There's no need to keep your child off school if they have a sprain or a strain unless it is particularly painful and they would benefit from some rest at home. Please let the school Surgery know so they can monitor your child and liaise with the Sports Department with regards to PE/swimming/games lessons etc.

Off Games

If your child has an injury or illness that prevents them from taking part in games, **please email their form tutor, head of year, and Surgery** giving the reason and how long you feel they need to be 'off games'.

Unless there are exceptional circumstances*, e.g. chronic illness, it is the School's policy that your child **stays in school during games**. If your child is well enough to go outside and watch, they will take part in supporting the team and engage where they can. If they are unable to go outside, they can rest with Surgery and catch up on any work missed. This applies to all games sessions and matches (both home and away).

(*please contact your child's Head of Year as Surgery is unable to grant permission for you to remove your child from school).

Prevention

You can't always prevent sprains and strains. Sprains and strains happen when a muscle is overstretched or twisted. Not warming up before exercising, tired muscles and playing sport are common causes.

Physiotherapy for sprains and strains

If your child has a sprain or strain that's taking longer than usual to get better, their GP may be able to refer them to a physiotherapist. Physiotherapy from the NHS might not be

available everywhere and waiting times can be long. You could also arrange for your child to see a physiotherapist privately.

Please contact surgery by telephone or email Medical@beechwoodpark.com if you would like to talk about you child.

Surgery's Medical Advice Sheet No. 27:
Constipation in Children
Advice for Parents

Constipation is common in childhood. Many children get temporary constipation that may last a few days and then gets better. This is quite normal and is nothing to worry about. Constipation occurs when your child does not pass a bowel movement often enough. Then, when they do, it can hurt because the stools have become hard and dry. However, there are also some children who appear to be doing a poo every day, but they are not emptying their bowel properly and only passing small amounts. These children can also be suffering from constipation.

Signs and symptoms of constipation

Signs and symptoms of constipation in children may include:

- less than three bowel movements a week
- bowel movements that are hard, dry and difficult to pass
- large-diameter stools that may obstruct the toilet
- pain while having a bowel movement
- abdominal pain
- traces of liquid or clay-like stool in your child's underwear — a sign that stool is backed up in the body
- blood on the surface of hard stool

If your child fears that having a bowel movement will hurt, he or she may try to avoid it. You may notice your child crossing his or her legs, clenching his or her buttocks, twisting his or her body, or making faces when attempting to hold stool.

Causes of constipation

Constipation most commonly occurs when stool moves too slowly through the digestive tract, causing the stool to become hard and dry.

Many factors can contribute to constipation in children, including:

- **Withholding.** Your child may ignore the urge to have a bowel movement because he or she is afraid of the toilet or doesn't want to take a break from play. Some children withhold when they're away from home because they're uncomfortable using public toilets. Painful bowel movements caused by large, hard stools also may lead to withholding. If it hurts, your child may try to avoid a repeat of the distressing experience.
- **Changes in diet.** Not enough fibre-rich fruits and vegetables or fluid in your child's diet may cause constipation.
- **Changes in routine.** Any changes in your child's routine — such as travel, hot weather or stress — can affect bowel function. Children are also more likely to experience constipation when they first start school.
- **Medications.** Certain medication can contribute to constipation.
- **Cow's milk allergy.** An allergy to cow's milk or consuming too many dairy products (cheese and cow's milk) sometimes leads to constipation.
- **Family history.** Children who have family members who have experienced constipation are more likely to develop constipation. This may be due to shared genetic or environmental factors.
- **Medical conditions.** Rarely, constipation in children indicates a digestive system problem, or another underlying condition.

How is constipation treated?

You can usually treat it at home with simple changes to your child’s diet and lifestyle. Often, simple changes in diet and routine help relieve constipation in children:

- **A high-fibre diet.** A diet rich in fibre can help your child. Offer high-fibre foods, such as beans, whole grains, fruits and vegetables. But start slowly, adding just a

small amount of fibre a day, over several weeks will help to reduce any bloating that can occur in someone who's not used to consuming high-fibre foods.

- **Adequate fluids.** Water and other fluids will help soften your child's stool. Be wary of offering your child too much milk, however. For some children, excess milk contributes to constipation.

When to get help

See your GP if your child:

Constipation in children usually isn't serious. However, chronic constipation may lead to complications or signal an underlying condition. Take your child to a doctor if the constipation lasts longer than two weeks or is accompanied by:

- fever
- vomiting
- blood in the stool
- abdominal swelling
- weight loss
- painful tears in the skin around the anus (these are known as anal fissures)

Dial 999 for an ambulance immediately if your child has symptoms of a severe infection, such as:

- high temperature (39.5 C or greater)
- if the fever lasts more than seven days
- if the fever symptoms get worse
- wheezing or difficulty breathing
- a fast heart rate
- dizziness or feeling faint
- loss of consciousness

Emergency treatment in hospital is needed in these cases.

When to return to school

There's no need to keep your child off school if they are constipated. Please let the school Surgery know so they can monitor your child and offer them support.

Prevention

To help prevent constipation in children:

- **Offer your child high-fibre foods.** Serve your child more high-fibre foods, such as fruits, vegetables, beans, and whole-grain cereals and breads.
- **Encourage your child to drink plenty of fluids.** Water is often the best.
- **Promote physical activity.** Regular physical activity helps stimulate normal bowel function.
- **Create a toilet routine.** Regularly set aside time after meals for your child to use the toilet. If necessary, provide a footstool so that your child is comfortable sitting on the toilet.
- **Remind your child to heed nature's call.** Some children get so wrapped up in play or school work that they ignore the urge to use the loo. If such delays occur often, they can contribute to constipation.
- **Review medications.** If your child is taking a medication that causes constipation, ask his or her doctor about other options.

Please contact surgery by telephone or email Medical@beechwoodpark.com if you would like to talk about you child.

Surgery's Medical Advice Sheet No. 28:
Fractures (Including bones bruises and dislocations)
Advice for Parents

A **fracture** is a break, bend or crack in a bone that often results from an injury. Fractures can happen after an accident like a fall, or by being hit by an object.

Signs and symptoms

The three most common signs of a fracture are:

- pain
- swelling

- deformity (however, it can sometimes be difficult to tell whether a bone is broken if it isn't displaced)

How do I know if it's a fracture?

If your child has broken a bone, they may experience the following:

- they may hear or feel a snap or a grinding noise as the injury happens.
- there may be swelling, bruising or tenderness around the injured area.
- they may feel pain when they put weight on the injury, touch it, press it, or move it.
- the injured part may look deformed – in severe breaks, the broken bone may be poking through the skin (known as an open fracture).
- in addition, your child may feel faint, dizzy or sick as a result of the shock of breaking a bone.

If the break is small or it's just a crack, they may not feel much pain or even realise that they have broken a bone. **The only way to be certain is to have an x-ray.**

When to get help

You should seek medical help as soon as possible if you think your child has broken a bone. If you think they may have **broken a toe or finger**, you can go to a minor injury unit or urgent care centre.

Go to your nearest accident and emergency (A&E) department for a **broken arm or leg**. Call 999 for an ambulance if the injury to the leg seems severe or if you are not able to get to A&E quickly. **Very severe suspected breaks, such as a broken neck or back, should always be treated by calling 999.**

The broken bone must be properly aligned and held in place, often with a plaster cast or splint, so it heals in the correct position. If your child doesn't receive the correct treatment, they could develop a serious infection or a permanent deformity. They may also develop long-term problems with their joints.

It's important not to let your child eat or drink anything if you think they may have broken a bone, as they may need an operation and a general anaesthetic to allow doctors to realign it.

Treatment

For a **minor** fracture:

- a plaster cast or removable splint will usually be applied – sometimes this may be done a few days later, to allow any swelling to go down first (a splint can be left on until a cast is fitted)
- you may be given a sling to support your child's arm
- they'll be given painkillers to take home and told how to look after their cast
- you'll probably be asked to attend follow-up appointments to check how your child's injury is healing

For more **serious** fractures:

- a doctor may try to realign the broken bones with their hands – this will usually be done while your child is awake, but their arm or leg will be numbed and they may be given medicine to relax them
- surgery may be carried out to realign the bones – this will often involve putting wires, plates, screws or rods inside the arm or leg, but sometimes a temporary external frame may be used
- a plaster cast will usually be applied to your child's arm or leg before you go home
- you'll be asked to attend follow-up appointments to check how your child is healing

When to return to school

Depending on the severity of the injury, your child can return to school as soon as they feel **able to manage**. However, it can be exhausting for children to cope with a full school day, the hustle and bustle of a busy environment, possible pain and discomfort at the site of their injury and the practicalities of moving safely around the school.

We therefore recommend that children stay at home after an initial severe injury, just for a few days, and then build up their school time gradually, perhaps coming in initially for

half days. Surgery, your child's form tutor and head of year, will be happy to talk this through with you. Catch up work can be sent home by your child's subject specific teachers if you would like.

When they feel ready to return to school, we will arrange for them to have a school 'buddy' to help open doors, carry books, lunch tray etc. We also encourage children to leave their lessons a few minutes early to allow them to move about the school safely.

The healing process

New bone forms within a few weeks of the injury, although full healing can take longer. Broken bones heal at different rates, depending on the age of the child and the type of fracture.

As a general rule of thumb, it takes around **6 to 8 weeks for a minor fracture** to heal. More **severe fractures can take between 3 and 6 months to fully heal**. Some can take even longer.

To help support your child while they recover, encourage them to:

- rest and sleep
- take pain relief - paracetamol (neurofen may also be recommended for children over 12 years) to treat pain
- keep the affected area elevated on a chair (lower limb), or a pillow (upper limb) at rest
- keep any casts and splints dry
- do some gentle exercises and stretches (if appropriate and safe to do so) to reduce stiffness – your doctor or a physiotherapist will advise you about this
- get medical advice if you notice changes in their skin colour, unusual sensations around the injury (tingling, numbness), signs of infection (redness, swelling or smelly discharge), severe or continuous pain, or problems with their cast or splint (it's too loose, too tight or cracked)

Prevention of further injury

Initially, we keep children inside at break and lunch play to prevent further injury. They should avoid putting weight or strain on the injury – don't stop moving it completely, but avoid activities such as carrying anything heavy and sports.

Sports lessons and matches

We place children on the 'off games' list while they are healing. **Unless there are exceptional circumstances, it is the School's policy that your child stays in school during games.** If your child is safe to go outside and watch, they will take part in supporting the team and engage where they can. If they are unable to go outside, they can rest with Surgery and catch up on any work missed. This applies to all games sessions and matches (both home and away).

What are the differences between a chipped bone, a cracked bone, a broken bone and a fractured bone?

Absolutely nothing! It's simply different ways of describing the same injury.

Can you bruise a bone?

Yes! A **bone bruise** is a type of traumatic injury. It's less severe than a bone fracture. It causes blood and fluid to build up in and around an injured bone. Your child may have symptoms such as pain, swelling, and a change in the colour of the skin around the injured area. These bruises can last from days to months and vary from mild to severe. For a minor bone bruise, your doctor may recommend rest, ice, and pain relief. If the bone bruise is in your child's leg or foot, elevate their leg to help ease swelling. Apply ice for 15 to 20 minutes a few times per day. A particularly severe bone bruise can interfere with blood flow. It is important to let your child's doctor know if their symptoms are getting worse.

Dislocations

A dislocation is an injury to a joint (a place where two or more bones come together) in which the ends of the bones are forced from their normal positions. This painful injury temporarily deforms and immobilizes the joint. **Dislocation is most common in shoulders and fingers**. Other sites include elbows, knees and hips. If you suspect a dislocation, seek prompt medical attention to return your child's bones to their proper positions.

A dislocated **kneecap** is a common injury. It's often caused by a blow or a sudden change in direction when the leg is planted on the ground, such as during sports or dancing. It usually takes about **six weeks to fully recover** from a dislocated kneecap, although sometimes it can take a bit longer to return to sports or other strenuous activities.

A dislocated **shoulder** happens when the upper arm pops out of the shoulder socket. The shoulder is one of the easiest joints to dislocate because the ball joint of your upper arm sits in a very shallow socket. A dislocated shoulder takes between **12 and 16 weeks to heal** after the shoulder has been put back into place. You'll usually be able to resume most activities within two weeks, but should avoid heavy lifting and sports involving shoulder movements for between six weeks and three months.

Partial dislocations

It is also possible to partially dislocate a joint, this is known as a *subluxation*. Partial dislocations can occur with impact and sporting injuries, particularly in children as their joints loosen as they grow. For some, the joint just finds its way back again on its own, while others may need medical support to have the bones realigned.

Common fractures in children

The bones of a child are more likely to bend than to break completely because they are softer. Common fractures in children include:

- Buckle Fracture

Buckle fractures (also known as Torus fractures) are very common injuries in children. A buckle fracture occurs when one side of the bone bends or is compressed but does not suffer a break. The other side of the bone remains intact. Buckle fractures only occur in children as the bones are still immature. Buckle fractures occur most commonly when a child falls onto the outstretched wrist or hand.

- Green Stick Fracture

A greenstick fracture occurs when a bone bends and cracks, instead of breaking completely into separate pieces. The fracture looks similar to what happens when you try to break a small, "green" branch on a tree. Most greenstick fractures occur in children

younger than 10 years of age. This type of broken bone most commonly occurs in children because their bones are softer and more flexible than are the bones of adults.

Please contact surgery by telephone or email Medical@beechwoodpark.com if you would like to talk about you child.

Surgery's Medical Advice Sheet No. 29:

Croup

Advice for Parents

Croup is a common childhood illness causing symptoms which may involve a harsh barking cough, hoarse voice and a high-pitched, wheezing sound caused by the disrupted airflow (known as a stridor). It is usually caused by inflammation of the upper respiratory tract as a result of viral infection.

Symptoms

The symptoms of croup:

- Croup usually begins like a normal cold, e.g. fever, runny nose and cough.
- Your child's cough will change to become harsh and barking, and might sound like a seal.
- Your child's voice may be hoarse.
- When your child breathes in, they may make a squeaky, high pitched noise, which is called stridor.
- In severe cases of croup, the skin between the child's ribs or under their neck may suck in when they breathe, and they may struggle to breathe.

Treatment

A mild attack of croup is when your child has the harsh, barking cough but does not have stridor when they are calm and settled and they are not struggling to breathe. No medical treatment is necessary for mild croup, or the virus that has caused it.

You can usually manage mild croup at home with the following care:

- Keep your child calm, as breathing is often more difficult when upset – the more a child is distressed, the worse their symptoms can become. Try sitting quietly, reading a book, or watching TV.

- If your child has a fever and is feeling unwell, you may give them paracetamol (Paracetamol).
- Croup often becomes worse at night. Many children will be more settled if someone stays with them.

Steam and humidifiers are no longer recommended as treatment. There is no evidence to suggest they are beneficial.

How long will it last?

Croup tends to be relatively mild. The illness tends to last for about 3-7 days but can persist for up to two weeks.

Self help

To help your child get better more quickly:

- encourage rest, sleep and lots of fluids
- keep them warm
- give paracetamol **or** neurofen to lower their temperature and treat aches and pains (DO NOT GIVE ASPIRIN), staggering the doses evenly throughout the day
- offer plenty of water to avoid dehydration (their pee should be light yellow or clear)

When to get help

Call NHS 111 or see your GP if:

- you're worried about your child's symptoms
- your child's symptoms are getting worse:
    - Their breathing is very rapid
    - The effort they are using to breathe increases
    - Their muscles in their chest and neck pull in when they breath
    - Their nostrils flare when they breathe
    - They are pale and lethargic
    - They have a temperature of 38.5 degrees
- your child has a long-term medical condition – for example, diabetes or a heart, lung, kidney or neurological disease
- your child has a weakened immune system

- your child's symptoms don't improve after 5 days

Call 999 or go to A&E if:

- they develop sudden chest pain
- they have difficulty breathing
- their lips are blue
- they become unresponsive
- they drool or are not able to swallow
- they start coughing up blood

When to return to school after croup

Your child can return to school if:

- they are well enough to cope with a full school day
- they have not been sick or had diarrhoea for at least 48hrs
- they have not had a temperature of over 38.0 for at least 24hrs
- they are eating and drinking normally
- they are not drowsy or lethargic

Children with croup should be considered contagious for three days after the illness begins or until the fever is gone.

Prevention

The following advice can help to prevent the spread of infection:

- stay home, if unwell; this limits the spread from one person to another
- encourage children to wash hands regularly, especially before meals
- use tissues and throw them away. Wash hands afterwards; remember: Catch it, Bin it, Kill it
- keep cleaning - especially door handles, light switches and surfaces.

Please contact surgery by telephone or email Medical@beechwoodpark.com if you would like to talk about you child.

Surgery's Medical Advice Sheet No. 30:

Puberty (Girls)

Advice for Parents

Puberty is when a child's body begins to develop and change as they become an adult. The average age for girls to begin puberty is 11, while for boys the average age is 12. But it's different for everyone, so don't worry if your child reaches puberty before or after their friends. It's completely normal for puberty to begin at any point from the ages of 8 to 14. The process can take up to 4 years.

Questions, questions, questions…

Has your child asked you questions about body changes? It can be difficult to know what to say, especially to younger children.

We have been working closely with Dr Kathy Weston and Tooled Up Education. Dr Weston has created a fantastic information sheet for parent/guardians : Puberty - General Advice For Parents which gives examples of questions younger children may ask, and tips on what to say. You can access this via Dr Weston's website:

https://www.drkathyweston.com

Periods

Although a girl's first period usually occurs at about age 12, some experience their first period much earlier (as early as 8 years old) and we have seen an increase in girls starting their periods in Year 6 (and some taller girls, as young as Year 5).

Did you know that the age a girl starts her periods often runs in families, so if you started your periods early, or late, your daughter may too?

Early signs of your daughter's first period are:

- Cramps (pain in her lower belly or lower back)
- Bloating (when her belly feels puffy)
- Breakouts (getting a few spots)
- Sore breasts
- Feeling tired
- Mood swings (when her emotions change quickly or you feel sad, angry, or anxious)

Everyone develops at different rates, so there's no right or wrong age to start having periods. Your daughter's periods will start when her body is ready. This is usually about 2 years after the first signs of puberty appear (breasts beginning to develop and pubic hair starting to grow).

Having a period at school

It can be a shock for some girls when they start their periods, especially when this happens at school. Please reassure your daughters that we have lots of sanitary pads in surgery, as well as spare underwear, if they need it. The toilet closest to surgery has a supply of sanitary pads that they can help themselves to (no need to ask!), as well as a sanitary bin. Other sanitary bins are located in the girls changing room loos, middle department loos, music department loos, (and for those girls who board, in the girls boarding bathrooms). The Surgery Team are here to support your girls if they have any worries or difficulties at school and the NHS have a useful advice page which might be helpful: www.nhs.uk/conditions/periods/starting-periods

Discomfort and pain relief

Some girls like to have a supply of painkillers (such as Neurofen) in surgery. We keep paracetamol in stock, but if you would like us to keep anti-inflammatory medication (such as neurofen) for your daughter, come and sign some in, in the usual way. We also have microwavable wheaty bags in surgery to help soothe abdominal cramps.

What about games and swimming lessons?

There is no need for your daughter to miss her games lessons during her period. Many girls actually find that gentle activity helps to ease abdominal cramps. Most will be signed off from swimming. Please let us know in surgery if your daughter is too uncomfortable to join in with her games/PE lessons and we can add her to the off games list.

Does my daughter really have to wear white shorts for PE?

No! Did you know that from Year 3 – Top Form, girls may choose to wear the navy version of the white PE shorts, rather than worry about wearing white? These are available from the Girls' shop at our local school outfitters - Stevenson's or from their online shop. It is entirely optional for all girls, not just those who are menstruating.

Towels or tampons?

Sanitary towels/pads come in many sizes, so your daughter can choose one to suit how heavy or light her period is. Some girls use panty liners (a smaller and thinner type of sanitary pad) on days when their period is very light.

Many girls will have a little cosmetic bag in their locker or school bag ready. We have plenty of pads in surgery if they forget. As previously mentioned, there is also a supply in the loo closest to surgery that they can help themselves to (no need to ask!).

We have been asked by parent/guardian if the girls can use tampons. Tampons are suitable for use for any age group, but they can be tricky for younger girls to get used to. Sometimes they even forget to take them out and need medical support to remove them. There is also a higher risk of infection (see Toxic Shock Syndrome below). We would advise girls (especially the younger ones) to use towels/pads for the time being until they feel confident to try tampons when they are a little older. Some brands such as Lil-Let Teens have specially designed small, slim tampons for girls who want to try them for the first time.

Have you heard of period pants?

These are reusable pants that look perfectly normal and only have a 3mm-thick gusset that can hold around 20ml of blood, or two tampons worth. There are different levels of absorbency, from 'super-light' to 'heavy/overnight'. The pants have three layers of fabric that wipe away moisture, fight bacteria and absorb all the fluid. They come in lots of different styles, there is even a swimming costume!

What is Toxic Shock Syndrome?

Tampons are associated with a very rare but life-threatening condition caused by bacteria getting into the body and releasing harmful toxins. This is called **Toxic Shock Syndrome (TSS)**. It's often associated with tampon use in young women, but it can affect anyone of any age – including men and children. TSS gets worse very quickly and can be fatal if not treated promptly. But if it's diagnosed and treated early, most people make a full recovery.

Symptoms of toxic shock syndrome

The symptoms of toxic shock syndrome (TSS) start suddenly and get worse quickly. They include:

- a high temperature

- flu-like symptoms, such as a headache, feeling cold, feeling tired or exhausted, an aching body, a sore throat and a cough
- feeling and being sick
- diarrhoea
- a widespread sunburn-like rash
- lips, tongue and the whites of the eyes turning a bright red
- dizziness or fainting
- difficulty breathing
- confusion

When to get medical advice

Toxic shock syndrome (TSS) is a medical emergency.

While these symptoms could be due to a different condition, it's important to contact your GP, a local out-of-hours service, or NHS 111 as soon as possible if your daughter has a combination of these symptoms. It's very unlikely that she will have TSS, but these symptoms should not be ignored. Go to your nearest A&E department or call 999 and ask for an ambulance immediately if your daughter has severe symptoms or they are rapidly getting worse. If she is wearing a tampon, remove it straight away. Also tell your doctor if she's been using a tampon, recently had a burn or skin injury, or if she has a skin infection such as a boil.

Good Hygiene helps to prevent infection

Girls should,

- wash their hands before and after inserting a tampon
- change tampons regularly – as often as directed on the pack (usually at least every 4 to 8 hours)
- never have more than one tampon in their vagina at a time
- when using a tampon at night, insert a fresh tampon before going to bed and remove it when they wake up
- remove a tampon at the end of her period
- always use a tampon with the lowest absorbency suitable for her period
- alternate between tampons and a sanitary towel or panty liner during her period

My daughter hasn't had a period yet, should I be worried?

No, not at all. Everyone develops at their own rate. See your GP if your daughter has not started her periods by the age of 16. It's also a good idea to see your GP if she has not developed any signs of puberty at all by the age of 14.

Possible causes of periods not starting include:

- a normal delay in development – this often runs in families
- a hormonal imbalance
- being underweight
- doing a lot of exercise – this can affect girls who do lots of athletics, gymnastics or dance

Please don't hesitate to get in touch with surgery if you would like to talk about your daughter in further detail. The best email address to use is medical@beechwoodpark.com

Surgery's Medical Advice Sheet No. 31

Rubella

Advice for Parents

Rubella is a rare, mild viral illness that causes a spotty rash. It usually gets better in about 1 week. It can be serious if you get it when you're pregnant. It's now uncommon in the UK because of the effectiveness of vaccination. Anyone can get rubella if they haven't been vaccinated, although it's most common in young children. The infection usually clears in around 7 to 10 days.

Symptoms

The initial symptoms of rubella develop around 10 days after you are infected. The main symptom of rubella is a red or pink spotty rash which can appear after 2 or 3 weeks. If your child has rubella, they may have a rash and feel a bit unwell, or they may not even notice it.

Rubella can also cause:

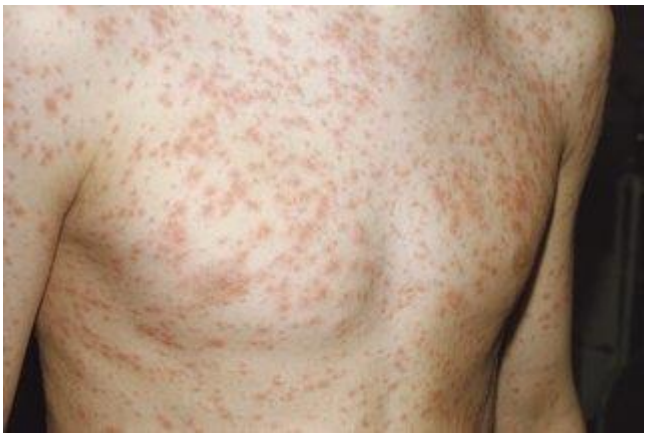
- aching fingers, wrists or knees
- a high temperature of 38C or above
- coughs

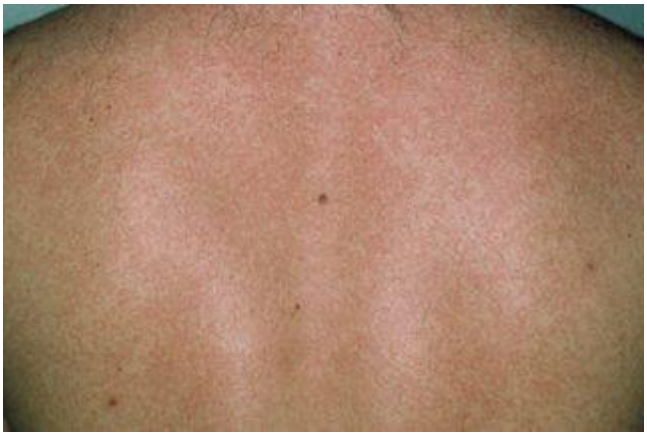
- sneezing and a runny nose
- headaches
- a sore throat
- sore, red eyes

The rubella rash

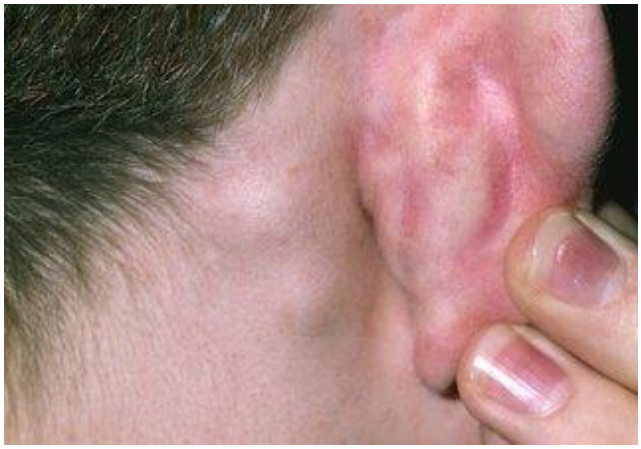
The rubella rash appears around 2 to 3 weeks after your child has been infected. The rash,

- starts behind the ears and spreads to the head, neck and body
- is slightly itchy for some people
- can be hard to see on darker skin tones, but might feel rough or bumpy to touch
- can look similar to other childhood conditions, such as slapped cheek syndrome, roseola or measles (see measles factsheet)
- is unlikely to be caused by rubella if the person has been fully vaccinated (had 2 doses of the MMR vaccine)





- your child might have lumps (swollen glands) in their neck or behind their ears



Treatment

Rubella is often mild and will usually pass in about 7 to 10 days without causing any further problems. Once your child has had rubella, their body builds up resistance (immunity) to the virus and it's highly unlikely they'll get it again. Rubella is more of a concern to pregnant women (see below).

Self help

Rubella usually gets better in about 1 week. To help your child get better more quickly:

- encourage rest and sleep
- keep them warm
- give paracetamol **or** neurofen to treat aches and pains (DO NOT GIVE ASPIRIN), staggering the doses evenly throughout the day
- offer plenty of water to avoid dehydration (their pee should be light yellow or clear)

When to get help

Call NHS 111 or see your GP if your child:

- contact your GP as soon as possible if you suspect that you or your child has rubella, even if you're not completely sure
- it's best to phone before your visit, as your GP surgery may need to make arrangements to reduce the risk of spreading the infection to others
- you should also see your child's GP if they've been in close contact with someone who has rubella and they've not been fully vaccinated or haven't had the infection before – even if they don't have any symptoms yet
- if you're worried about your child's symptoms

- if your child's symptoms are getting worse
- symptoms don't improve after a few days

When to return to school after rubella

Children with rubella should be considered contagious for **5 days** after the rash appears.

Your child can return to school when they are no longer contagious if:

- they are well enough to cope with a full school day
- they have not had a temperature of over 38.0 for at least 24hrs
- they are eating and drinking normally
- they are not drowsy or lethargic

Prevention

The rubella virus is contained in the millions of tiny droplets that come out of the nose and mouth when an infected person coughs or sneezes. Your child can easily catch rubella by breathing in these droplets or, if the droplets have settled on a surface, by touching the surface and then placing their hands near their nose or mouth. The virus can survive on surfaces for a few hours. Rubella is infectious from 1 week before the symptoms start and for 4 days after the rash first appears.

The following advice can help to prevent the spread of infection:

- **keep your child at home**, until the period of contagiousness has past (5 days); this limits the spread from one person to another
- encourage children to wash hands regularly, especially before meals
- use tissues and throw them away. Wash hands afterwards; remember: Catch it, Bin it, Kill it
- keep cleaning - especially door handles, light switches and surfaces
- avoid pregnant women

Rubella can be prevented by having the measles, mumps and rubella (MMR) vaccine. This is given in two doses as part of the NHS childhood vaccination programme. The first dose is given when your child is around 13 months old and a second dose is given before your child starts school.

Adults and older children can be vaccinated at any age if they haven't been fully vaccinated before. Ask your GP about having the vaccination.

There is more information here about the MMR vaccination:
https://www.nhs.uk/conditions/vaccinations/mmr-vaccine/

Rubella in pregnancy

Rubella is very rare in pregnancy. But if you get it when you're pregnant, rubella could harm your baby.

It can cause:

- loss of the baby (miscarriage)
- serious problems after the baby is born – such as problems with their sight, hearing, heart or brain

The risk is highest if you get rubella early in pregnancy. There's not thought to be a risk to your baby if you get rubella after week 20 of your pregnancy. Your GP or Midwife will be able to advise you further.

Please contact surgery by telephone or email Medical@beechwoodpark.com if you would like to talk about you child.

Surgery's Medical Advice Sheet No. 32

Roseola

Advice for Parent/guardian

Roseola is a common viral infection that usually affects babies and young children. It typically causes a fever and a spotty rash for a few days. While the rash may look alarming, roseola tends to be mild and you can normally look after your child at home. Most children usually recover within a week. Roseola can also affect older children and adults, but this is uncommon because most children will have been infected by the time they start nursery and it's rare to get it more than once. Roseola is also sometimes called "roseola infantum" or "sixth disease".

Symptoms

Roseola doesn't always cause noticeable symptoms. If they do develop, they'll usually start a week or two after becoming infected. It's unclear exactly how long a child with roseola is contagious. They may be able to pass on the infection the whole time they're ill, including before the rash develops.

At first, your child may have:

- a sudden high temperature (fever) of 38C (100.4F) or above a sore throat
- a runny nose
- a cough
- mild diarrhoea
- loss of appetite
- swollen eyelids and swollen glands in their neck

These symptoms typically last three to five days, at which point a rash often appears.

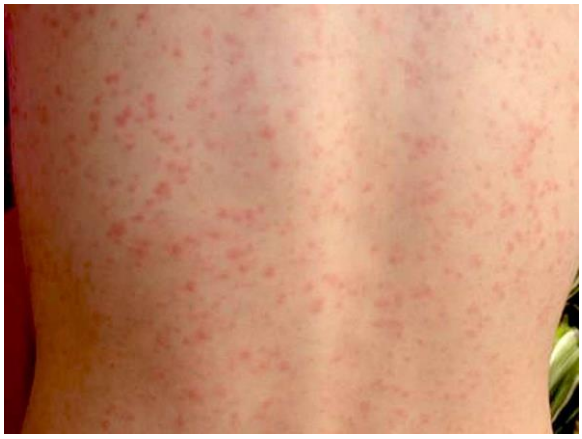
Some children also have fits (seizures) known as febrile seizures. These can be frightening, but are usually harmless.

The rash

The roseola rash usually appears once the fever has gone down. The rash:

- is made up of pinkish-red spots, patches or bumps – these should fade if you roll a glass over them
- tends to start on the chest, tummy and back, before spreading to the face, neck and arms
- isn't usually itchy or uncomfortable
- normally fades and disappears within two days

It can be difficult to tell the rash apart from similar childhood infections, such as **measles**, **rubella** or **scarlet fever** (see Surgery's Advice Sheets).



Treatment

You can usually look after your child at home until they're feeling better. There's no specific treatment, but the following can help:

- let your child rest if they feel unwell – they may be more comfortable if they stay in bed until they're better, but there's no need to force them to rest if they seem well enough
- keep them hydrated by giving them plenty of water or squash to drink
- keep them cool if their room is warm – for example, use a lightweight sheet on their bed rather than a heavy duvet
- give them children's paracetamol **or** ibuprofen if their fever is making them uncomfortable – always read the leaflet that comes with the medication to find the correct dose. Don't give your child paracetamol and ibuprofen at the same time. If one doesn't work, you may want to try the other one later.

Never give aspirin to children under 16 unless advised to by a doctor.

When to get help

Call 999 for an ambulance or go to your nearest accident and emergency (A&E) department immediately if your child:

- has a rash that doesn't fade when you roll a glass over it – this could be a sign of meningitis
- has a seizure for the first time, even if they seem to recover
- has a seizure that lasts more than five minutes
- seems confused, drowsy or disorientated
- loses consciousness

Roseola doesn't usually cause any serious problems, but it's important to look out for these symptoms and get help if they occur.

Call NHS 111 or see your GP if your child:

- if you're worried about your child's symptoms
- if your child's symptoms are getting worse
- symptoms don't improve after a few days

When to return to school with roseola

You don't need to keep your child away from nursery or school if they're feeling well enough to attend. If they are unwell, keep them at home until they feel better, although there's no need to wait until the last spot disappears.

Children with roseola do not need to stay away from school if:

- they are well enough to cope with a full school day
- they have not had a temperature of over 38.0 for at least 24hrs
- they are eating and drinking normally
- they are not drowsy or lethargic

If your child is feeling unwell or has a temperature, we would ask that you keep them at home resting, for the benefit of the whole school community.

Prevention

Roseola is spread in a similar way to the common cold – through coughs and sneezes, and contaminated objects or surfaces.

The following may help stop the infection spreading to others:

- make sure you and your child wash your hands often
- ensure your child sneezes and coughs into tissues – throw away used tissues immediately and wash your hands
- clean surfaces regularly
- don't share cups, plates, cutlery and kitchen utensils

Please contact surgery by telephone or email Medical@beechwoodpark.com if you would like to talk about you child.

Surgery's Medical Advice Sheet No. 33:

Wound Care

Advice for Parents

There are many different types of wound. Most superficial cuts and grazes can be easily looked after with simple first aid. However, sometimes due to the size, shape or location of the wound, further care may be required.

The 3 main types of wound are:

- an abrasion (graze)
- a laceration (cut)
- or a puncture (stab)

Abrasions (Grazes)

Grazed skin may be contaminated with gravel and dirt and may need a thorough cleaning to prevent infection.

Self help

To help your child get better more quickly:

Do

- Keep the wound clean and dry to prevent bacteria from entering the wound.

Don't

- Cover the wound with anything waterproof (unless you have been asked to do so by minor injuries/A&E) as this can sometimes make the wound soggy and more likely to get infected.
- Pick any scabs that form on the wound.
- If your wound has been glued, do not pick at the glue.

Signs of wound infection

- Redness – bright red appearance around the wound
- Heat from the wound
- Throbbing or increased pain
- Loss of sensation
- A red line

When to get help

Call NHS 111, see your GP or visit minor injuries if:

- the wound re-opens
- the skin around the wound is red, hot or painful (signs of infection – see above)
- you're worried about your child's wound
- your child's wound doesn't improve after 7 days
- your child has a long-term medical condition – for example, diabetes or they have a weakened immune system

When to return to school

Your child can return to school if:

- they are well enough to cope with a full school day
- if your child needs to rest off games please let Surgery know

Please contact surgery by telephone or email Medical@beechwoodpark.com if you would like to talk about you child.

Advice for Parents

Coming back to school after a considerable injury, such as a fractured bone, can be worrying for some children. They are often in pain or uncomfortable and may be anxious about the idea of being back in school with their injury.

Types of fracture

There are different kinds of fractures, and each one may heal differently and require different treatment approaches.

The most common types of fractures we see in children tend to be *stable fractures*, that is fractures that don't break through the bone. The bones of a child are more likely to bend than to break completely because they are softer. These include:

- **Buckle** fractures are very common injuries in children. A buckle fracture occurs when one side of the bone bends or is compressed but does not suffer a break. The other side of the bone remains intact. Buckle fractures only occur in children as the bones are still immature. Buckle fractures occur most commonly when a child falls onto the outstretched wrist or hand.
- **Greenstick** fracture occur when a bone bends and cracks, instead of breaking completely into separate pieces. The fracture looks similar to what happens when you try to break a small, "green" branch on a tree. Most greenstick fractures occur in children younger than 10 years of age. This type of broken bone most commonly occurs in children because their bones are softer and more flexible than are the bones of adults.
- **Non-displaced** fracture is a fracture where the bone cracks completely and the pieces line up.
- **Displaced** fracture is a fracture where the bone cracks completely in two or more pieces, and the pieces move out of alignment (this type of fracture might require surgery to make sure the pieces are aligned before casting).

Recovering from a fracture

Some broken bones are more serious than others – it depends on the location of the fracture, how the bone has broken, and whether there's any damage to the surrounding tissue. As a general rule, most fractures will take 4 to 6 weeks to heal.

When to return to school

We advise children to rest at home for a few days after a considerable injury, such as a fracture. Each child will feel differently about coming back to school. As a general guide your child can return to school if:

- they are pain controlled and the injury is feeling comfortable
- they are well enough to cope with a full school day
- they are able to self-care with toilet visits/personal hygiene needs

If your child is unable to walk or weight bear, contact Surgery before returning to school to discuss your child's individual needs.

Please let your child's Form Tutor and Surgery know of any medical appointments (i.e. fracture clinic) that your child may need to attend.

Pain control

The pain should settle over the first week after the injury. We are able to provide paracetamol (Calpol liquid and tablets) in surgery for pain relief, but if your child needs any extra medication, please sign this in with surgery.

Sports lessons

Most fractures heal within 4 to 6 weeks and your child can then begin to return to gentle activities. More strenuous activities, or those where your child may fall (such as trampolining and contact sports), may need be avoided for up to 2 months, but your child's doctor or the fracture clinic team will be able to advise you further.

Children who have a fracture will be placed on the *off games list*. During their games lessons they can come up to surgery to rest with a book or complete their prep. As they

heal and grow in confidence they are able to join in the lessons (if they are able) in a non-active role, such as keeping score, supporting the team or helping out.

Away matches

When your child's team has an away match, they can remain at school as they would during a normal game's lessons (as above), or under special circumstances come home to rest. Please contact Surgery and your child's Head of Department if you would like to collect your child early. Occasionally, our older pupils go on the away match with their team to support the match.

Academic support

Your child may need to use a school computer/iPad for lessons if they are unable to write. Your child's Form Tutor will arrange this for them. If your child has exams, their Form Tutor will also be able to discuss possible exam concessions with you.

Getting around school safely

Your child's Form Tutor will inform the teaching staff that your child may need to leave lessons a few minutes early, while the corridors are less busy. This will allow your child to get to their next lesson and be less likely to be accidentally bumped. They will have a *buddy* allocated to them to help carry lunch trays, book bags, hold open doors etc.

For some children getting around school can be difficult, especially if they are using crutches or a wheelchair. In the past was have supported children by moving classroom locations around to the ground floor, if this is needed and Matron can visit children downstairs, rather than up in surgery. For any child with considerable restricted mobility, a Risk Assessment and Personalised Emergency Evacuation Plan (PEEP) will be put in place.

Crutches

If your child requires crutches we will complete a risk assessment looking at their safe mobility around the School site. Some of our grounds will not be suitable or safe for children to use (woods, sports pitches etc.). Most children quickly become adept on their crutches and can safely manage steps and even use stairs at home. We encourage children to move up and down school steps or stairs on their bottom.

Casts, slings and splints

Plaster casts are made up of a bandage and a hard covering, usually plaster of Paris. They allow broken bones in the arm or leg to heal by holding them in place, and usually need to stay on for between 4 and 12 weeks. You can find out about caring for a plaster cast here: https://www.nhs.uk/common-health-questions/accidents-first-aid-and-treatments/how-should-i-care-for-my-plaster-cast/

Not all fractures require a cast. Many fractures in children and can usually be treated without surgery using a splint or a simple sling to keep the bone stable while it heals.

Intimate Care

If your child is unable to take themselves to the toilet independently and provide their own personal hygiene care, they may not be ready to return to school. Please get in touch with surgery to discuss this further.

When to return boarding

Our boarders are always keen to return to the Boarding House and re-join all the fun. Some children may feel confident in returning to boarding while others take longer to build up their confidence again. Boarding is a very active and busy environment which may not be suitable for all injured children. Please discuss your child's needs (including personal hygiene support) with the Boarding Team.

Recovering from the injury

Rehabilitation after the cast, sling or splint is removed will differ from child to child. The injured site may be stiff, but function will usually return to normal within a few weeks or months. Physiotherapy is usually not required, your child should be able to move their healed limb as normal, provided this is not uncomfortable.

Self help

To help your child feel comfortable more quickly:

- rest at home until they feel well enough to return to school
- take regular pain killers such as paracetamol

- speak to your GP about additional pain relief if needed
- support the injury on a pillow

When to get help

Call NHS 111 or see your GP if:

- your child is complaining of worsening pain, not controlled by simple painkillers
- fingers/toes become swollen, and/or an abnormal colour, or your child says they feel tingling in their fingers/toes or increasing pain when moving them
- they fall on to, or bump into their fracture
- If you have any concerns about your child

Further help and support

Please get in touch with the medical team via medical@beechwoodpark.herts.sch.uk to discuss your child's specific injury.

- https://www.nhs.uk/conditions/broken-leg/
- https://www.nhs.uk/conditions/broken-arm-or-wrist/

Please contact surgery by telephone or email Medical@beechwoodpark.com if you would like to talk about you child.

Matron's Medical Advice Sheet
Childhood Diseases And Potential Risks During Pregnancy

It can be really worrying to read information about the possible complications caused by childhood illnesses when you are expecting. Please remember these complications are rare and exposure to unwell children is unlikely to cause you, or your baby any harm. Good hand washing practice is an excellent way to prevent many illnesses from spreading. Childhood diseases may cause complications if you're pregnant or trying to conceive. Contact surgery if you are at all worried or need any help and advice. If ever you do come into contact with an infection that you are concerned about, it is always worth contacting your GP or Midwife to establish whether or not the particular infection does carry risks during pregnancy.

This advice sheet covers the following common childhood diseases:

- Chicken pox & shingles
- Slapped cheek (also known as fifths disease)
- Measles
- Hand, foot and mouth disease
- Scarlett fever
- Meningitis
- Mumps
- Flu
- Whooping cough
- Impetigo
- Skin rashes

Chicken pox & shingles

Most pregnant women are immune to chicken pox as they will have had the illness themselves as a child. If you're sure you've had it, don't worry. If not, serious complications from the virus during pregnancy are uncommon. Ideally, women who haven't had chicken pox or who aren't sure of their immunity status should be tested before pregnancy. Women who are not immune may receive the Written by Beechwood Park School Medical Team (approved by Beechwood Park's – School Medical Officer) chicken pox vaccine and should wait at least one month after receiving it before trying to conceive. If you're already pregnant and unsure of your chicken pox status, you should avoid anyone with chicken pox and anyone who has been in contact with someone who has chicken pox. If you are exposed, your doctor will probably recommend treatment. Your baby is also at risk of contracting the illness if you get it near the time of delivery. Your GP can ask that your blood tests, taken during your booking appointment, be checked for immunity (as these samples are not disposed of).

Slapped cheek

If a pregnant woman comes into contact with or develops slapped cheek, she should see her GP and Midwife as soon as possible as there is a small risk that it might cause severe complications. The virus can disrupt the baby's ability to produce red blood cells, and the baby could contract a form of anaemia, which can lead to further problems. If there's an

outbreak of slapped cheek at school, talk to your doctor about whether you should stay home until it subsides. To reduce the risk of infection, wash your hands thoroughly after touching objects and surfaces used by infected children. A blood test may be needed to determine whether you currently have the illness. If you're infected, you'll be monitored carefully often through repeated ultrasound examinations.

Measles

Most pregnant women are immune to measles, due to widespread vaccination. However, outbreaks occasionally occur, and inadequately vaccinated adults can be at risk of getting ill. It's rare to get measles during pregnancy. However, when a pregnant woman does get it, she is at increased risk of complications associated with her pregnancy. Your baby is also at risk of contracting the illness if you get it near the time of delivery.

Hand, foot and mouth disease

Although there's normally no risk to the pregnancy or baby, it's best to avoid close contact with anyone who has hand, foot and mouth disease. This is because having a high temperature during the first 3 months of pregnancy can lead to miscarriage, although this is very rare. Getting hand, foot and mouth disease shortly before birth can mean the baby is born with a mild version of it. Speak to your GP or midwife if you have been in contact with someone with hand, foot and mouth disease. Written by Beechwood Park School Medical Team (approved by Beechwood Park's – School Medical Officer)

Scarlet fever

There's no evidence that catching scarlet fever during your pregnancy will put your baby at risk. However, if you are infected when you give birth, there is a risk your baby may also become infected. Pregnant women who have been diagnosed with scarlet fever will be treated with antibiotics, which are safe to take in pregnancy and labour.

Meningitis

There are many different viruses that can cause meningitis, and the vast majority of these would not pose any threat during pregnancy. Unless you have had very close contact with a child who has viral meningitis, it is unlikely that you will have been exposed to the infection. If you do begin to feel unwell in any way, it would be worth arranging to see

your GP so that you can be assessed, but it is very unlikely that any action will be required.

Mumps

In the past it was thought developing mumps during pregnancy increased the risk of miscarriage, but there's little evidence to support this. But, as a general precaution it is recommended that pregnant women avoid close contact with people known to have an active mumps infection. A high fever during pregnancy may be harmful - contact your GP or Midwife if you have a fever as you are at increased risk for complications. If you're pregnant and you think you have come into contact with someone with mumps but you haven't been vaccinated, contact your GP or midwife for advice. There's no cure for mumps but a GP will be able to suggest treatment to relieve your symptoms.

Flu

Unlike a cold, the flu comes on quickly with fever, headaches, muscle aches, chills, a sore throat and cough. A high fever during pregnancy may be harmful - contact your GP or Midwife if you suspect the flu as you are at increased risk for complications. If you don't feel better after several days, your cough worsens, or you're having trouble breathing contact your GP immediately. Flu vaccinations are safe in pregnancy. It's recommended that all pregnant women have the flu vaccine, whatever stage of pregnancy they're at. The flu jab will help protect both you and your baby. It's also safe for women who are breastfeeding to have the vaccine. There is good evidence that pregnant women have a higher chance of developing complications if they get flu, particularly in the later stages of pregnancy. One of the Written by Beechwood Park School Medical Team (approved by Beechwood Park's – School Medical Officer) most common complications of flu is bronchitis, a chest infection that can become serious and develop into pneumonia.

Whooping cough

Although this illness will not affect you during pregnancy, young babies with whooping cough are often very unwell and most will be admitted to hospital because of their illness. The best time to get vaccinated against whooping cough is from 16 weeks up to 32 weeks of pregnancy. If you miss having the vaccine for any reason, you can still have it up until you go into labour. Getting vaccinated while you're pregnant is highly effective in

protecting your baby from developing whooping cough in the first few weeks of their life. The immunity you get from the vaccine will pass to your baby through the placenta and provide passive protection for them until they are old enough to be routinely vaccinated against whooping cough at two months old.

Impetigo

Being pregnant does not create an extra risk. The bacteria that cause the disease are not likely to cause any harm to an unborn child if there is only an infection on the skin. Impetigo is often treatable with antibiotic cream, if you did catch the infection an antibiotic could be prescribed that is safe to use in pregnancy.

Skin rashes during pregnancy

If you develop a rash when you're pregnant, get advice from your GP or midwife straight away so they can diagnose its cause. When to seek advice If you are worried about any illness or your exposure to it, your Midwife or GP can offer your further advice and reassurance.

[END]

Last updated by Carly Jacques (Lead School Nurse) December 2023
(Please note - all hyperlinks have been checked and are valid at the time of annual review and update)