

## **Health advice - common ailments and conditions**

The health of your child is of the utmost importance. To help you identify any problems, we have compiled a list of the more common ailments your child may encounter during their time at Spratton Hall. If you have any health concerns or information it is vital that you speak with Matron as soon as any symptoms present.

### **Diarrhoea & vomiting**

The most common cause of diarrhoea and vomiting is gastroenteritis, which is inflammation of the stomach and bowel. It is usually caused by a viral or bacterial infection. Gastroenteritis can have a number of possible causes, including a norovirus infection or food poisoning. However, rotavirus is the leading cause in children. The illness usually lasts for three to five days. It is highly infectious; it is therefore important to take steps to prevent it spreading from your child to other children.

If your child vomits or has diarrhoea please do not allow them return to school until 48 hours have passed since their last episode of diarrhoea or vomiting.

### **Stomach ache**

There are many reasons, including a viral infection or food poisoning, why a child complains of having stomach ache. There are also non-medical reasons for stomach pains such as hunger, anxiety or the need to go to the toilet. Matron will fully assess and talk to children to ascertain what could be causing the problem and will provide reassurance and treat accordingly. Should the cause be deemed a medical problem parents will be consulted and remedial plans agreed.

### **Chicken pox**

Chickenpox is a mild and common childhood illness that most children catch at some point. It causes a rash of red, itchy spots that turn into fluid-filled blisters. They

then crust over to form scabs, which eventually drop off. Some children have only a few spots, but in others they can cover the entire body. The spots are most likely to appear on the face, ears and scalp, under the arms, on the chest and belly and on the arms and legs. Chickenpox is most infectious from one to two days before the rash starts, until all the blisters have crusted over (usually five to six days after the start of the rash).

To prevent spreading the infection, please keep children off school until all the spots have crusted over.

## **Lice & nits**

Head lice are tiny wingless insects that live in human hair. They are common, particularly in children. They are grey-brown in colour, the size of a pinhead when hatched and of a sesame seed when fully grown. They cannot fly, jump or swim and are spread by head-to-head contact, climbing from the hair of an infected person to the hair of someone else. A head lice infestation is not the result of dirty hair or poor hygiene. They can affect all types of hair, irrespective of its condition and length. Head lice only affect humans and cannot be passed on to animals or be caught from them.

In most cases, itching is the main symptom of head lice. It is not caused by the lice biting the scalp but by an allergy to the lice. However, not everyone experiences itching.

It's not always easy to see head lice, so detection combing is the best way of finding head lice. This involves using a special fine-toothed head lice comb (with tooth spacing of less than 0.3mm to trap the smallest lice) to comb through the hair. It works better on wet hair, but can be used on dry hair. Detection combs are available from pharmacies. Usually, head lice can be treated effectively using medicated lotions or by wet combing, using a specially designed head lice comb. Wet combing can be used without medicated lotions, but needs to be done regularly and can take a long time to do thoroughly.

Once your child has been treated they can return to school however remain vigilant and treat again if they return.

## **Cold Sores**

Cold sores are small blisters that develop on the lips or around the mouth. They are caused by the herpes simplex virus and usually clear up without treatment within 7-10 days. There are no symptoms when you first become infected with the herpes simplex virus. An outbreak of cold sores may happen sometime later. Cold sores often start with a tingling, itching or burning sensation around your mouth. Small fluid-filled sores will then appear, most commonly on the edges of your lower lip.

Cold sores usually clear up by themselves, without treatment, within 7-10 days. However, antiviral creams are available over the counter from pharmacies without a prescription. If used correctly, these can help ease the symptoms and speed up the healing time.

Discourage your child touching the cold sore and encourage hand hygiene. Antiviral creams can be administered during school hours, please inform Matron should this be required.

## **Impetigo**

Impetigo is a highly contagious skin infection, which causes sores and blisters. It's very common and affects mainly children. There are two types of impetigo;

- bullous impetigo, which causes large, painless fluid-filled blisters and
- non-bullous impetigo, which is more contagious and causes sores that quickly rupture (burst) to leave a yellow-brown crust.

Impetigo usually gets better on its own without the need for treatment within two to three weeks. However, antibiotic creams are usually recommended because the infection spreads easily. To minimise the risk of impetigo spreading, it's also

advisable to avoid touching the sores, encourage your child to wash their hands regularly and not to share flannels, sheets or towels.

Most people are no longer contagious after 48 hours of treatment, or once their sores have dried and healed. Children should be kept off school until their sores have dried up.

## **Conjunctivitis**

Conjunctivitis is redness and inflammation of the thin layer of tissue that covers the front of the eye (conjunctiva). It is very common. Other symptoms of conjunctivitis include itchiness and watering of the eyes, and sometimes a sticky coating on the eyelashes if caused by an allergy.

Your child does not need to stay away school if they have conjunctivitis, unless they are feeling particularly unwell. However if there are a number of cases of conjunctivitis at school you may be requested to keep your child away from the school until their infection has cleared up. Eye ointment or drops can be administered during school time. Please discuss with Matron.

## **Slapped cheek**

Slapped cheek syndrome (also known as “fifth disease” or erythema infectiosum) is a type of viral infection that is most common in children, although it can affect anyone of any age. It usually affects children aged between six and 10 years. Most cases develop during the late winter months or early spring. In children, the most common symptom is the appearance of a distinctive bright red rash on the cheeks. As the rash develops it often has a raised, lace-like appearance and may cause discomfort and itching.

Most children will not need treatment, as slapped cheek syndrome is usually a very mild condition that passes in a few days. Occasionally it can last up to four or five weeks. There is no specific antiviral therapy available for slapped cheek

syndrome. Symptoms such as headaches, high temperature or itchy skin can usually be treated with over-the-counter medications such as paracetamol and antihistamines.

If your child feels well enough to come to school, medicines provided from home can be administered during school hours. Please discuss with Matron.

## **Measles**

Measles is a highly infectious viral illness that can be very unpleasant and may sometimes lead to serious complications. However, it's now uncommon in the UK because of the effectiveness of the MMR vaccination. The initial symptoms of measles develop around 10 days after you are infected. These can include: cold-like symptoms, red eyes and sensitivity to light, a high temperature (fever) and greyish white spots in the mouth and throat. After a few days, a red-brown spotty rash will appear. This usually starts behind the ears and then spreads around the head and neck before spreading to the rest of the body.

People with measles are infectious from when the first symptoms develop until about four days after the rash first appears. Please inform Matron immediately Measles is diagnosed. Your child should be kept off school for at least four days from when the rash first appeared to limit the spread of infection. Please discuss with Matron before you child returns to school.

## **Mumps**

Mumps is a contagious viral infection that used to be common in children. It's 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 headache, joint pain and a high temperature, which may develop a few days before the swelling of the parotid glands.

To prevent it spreading, encourage regular hand washing with soap and using and disposing of tissues when sneezing. Please inform Matron immediately Mumps is

diagnosed. Your child must be off school for at least five days after their symptoms first developed. Please discuss with Matron before your child returns to school.

## **Eczema**

Atopic eczema, also known as atopic dermatitis, is the most common form of eczema. It mainly affects children, but can continue into adulthood. Eczema is a condition that causes the skin to become itchy, red, dry and cracked. It is a long-term, or chronic, condition. Should your child need cream applying regularly, this can be done during school time. Please discuss this with Matron.

## **Colds**

A cold is a mild viral infection of the nose, throat, sinuses and upper airways. It can cause a blocked nose followed by a runny nose, sneezing, a sore throat and a cough. In older children, the cold will usually last for about a week as the body fights off the infection. Colds in younger children can last up to two weeks. There is no cure for a cold, although you can usually relieve the symptoms of a cold at home by taking over-the-counter medication, such as paracetamol, and drinking plenty of fluids.

If your child feels well enough to come to school, medicines provided from home can be administered during school hours. Please discuss with Matron.

## **Sore throat**

A sore throat is normally a symptom of a bacterial or viral infection, such as the common cold. In around a third of cases, no cause for the sore throat can be found. Sore throats are common, especially in children and teenagers. This is because young people have not built up immunity (resistance) against many of the viruses and bacteria that can cause sore throats. Sore throats in children can also be caused by not drinking enough, in which case, drinking regularly and having a water bottle with them should be encouraged.

If your child develops a sore throat, due to infection, please send in some throat lozengers, which can be administered by Matron during the school day.

## **Asthma**

Asthma is a common long-term condition that can be effectively controlled in most children. The severity of asthma symptoms varies between children, from mild to severe. Asthma affects the airways, the small tubes known as the bronchi that carry air in and out of the lungs. If your child has asthma, the airways of their lungs are more sensitive than normal.

When your child comes into contact with something that irritates their lungs, known as a trigger, their airways narrow, the lining becomes inflamed, the muscles around them tighten, and there is an increase in the production of sticky mucus or phlegm.

This makes it difficult to breathe and causes symptoms such as wheezing, coughing, shortness of breath and tightness in the chest. An upper respiratory tract infection, such as a cold or flu is the most common trigger of an asthma attack. Other common triggers include:

- exercise, especially in cold weather,
- an allergy to and contact with house dust mites, animal fur, grass and tree pollen,
- exposure to air pollution, especially tobacco smoke.

Please ensure that if your child is asthmatic, you complete and return the Asthma care plan to Matron. Please inform Matron if your child has a cold so their inhaler can be administered prior to Games or P.E.

## **Worms**

Threadworms, also known as pinworms, are tiny parasitic worms that hatch eggs in and infect the large intestine of humans. Threadworms are the most common type of worm infection in the UK and they are particularly common in young children under the age of 10. Threadworms are white and look like small pieces of thread.

You may notice them around your child's bottom or in your child's stools. They don't always cause symptoms, but people often notice itchiness around their bottom or vagina. This can be worse at night and can sometimes disturb sleep.

Children should wash their hands regularly, particularly after going to the toilet and before mealtimes. Kitchen and bathroom surfaces should be kept clean.

If you think you or your child may have threadworms, you can usually treat the infection yourself with medication available at pharmacies without prescription. If you or your child has threadworms, everyone in your household will need to be treated because the risk of the infection spreading is high. This includes people without any symptoms of a threadworm infection. During treatment and for a few weeks afterwards, it is also important to follow strict hygiene measures to avoid spreading the threadworm eggs.

Please inform Matron if your child has worms so good hygiene practices can be stepped up to limit the spread of infection – such as cleaning toys and equipment, and encouraging children to wash their hands regularly.

## Shingles

Shingles, also known as herpes zoster, is an infection of a nerve and the skin around it. It is caused by the varicella-zoster virus, which also causes chickenpox.

Shingles usually affects a specific area on one side of the body and does not cross over the midline of the body (an imaginary line running from between your eyes down past the belly button).

The main symptom is a painful rash that develops into itchy [blisters](#) that contain particles of the virus.

An episode of shingles typically lasts around two to four weeks, although around one in five people go on to develop nerve pain called postherpetic neuralgia in the affected area of skin

There is no cure for shingles, but treatment can help ease your symptoms until the condition improves. In many cases, shingles gets better within around two to four weeks.

However, it's still important to see your GP as soon as possible if you recognise the symptoms of shingles, as early treatment may help reduce the severity of the condition and the risk of potential complications

### **Staying off work or school**

If your child has shingles, you only need to keep your child off school while:

- the rash is weeping (oozing fluid) and cannot be covered
- you or your child are feeling unwell

If the rash is only on your body and can be covered by clothing, there is little risk of passing the infection on to others.

If you develop the shingles rash, there are a number of things you can do to help relieve your symptoms, such as:

- keeping the rash as clean and dry as possible – this will reduce the risk of the rash becoming infected with bacteria
- wearing loose-fitting clothing – this may help you feel more comfortable
- not using topical (rub-on) antibiotics or adhesive dressings such as plasters – this can slow down the healing process
- using a non-adherent dressing, if you need to cover the blisters – this avoids passing the virus to anyone else

To ease the pain caused by shingles, your GP may recommend painkilling medication. The most commonly used painkiller is Paracetamol/Calpol.