

## 20th May Bulletin

### Headteacher update:

I'm really looking forward to the may fair tomorrow afternoon. The weather looks great and the all-time favourite Lucky Jar stall is going to be well stocked thanks to your generosity. Across the school you donated 300 exactly Lucky Jars with Daisy Class and Cherry Class collecting the most with an equal tally of 51 jars each!

Reception and Year 1 classes have both been lucky with the weather during their off-site visits this week. On Wednesday, Reception went to Noah's Ark Zoo Farm to see the animals they had been learning about in their class topic work. They toured the park and had a really informative session to find out about (and meet) some animals native to Africa.

Year 1 have been to the docks today to experience what life would have been like on the SS Great Britain as part of their Bristol topic. They found out about some of the less fun sides of being crew on the ship and enjoyed dressing up in clothes from that period in history.

Both year groups demonstrated our school rules in their behaviour and attitudes and got a great deal from their trips out.

I look forward to seeing you tomorrow. Please come to support the Maypole dancers and choir as well as making the most of the fundraising opportunities on offer.

Best Wishes,

Gemma Fricker





Photos and information about what has been happening in classes, the learning plans as well as important messages from teachers are all found in the class blogs ([click below](#))



### Medicines Policy Update:

As part of our policy review cycle, governors and school leaders have reviewed the Administration of Medicines Policy. This policy is not required to be published on our website, but is available on request. Key messages that are important for you to understand are:

Supporting Pupils at Schools with Medical Conditions is primarily a **parent/carer** responsibility. Pupils should take medication at home where possible. The vast majority of antibiotics don't need to be taken at school as they can be taken before and after school and again at bed time.

- No medication is permitted into the school unless there is written parental consent stating the name of the pupil, the medication, and the frequency and dosage to be administered.
- The office team will provide the parent/carer with the schools medication form before accepting medicine
- If the medication is emergency medication ie. Auto injector/inhaler, school will request a care plan
- There is a school auto injector stored in the office for emergencies. This is a Junior Epi Pen with 0.15mg dose
- Non-prescription medication may be permitted under certain circumstances e.g. hand cream or Calpol, but must have a signed medication form. **Administration of medication to give pain relief or reduce temperatures for children who are not well enough to be in school will not be permitted**
- Parents will be informed if their children have been administered non-routine medication via a copy of the medicines chart being sent home with their child.
- Medication for children who are not Infant School pupils, but attend Breakfast Club will be managed following the Henleaze Infant School policy with the exception of storage. Non-HIS pupil medication will be stored in the dining hall locked cupboard along with the health plan. The key is hung up on a hook to the left of the cupboard and **must be accessible at all times**. For pupils who have auto-injectors, a copy of their plan will be kept with the Infant School medication noting where the medication is located.

- Children who attend School's Out Henleaze will follow the SoH policy, which includes medications being stored in the dining room locked cupboard.

If the child is acutely unwell, **parents/carers** should keep them at home for an appropriate period, e.g. sickness and/or diarrhoea for 48 hours (though if over-eating has been known to have taken place, for e.g., flexibility can be applied). More information on exclusion periods following infectious diseases is available from (what is currently known as) Public Health England.

Only suitably trained individuals can administer medicines to pupils.

School will follow healthcare plans provided by medical professionals in conjunction with parents/carers. In some cases, a medical consent form will be deemed sufficient if prescription labels match parent information provided. EHCP plans will be overseen by the SENDco and Non-EHCP will be managed by the HT/AHT

The Head teacher is responsible for deciding, in consultation with staff, parents, health professionals and the Local Authority how the school can support a pupil with medical needs.

We also have a risk assessments for emergency medication and pupils with allergies that require an anaphylaxis plan that sits alongside the policy.

### **Important Messages:**

#### Lost property

Lost Property is still an issue due to parents failing to name items of clothing. Please check all uniform and outerwear to prevent this unnecessary waste and impact on school admin time.

#### **Slapped Cheek (Parovirus)**

We have had notification of slapped cheek in school over the past week. Although this virus is not harmful in most cases, it can result in symptoms before there are any outward signs and can be harmful to some groups (see below). It's very difficult to prevent slapped cheek syndrome from spreading because people who have the infection are most contagious before they develop any obvious symptoms. For this reason we ask that you take note of the symptoms, particularly those in the contagious phase and that you inform the school office if your child has a confirmed or suspected case of slapped cheek.

NHS information below.

Slapped cheek syndrome (also called fifth disease or parvovirus B19) is a viral infection that's most common in children. But it can affect people of any age. It usually causes a bright red rash on the cheeks.

Although the rash can look alarming, slapped cheek syndrome is normally a mild infection that clears up by itself in 1 to 3 weeks. Once you've had the infection, you're usually immune to it for life.

However, slapped cheek syndrome can be more serious for some people. If you're pregnant, have a blood disorder or a weakened immune system and have been exposed to the virus, you should get medical advice.

## **Symptoms of slapped cheek syndrome**

Symptoms of slapped cheek syndrome usually develop 4 to 14 days after becoming infected, but sometimes may not appear for up to 21 days.

## Initial symptoms

Some people with slapped cheek syndrome won't notice any early symptoms, but most people will have the following symptoms for a few days:

- a slightly high temperature (fever) of around 38C (100.4F)
- a runny nose
- a [sore throat](#)
- a [headache](#)
- an upset stomach
- feeling generally unwell

The infection is most contagious during this initial period.

In adults, these symptoms are often accompanied by joint pain and stiffness, which may continue for several weeks or even months after the other symptoms have passed.

## Slapped cheek rash



Slapped cheek rash

After a few days, a distinctive bright red rash on both cheeks ('slapped cheeks') normally appears. Adults may not get this.

By the time this rash develops, the condition is no longer contagious.

After another few days, a light pink rash may also appear on the chest, stomach, arms and thighs. This often has a raised, lace-like appearance and may be itchy.

The rashes will normally fade within a week or two, although occasionally the body rash may come and go for a few weeks after the infection has passed. This can be triggered by exercise, heat, anxiety or stress.

## When to get medical advice

You don't usually need to see your GP if you think you or your child has slapped cheek syndrome, as the condition normally gets better on its own.

### **Non-urgent advice: Contact your GP practice if:**

You've been exposed to anyone with slapped cheek or you have symptoms of the infection and:

- you're pregnant – infection in pregnancy, particularly early pregnancy, carries a risk of causing [miscarriage](#), [stillbirth](#) or other complications; however, this risk is small and most pregnant women will already be immune
- you have a blood disorder, such as sickle cell anaemia or thalassaemia, or a weakened immune system – the infection can cause severe anaemia that may need to be treated in hospital

- you have symptoms of severe anaemia, such as very pale skin, severe [shortness of breath](#), extreme tiredness or fainting