



St. Mary & St. Andrew's Catholic Primary School

SICKNESS AND ILLNESS POLICY

Mission Statement

**We are guided by God who is at the centre of everything we do.
We support each other to be the best we can be to secure bright futures for everyone.
With our parishes, families and the community, we work together to create a school
that is safe, happy, respectful and inspirational.**

Introduction

This policy is about children's attendance at school when they are unwell. As a general principle, children should not be in school when they are ill, both for their own welfare and also to be fair to other children and protect them from becoming ill. In specific situations the appropriateness of attending school or not will need to be determined on a case by case basis. Ultimately, the school has the right to refuse admission to a child who is unwell: this decision will be taken by the Senior Leadership Team.

Policy:

- St Mary & St Andrew's Catholic Primary School aims to provide a safe, secure and healthy environment for all children attending school, and to avoid the spread of illness. We will always follow the advice given to us by our health colleagues, and children with specific contagious conditions, will have to stay away from school to protect the other children, for the length of time as indicated in the table below.
- If your child is ill and requires an absence from school then parents must telephone school and either leave a message or speak to a member of staff in the office before 8:55am. Absences that fail to be reported, or occur after 9.15am will be reported as an unauthorised absence.
- Parents must inform school of absences **each** day of illness (before 8:55am), unless the illness is long term.
- If a child becomes ill during the day, their parent/carer(s) will be contacted and asked to collect their child as soon as possible. During this time the child will be cared for in a quiet, calm area with a member of staff.
- If a contagious infection is identified in the school, all parents will be informed to enable them to spot the early signs of this illness in their own child. All equipment and resources that may have come into contact with a contagious child will be cleaned and sterilised thoroughly to reduce the spread of infection.
- It is important that children are not subjected to the rigours of the school day, (which requires socialising with other children and being part of a group setting), when they have first become ill and require a course of antibiotics. Our policy, therefore, is that children on antibiotics for the first 24 hours of the course should not attend school. Following this period of time, the school's Administering Medicines Policy provides advice and guidance regarding the administering of medication in school should children require it.
- Information about treating head lice is readily available and all parents are requested to check their children's hair regularly. Children with head lice do not need to stay away from school. If a parent finds that their child has head lice, we would be grateful if they could inform the school office so that other parents can be alerted to check their child's hair.

- Handwashing is one of the most important ways of controlling the spread of infections, especially those that cause diarrhoea and vomiting, and respiratory disease. The recommended method is the use of liquid soap, warm water and paper towels. Children are encouraged to always wash hands after using the toilet, before eating or handling food, and after handling animals. Cover all cuts and abrasions with waterproof dressings.
- Coughing and sneezing easily spread infections. Children and adults should be encouraged to cover their mouth and nose with a tissue. Wash hands after using or disposing of tissues.
- Spitting should be discouraged.

Transporting children to hospital:

- If a child has a serious accident or becomes severely unwell at school an ambulance will be called.
- Whilst waiting for the ambulance, the parent/carer(s) will be contacted and arrangements will be made to meet them at the hospital (or at school if this is more appropriate).
- A senior member of staff will accompany the child taking relevant medical information, medication, and anything else deemed necessary, until parents are present.
- Children who witness an accident may well be affected by it and will need lots of cuddles and reassurance. Staff not involved with the sick or injured child will move children to areas away from the emergency, reassure children and keep the routines as normal as possible.

Recommendations for Absence from School due to Illness

Infection or complaint	Recommended period to be kept away from school.	Comments
Chickenpox	Until all vesicles have crusted over	
Cold sores	None	Avoid kissing and contact with the sores. Cold sores are generally mild and self-limiting.
German measles (rubella)	Four days from onset of rash	Preventable by immunisation (MMR x2 doses).
Hand, foot and mouth	None	Exclusion may be considered in some circumstances
Impetigo	Until lesions are crusted and healed, or 48 hours after starting antibiotic treatment	Antibiotic treatment speeds healing and reduces the infectious period
Measles	Four days from onset of rash	Preventable by vaccination (MMR x2).
Ringworm	Exclusion not usually required	Treatment is required
Scabies	Child can return after first treatment	Household and close contacts require treatment
Scarlet fever	Child can return 24 hours after starting appropriate antibiotic treatment	
Slapped cheek	None (once rash has developed)	
Shingles	Exclude only if rash is weeping and cannot be covered	Can cause chickenpox in those who are not immune, i.e. have not had chickenpox. It is spread by very close contact and touch.

Warts and verrucae	None	Verrucae should be covered in swimming pools, gymnasiums and changing rooms
Diarrhoea and/or vomiting	48 hours from last episode of diarrhoea or vomiting	
Cryptosporidiosis	Exclude for 48 hours from the last episode of diarrhoea	Exclusion from swimming is advisable for two weeks after the diarrhoea has settled.
Flu (influenza)	Until recovered	
Whooping cough (pertussis)	Five days from starting antibiotic treatment, or 21 days from onset of illness if no antibiotic treatment	Preventable by vaccination. After treatment, non-infectious coughing may continue for many weeks.
Conjunctivitis	None	
Glandular fever	None	
Head lice	None	Treatment is recommended only in cases where live lice have been seen
Meningococcal meningitis/ septicaemia	Until recovered	Meningitis C is preventable by vaccination There is no reason to exclude siblings or other close contacts of a case.
Meningitis due to other bacteria	Until recovered	Hib and pneumococcal meningitis are preventable by vaccination. There is no reason to exclude siblings or other close contacts of a case.
Meningitis viral	None	Milder illness. There is no reason to exclude siblings and other close contacts of a case.
Mumps	Exclude child for five days after onset of swelling	Preventable by vaccination (MMR x2 doses)
Threadworms	None	Treatment is recommended for the child and household contacts
Tonsillitis	None	There are many causes, but most cases are due to viruses and do not need an antibiotic

Additional information can be located within Public Health England's, 'Guidance on infection control in schools and other childcare settings.'

https://www.publichealth.hscni.net/sites/default/files/Guidance_on_infection_control_in%20schools_poster.pdf