Beaufort School

PUPIL ILLNESS DURING SCHOOL TIME POLICY

This guidance is intended to protect all pupils and staff from infectious illness and to give clear and consistent information to parents.

If class staff feel that a pupil is ill they should seek guidance form a first aider, member of the SLT or member of school nursing team when available.

Diarrhoea

If a pupil has **diarrhoea** (defined as two or more atypically loose motions during one day), class staff will contact parents immediately so that the pupil can be taken home where possible. **The pupil then needs to be clear of symptoms for 48 hours since the last occurrence before returning to school.** (E.g. If a pupil's most recent case of diarrhoea is on Monday at 10am, they would be fit for school after 10am on Wednesday).

Vomiting

If a pupil has **vomiting** (defined as two or more episodes of sickness during one day), class staff will contact parents immediately so that the pupil can be taken home where possible. **The pupil then needs to be clear of symptoms for 48 hours since the last occurrence before returning to school.** (E.g. If a pupil's most recent case of vomiting is on Monday at 10am, they would be fit for school after 10am on Wednesday).

Please note that some pupils in school suffer with conditions such as **reflux** and this should not be mistaken for vomiting where it is clearly documented as diagnosed by a medical professional. However, if there is any doubt about this, staff should follow the vomiting procedure as described above.

Other Illness

In the case of any other illness suffered by a child during school time, the following options are available to aid diagnosis and seek medical treatment:

- Please see the appendix to this policy which outlines exclusions from school for certain health conditions
- Having informed SLT, staff may phone the **NHS 111** service (For none-emergency advice/support)
- Staff may phone **999** in the case of an emergency or where it is stated on any pupil's care plan having met a certain time threshold or type of symptom (For example, in cases where pupils have allergies or epilepsy)
- Where known illnesses are suffered by children in school regularly, medication is kept and administered by signed agreement with parents (Please see the Medicine policy for further information). It may or may not be necessary for pupils to go home having taken the medication, depending upon their recovery and prognosis.
- The school has a number of first aiders whose photographs are displayed around school, who are trained to provide advice on accidental injuries and minor illness (E.g. concussion following a bumped head, a cut or graze)
- Where staff are worried about a pupil's temperature, they should seek advice or take appropriate action as described above. Where uncertain of illness as a result of the temperature, staff should consider discussing whether the pupil is ill with parents and consider environmental factors which may be contributing (E.g. If the pupil has just been in hydro or doing exercise, their temperature may be higher and may reduce gradually when back in the classroom environment)

- In all of the above cases, parents should be informed
- Where there are ongoing concerns of recurrent illness of a particular nature, school will liaise with appropriate professionals and take any action appropriate and necessary

Parents' collection of pupils

The school acknowledges that parents have work and personal commitments which may prevent them from collecting their children in cases of illness, however, it is vital that parents take every reasonable step to attempt to collect their child where requested to do so. This may mean calling upon a family member of friend, or making use of public transport where appropriate. The school only calls on parents where it is absolutely necessary to do so.

The school recognises that many parents are highly reliant upon specialist transport, and therefore, acknowledge that it may be the case that pupils do not return to school after illness until the day after the 48 hour period ends, where it ends during the school day. (In the example above, the pupil may return on Thursday if parents cannot transport him/her to school after 10am on that day). Pupils should not return to school before the 48 hour period ends (I.e. In the above example, the pupil should **not** come into school at 8:45 on Wednesday morning). This is to safeguard all other pupils and staff against infectious diseases and illness.

Illness during an educational visit

The advice above is to be followed where pupils are away from school too, and this may mean cutting a visit short or the assistant visit leader returning to school with a pupil and another member of staff.

Further Guidance

This will be communicated in writing to parents with a copy of the letter kept on file in reception.

This information will be included in the school prospectus, website and staff handbook.

Further information is available in the document 'Health Protection in schools and other childcare facilities' (Public Health England, 2018). Staff should consult this document if they have any further questions, which is available at: https://www.gov.uk/government/publications/health-protection-in-schools-and-other-childcare-facilities

Last review: March 2018

Reviewed by: Steve Robinson (Head of School)

Date of next review: March 2021

Appendix

Health Protection for schools, nurseries and other childcare facilities – Exclusion Table (From 'Health Protection in schools and other childcare facilities' (Public Health England, 2018)

Infection	Exclusion period	Comments
Athlete's foot	None	Athlete's foot is not a serious condition. Treatment is recommended.
Chicken pox	Five days from onset of rash and all the lesions have crusted over	
Cold sores (herpes simplex)	None	Avoid kissing and contact with the sores. Cold sores are generally mild and heal without treatment
Conjunctivitis	None	If an outbreak/cluster occurs, consult your local HPT
Diarrhoea and vomiting	Whilst symptomatic and 48 hours after the last symptoms.	See section in chapter 9
Diphtheria *	Exclusion is essential. Always consult with your local HPT	Preventable by vaccination. Family contacts must be excluded until cleared to return by your local HPT
Flu (influenza)	Until recovered	Report outbreaks to your local HPT.
Glandular fever	None	
Hand foot and mouth	None	Contact your local HPT if a large numbers of children are affected. Exclusion may be considered in some circumstances
Head lice	None	Treatment recommended only when live lice seen
Impetigo	Until lesions are crusted /healed or 48 hours after starting antibiotic treatment	Antibiotic treatment speeds healing and reduces the infectious period.
Measles*	Four days from onset of rash and recovered	Preventable by vaccination (2 doses of MMR). Promote MMR for all pupils and staff. Pregnant staff contacts should seek prompt advice from their GP or midwife
Hepatitis A*	Exclude until seven days after onset of jaundice (or 7 days after symptom onset if no jaundice)	In an outbreak of hepatitis A, your local HPT will advise on control measures
Hepatitis B*, C*, HIV	None	Hepatitis B and C and HIV are blood borne viruses that are not infectious through casual contact. Contact your local HPT for more advice
Meningococcal meningitis*/ septicaemia*	Until recovered	Meningitis ACWY and B are preventable by vaccination (see national schedule @ www.nhs.uk). Your local HPT will advise on any action needed
Meningitis* due to other bacteria	Until recovered	Hib and pneumococcal meningitis are preventable by vaccination (see national schedule @ www.nhs.uk) Your local HPT will advise on any action needed
Meningitis viral*	None	Milder illness than bacterial meningitis. Siblings and other close contacts of a case need not be excluded.
MRSA	None	Good hygiene, in particular handwashing and environmental cleaning, are important to minimise spread. Contact your local HPT for more information
Mumps*	Five days after onset of swelling	Preventable by vaccination with 2 doses of MMR (see national schedule @ www.nhs.uk). Promote MMR for all pupils and staff.

Infection	Exclusion period	Comments
Ringworm	Not usually required.	Treatment is needed.
Rubella (German measles)	Four days from onset of rash	Preventable by vaccination with 2 doses of MMR (see national schedule @ www.nhs.uk). Promote MMR for all pupils and staff. Pregnant staff contacts should seek prompt advice from their GP or midwife
Scarlet fever	Exclude until 24hrs of appropriate antibiotic treatment completed	A person is infectious for 2-3 weeks if antibiotics are not administered. In the event of two or more suspected cases, please contact local health protection team.
Scabies	Can return after first treatment	Household and close contacts require treatment at the same time.
Slapped cheek /Fifth disease/Parvo virus B19	None (once rash has developed)	Pregnant contacts of case should consult with their GP or midwife.
Threadworms	None	Treatment recommended for child & household contacts
Tonsillitis	None	There are many causes, but most cases are due to viruses and do not need an antibiotic treatment
Tuberculosis (TB)	Always consult your local HPT BEFORE disseminating information to staff/parents/carers	Only pulmonary (lung) TB is infectious to others. Needs close, prolonged contact to spread
Warts and verrucae	None	Verrucae should be covered in swimming pools, gyms and changing rooms
Whooping cough (pertussis)*	Two days from starting antibiotic treatment, or 21 days from onset of symptoms if no antibiotics	Preventable by vaccination. After treatment, non-infectious coughing may continue for many weeks. Your local HPT will organise any contact tracing necessary