

**SICK CHILD POLICY
(including Guidelines on Infection Control)**

This policy covers all pupils including the Early Years Foundation Stage (EYFS)

We do not assume the care of sick children. Any child who is ill or infectious is expected to be nursed at home.

If a child becomes ill at school, parents are informed and asked to collect their child as soon as possible. If parents are unavailable, an emergency contact will be informed.

Assessment Process:

1. Initial Assessment:

- If a child feels unwell during the school day, they are sent to the Medical Room for assessment by the First Aider.
- Based on the examination, the First Aider decides whether the child can return to class or requires further action.

2. Parental Notification:

- Parents are phoned if a child needs to be sent home, or if the First Aider needs further information to make an assessment.
- The decision of where the child waits (Medical Room or classroom) is based on the illness type, severity and the child's age and ability to cope.

3. Temperature Monitoring:

- If a child has a temperature of 38 degrees or higher but no other symptoms, they are monitored for the next half-hour with temperature checks every 10 minutes.
- Raised body temperature can sometimes be due to hot weather or physical activity, so monitoring before making a decision is essential.
- A child can feel ill without a fever; such cases will be handled based on symptoms and overall condition.

4. Parental Communication:

- For children in EYFS, parents are often contacted when their child feels unwell to keep them informed, not necessarily to send the child home.

Medication Policy (please also see the Administration of Medicines Policy):

- Children should not be given Calpol or similar medication for a fever before coming to school. If they are ill they should remain at home.
- Fever medication can be administered with permission from the parent/carers only if the child is waiting to be collected.
- All medication must be handed into the Office by the parent/carers and a Medical Consent Form completed. It is not to be kept in a child's bag.

It is the responsibility of all to promote good hygiene to prevent the spread of infection by encouraging the importance of:

- Hand washing
- Toileting
- Nose wiping
- Disposal of tissues

We have a duty to inform parents/guardians of any infectious disease that is circulating through the school and to contact the local Health Protection Team of any notifiable diseases (see appendix).

GUIDELINES ON INFECTION CONTROL

These are guidelines on infection control from the UK Health Security Agency (UKHSA, formerly Public Health England). They help reduce the risk of infection both to other children and to the staff if adhered to.

Ailment	Recommended period to be kept away school	Comments
Athletes foot	None	Treat as necessary with medicated foot products.
Chickenpox and Shingles	Children should be kept away from school for at least 5 days from onset of a rash and until all the blisters have crusted over. Anyone with shingles should stay at home if the rash is weeping and cannot be covered or until the rash is dry and crusted over.	Avoid pregnant women unless immunity to chicken pox is confirmed. Vulnerable children (see footnote)
Cold sores (herpes simplex)	None	Avoid direct contact with the sores. Cold sores are generally mild and heal without treatment.
Conjunctivitis	None, however if receiving medication, as a school we advise that the child should stay at home for the first 24 hours.	Use of paper towels and vigilant hand washing.
Cryptosporidiosis	Children should be kept away from school until 48 hours after symptoms have stopped and they are well enough to return.	Encourage good hand hygiene and clean toilets areas regularly. Exclusion from swimming should be 2 weeks following last episode of diarrhoea. Contact the local Health Protection team (HPT) if there are 2 or more cases.
Diarrhoea and vomiting (gastroenteritis)	48 hours from last episode of diarrhoea or vomiting. If receiving medication, stay at home until full course is completed and there is no further diarrhoea or vomiting for 48 hours after the course is completed.	Contact the local HPT if there are a higher than previously experienced and/or rapidly increasing number of absences due to diarrhoea and vomiting.
E. coli STEC (Shiga Toxin-producing E. coli)	Children should be kept away from school until 48 hours after diarrhoea and or vomiting symptoms have stopped, and they are well enough to return.	Encourage good hand hygiene and clean toilets areas regularly.
Food Poisoning**	Children should be kept away from school until 48 hours after diarrhoea and or vomiting symptoms have stopped, and they are well enough to return.	Inform the local HPT if there are 2 or more cases with similar symptoms linked in time or place or a greater than expected rate of infection compared with the usual rate. All outbreaks of food poisoning should be investigated, the local HPT will work with the setting and EHO from local authority.
Giardiasis	Children should be kept away from school until 48 hours after the symptoms have stopped, and they are well enough to return.	Inform the local HPT if 2 or more cases with similar symptoms linked in time or place or a greater than expected rate of infection compared with the usual background rate.
Glandular Fever	None	
Group A Streptococcus (GAS)	A child with a strep A infection, should stay away from school for 24 hours after starting to take antibiotics. This will help stop the infection spreading to others.	Milder infections caused by group A streptococcus include scarlet fever, impetigo and 'strep throat'. These can be easily treated with antibiotics.
Hand, Foot and Mouth disease	None once the child feels better	

Head lice	None – Please inform Form Teacher	Letter sent to all children in class informing them of outbreak. Treatment only recommended when live lice are seen.
Hepatitis A**	Exclude until 7 days after onset of jaundice (or 7 days after symptom onset if no jaundice)	Inform the local HPT if there are 2 or more cases with similar symptoms linked in time or place, or a greater than expected rate of infection compared with the usual background rate.
Hepatitis B**,C**, HIV	None	Hepatitis B and C and HIV are blood borne viruses that are not infectious through casual contact. Contact local HPT for more advice.
Impetigo	Excluded from school until lesions (sores or blisters) are crusted over or until 48 hours after commencing antibiotic treatment.	Antibiotic treatment speeds healing and reduces the infectious period. Do not allow towels, flannels and eating and drinking utensils to be shared by others. Ensure that equipment, including toys and play equipment are thoroughly cleaned daily.
Influenza (Flu)	Affected individuals should be excluded from school until they have recovered (until at least 24 hours after the resolution of any fever). However, do not exclude individuals with only mild symptoms of a respiratory illness, such as a runny nose, sore throat, or mild cough, but who are otherwise well.	
Invasive Group A Streptococcus (iGAS)**	Children should be kept away from school for 24 hours after they have started taking antibiotics. This will help stop the infection spreading to other people. Serious strep A infections (invasive group A strep, iGAS) may need to be treated in hospital with antibiotics.	Inform the local HPT. These infections are caused by the bacteria getting into parts of the body where it is not normally found, such as the lungs or bloodstream. In rare cases an iGAS infection can be fatal.
Measles**	Children should be kept away from school while they are likely to be infectious (from 4 days before rash onset and for a further 4 full days). Children should only return to school when they have fully recovered; this is because they may be more likely to get other illnesses when they have measles.	Inform the local HPT. Preventable by immunisation (2 doses of MMR). Promote MMR for all pupils and staff. Pregnant women should contact GP immediately for advice. Vulnerable children (see footnote)
Meningitis**	Until recovered	Contact the local HPT if 2 cases of meningitis occur within 4 weeks. <u>Glass Tumbler Test</u> If a glass tumbler is pressed firmly against a septicemic rash, the rash will not fade. The rash will be visible through the glass. If this happens, seek urgent medical attention. NB: the rash is a late symptom – if any of the other symptoms have already occurred seek medical advice immediately and advise individuals, parents and carers to do the same. Encourage individuals, parents and carers to be up to date with their vaccinations.

Meningococcal Meningitis** and Septicaemia** (sepsis)	Until treated with antibiotics and recovered. Do not exclude household and close contacts unless they have symptoms suggestive of meningococcal infection.	Inform the local HPT if there is a case of meningococcal disease. They will carry out a risk assessment and organise antibiotics for household and other close contacts. Glass Tumbler test (as above)
MRSA (methicillin-resistant Staphylococcus aureus)	None	Good hygiene (in particular handwashing and environmental cleaning) are important to minimise spread. All infected wounds should be covered.
Monkey Pox (Mpox)**	Exclude the infected individual until the rash has scabbed, all the scabs have fallen off and a fresh layer of skin has formed underneath.	Advise parents/carers to seek prompt medical advice if the individual's illness is worsening. Any close contacts should seek advice from local HPT. Maintain confidentiality and do not divulge personal identifiable information to non-health professionals without permission from the individual.
Mumps**	Five days after onset of swelling if well	Preventable by immunisation (2 doses of MMR). Promote MMR for all pupils and staff.
Norovirus (Winter vomiting bug)	Children should be kept away from school until 48 hours after symptoms have stopped and they are well enough to return.	Contact the local HPT if there are a higher than previously experienced or rapidly increasing number of absences due to diarrhoea and vomiting.
Panton-Valentine Leukocidin Staphylococcus aureus (PVL-SA)	Exclude the infected individual if there is a lesion or wound that cannot be covered.	Contact the local HPT if there are 2 or more cases at school. Do not allow the affected individual to go swimming until the wounds have healed.
Respiratory infections, including coronavirus (COVID-19)**	Exclude any affected individual who has a high temperature and are unwell until they no longer have a high temperature and are well enough to attend school.	School to follow Government/DfE guidance. Contact local HPT if there is: <ul style="list-style-type: none"> • a higher than previously experienced and/or rapidly increasing number of staff or student absences due to acute respiratory infection. • evidence of severe disease due to respiratory infection, for example if a member of the school is admitted to hospital.
Ringworm	Can return after first treatment has been started	Treatment is needed. Ensure child has feet covered for PE. Discourage the child from scratching the affected skin or area as it can spread to other parts of the body.
Rotavirus	Children should be kept away from school until 48 hours after the diarrhoea and vomiting symptoms have stopped.	Encourage uptake of the rotavirus vaccination.
Rubella (German measles)**	Five days from appearance of rash	Preventable by immunisation (2 doses of MMR). Promote MMR for all pupils and staff. Pregnant women should contact GP immediately for advice.
Scabies	Children can attend school (with advice to avoid close physical contact with others for the first 24 hours) after the first dose of chosen treatment. Young children not able to adhere to this advice due to their age (for example those under 5 years old) or additional	Household and close contacts require treatment at the same time. Contact local HPT if there are 2 or more cases of scabies.

	needs, should be excluded from the setting until 24 hours after the first dose of chosen treatment.	
Scarlet fever**	Children can return 24 hours after commencing antibiotic treatment.	If no antibiotics have been administered the person will be infectious for 2-3 weeks and should not return to school. Contact the local HPT if there is an outbreak of 2 or more scarlet fever cases within 10 days of each other and the affected individuals have a link, such as being in the same class or year group.
Slapped cheek syndrome/ Fifth's disease/ Parvovirus B19	None (once rash has developed)	Avoid pregnant women and vulnerable children (see footnote). Can occasionally affect unborn child if exposed early in pregnancy.
Threadworms	None – however parents are asked to inform the school.	Treatment is recommended for the child and household contacts. Ensure good hygiene practices.
Tuberculosis (TB)**	Always consult the local HPT BEFORE disseminating information to staff/parents /carers	Only pulmonary (lung) TB is infectious to others. Needs close, prolonged contact to spread.
Typhoid and paratyphoid fever**	Children should be kept away from school until 48 hours after the diarrhoea and vomiting symptoms have stopped.	Inform the local HPT as soon as possible. All outbreaks of food poisoning should be investigated. In the event of an outbreak, the local HPT will work with the school and EHOs from the local authority to provide additional guidance and advice to follow.
Warts and verrucae	None	Verrucae should be covered in swimming pools, gyms and changing rooms.
Whooping cough (Pertussis)**	Children should be kept away from school for 48 hours after commencing antibiotic treatment or until 14 days from the onset of coughing if no antibiotics have been taken and they feel well enough to return.	Preventable by vaccination. After treatment, non-infectious coughing may continue for many weeks.

** denotes a notifiable disease

With regard to suspected and confirmed notifiable or infectious diseases the local Health Protection Team (HPT) will be consulted for further advice.

For more detail please see <https://www.gov.uk/government/publications/health-protection-in-schools-and-other-childcare-facilities/chapter-9-managing-specific-infectious-diseases>

The Appointed Person will inform staff of any infectious diseases and any necessary precautions. Parents may also be notified in writing.

NB: Vulnerable children – some medical conditions make children vulnerable to infections that would rarely be serious in most children. These include those being treated for leukaemia or other cancers, or with high doses of steroids that seriously reduce immunity.

This policy is to be read in conjunction with the following document:

Administration of Medicines Policy

Policy reviewed by	B Rogers/B Lee	May 2025
Reviewed and approved by	SLT	June 2025
Next Review (every year)		June 2026

List of notifiable diseases

Diseases notifiable to local authority proper officers under the Health Protection (Notification) Regulations 2010:

- Acute encephalitis
- Acute infectious hepatitis
- Acute meningitis
- Acute poliomyelitis
- Anthrax
- Botulism
- Brucellosis
- Cholera
- COVID-19
- Diphtheria
- Enteric fever (typhoid or paratyphoid fever)
- Food poisoning
- Haemolytic uraemic syndrome (HUS)
- Infectious bloody diarrhoea
- Invasive group A streptococcal disease
- Legionnaires' disease
- Leprosy
- Malaria
- Measles
- Meningococcal septicaemia
- Monkeypox
- Mumps
- Plague
- Rabies
- Rubella
- Severe Acute Respiratory Syndrome (SARS)
- Scarlet fever
- Smallpox
- Tetanus
- Tuberculosis
- Typhus
- Viral haemorrhagic fever (VHF)
- Whooping cough
- Yellow fever