



The Russett School

# Pupil Illness Protocol

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Signed by Executive Headteacher .....



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## Document Control

There are one controlled copies of this document:

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# Promoting Outstanding Achievement for all

## Introduction

This protocol outlines procedures to be followed in the event of a pupil illness. As illnesses are diverse in nature it will not be possible to cover all eventualities. It is always important that a pupil attends the academy and in a fit and healthy condition to learn. Making sure a child attends the academy is a legal responsibility as a parent/guardian.

Regular and full attendance is key to ensuring that a child makes the most of their learning and reaching their full potential.

## Absence Reporting Procedure

There is a clear process to be followed to inform the academy that your child will not be attending:

- Parent/carer must inform the academy the academy of the reason for your child's absence as soon as possible /by 9.30am. Contact can be made by telephone, email or letter on the first day of absence. When your child is ill, we should be notified of the nature of the illness and when this can be predicted the date that the child is able to return. (The parent/carer needs to contact us on each subsequent day the child is ill/ will be absent.)
- If the academy receives no communication, we will follow our absence procedure by phoning home to ascertain the child's whereabouts and reason for absence. If the academy cannot contact the parent at home, we will contact other emergency contacts until the whereabouts of the child and their well-being can be confirmed.
- If we cannot contact anyone who can confirm the child is safe and well, we will follow up the absence using information known about the pupil and their specific circumstances.

## Decisions regarding attendance or absence

When deciding whether or not a child is too ill to attend the academy.

Please consider the following:

- Is the child well enough to carry out the activities of the educational day?
- Does the child have a condition that could be passed on to other children, transport and staff?

## Pupils who become unwell during the day

If a child becomes ill during the day, every effort will be made to contact their Parents/carer and failing that, their emergency contacts. It is therefore important to keep the academy informed of any changes to home/mobile numbers, or any change of home arrangements.

We will only contact parents/carers if and when we believe that the child

- Could cause others to be unwell and/or is contagious.

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- Is not well enough and as a result cannot fully engage in the activities and learning during that day.

It is essential for your child's health that you always respond when we call.

### Common Condition:

Most illnesses can be classified as one of a few minor health conditions. Whether or not you send your child to the academy will depend on how severe you judge the illness to be.

This guidance can help you to make that judgment. If you're still concerned about a child's health, please seek further professional medical advice.

- Cough & cold - a child with a minor cough or cold may attend the academy. If the cold is accompanied by shivers or drowsiness, the child will need to go home, and return to the academy 24 hours after they are feeling better. If the child has a more severe and long lasting cough, the parent/carer will need to consult their GP.
- Raised temperature - if a child appears to have a raised temperature or is feeling ill with signs of an acute illness, they will need to go home/remain at home. They can return when they are feeling better.
- Rash - rashes can be the first sign of many infectious illnesses such as chickenpox and measles. Children with these conditions **must not** be in the academy. If your child has a rash, the parent/carer needs to consult their GP.
- Headaches - a child with a minor headache does not usually need to be at home. If the headache is more severe or is accompanied by other symptoms such as raised temperature or drowsiness, parent/carer will be contacted.
- Vomiting and diarrhoea - children with these conditions **must** stay at home, if in the academy we will contact you to collect your child. They can return 48 hours after their symptoms have stopped. Most cases get better without treatment, but if symptoms persist consult your GP.
- Sore throat - a child with a sore throat alone does not have to be kept at home. If a child is feeling ill with it, parent/carer will be contacted and the child **must** go home.

We want to ensure that other children who can be more susceptible to illness do not become ill as a result and to ensure our staff do not become ill which reduces our high levels of staffing.

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To minimise the risk of infection to other children and staff the following guidelines are suggested.

### Rashes and skin infections:

**Children with rashes should be considered infectious and assessed by their GP.**

| DISEASE/ILLNESS                              | MINIMAL EXCLUSION PERIOD  | COMMENTS   |
|--|---|--|
| Athletes Foot                                | None  | Athlete's foot is not a serious condition. Treatment is recommended  |
| Chickenpox                                   | 5 days from onset of rash   | Blisters on the rash must be dry and crusted over. Pregnant staff should take prompt advice from their GP or midwife |
| Cold Sores                                   | None  | Avoid kissing and contact with the sores. Cold Sores are generally mild and self-limiting                            |
| German Measles (Rubella) or Measles *        | 4 days from onset of rash and until child feels well                                      | Preventable by vaccination with 2 doses of MMR. Pregnant staff consult prompt advice from their GP or midwife        |
| Glandular fever                              | None  |  |
| Hand Foot and Mouth                          | None  | Exclusion may be considered in some circumstances  |
| Impetigo                                     | Once the spots have crusted or healed or 48 hours of antibiotics and the child feels well | Antibiotic treatment speeds healing and infectious period  |
| Ringworm                                     | Exclusion not usually required  | Treatment is required  |
| Scabies                                      | Child can return to school after first treatment  | Household and close contacts require treatment   |
| Scarlet Fever                                | When child feels well, and 48 hours after start of antibiotics                            | Antibiotic treatment is recommended for the affected child   |
| Slapped Cheek /Fifth Disease. Parvovirus B19 | None (once rash has developed)  | Pregnant staff should take prompt advice from their GP or midwife  |

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|                    |   |  |
|--------------------|---|--|
| 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. Pregnant staff -should take separate advice from their GP or midwife |
| Warts and Verrucae | None  | Verrucae should be covered in swimming pools, gymnasiums and changing rooms  |

### Diarrhoea and Vomiting Illness:

| DISEASE/ILLNESS           | MINIMAL EXCLUSION PERIOD                                | COMMENTS |
|---------------------------|---|----------|
| Diarrhoea and/or Vomiting | 48 hours from the last episode of diarrhoea or vomiting |          |

### Respiratory Infections:

| DISEASE/ILLNESS              | MINIMAL EXCLUSION PERIOD   | COMMENTS  |
|------------------------------|--|---|
| Flu (influenza)              | Until recovered  | Report outbreaks to local HPT.  |
| Tuberculosis (TB)            | Consult local HPT. For advice  | Only lung TB is infectious to others, needs close prolonged contact to spread |
| Whooping cough (pertussis) * | 2 days from starting antibiotic treatment, or 21 days from the onset of symptoms if no antibiotics | Preventable by vaccination  |

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### Other Infections:

| <b>DISEASE/ILLNESS</b>                 | <b>MINIMAL EXCLUSION PERIOD</b>   | <b>COMMENTS</b>  |
|--|---|--|
| Conjunctivitis                         | None  |  |
| Diphtheria *                           | Exclusion is essential<br>Always consult with local HPT                           | Preventable by vaccination. Family contacts must be excluded until cleared to return by local HPT  |
| Head Lice                              | None  | Treatment recommended when live lice seen  |
| Hepatitis A *                          | 7 days after onset of jaundice (or seven days after symptom onset if no jaundice) | 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   |
| Meningococcal meningitis septicaemia * | Until recovered   | Preventable by vaccination. Seek advice from local HPT   |
| Meningitis due to other bacteria *     | Until recovered   | Preventable by vaccination. Seek advice from local HPT   |
| Meningitis viral *                     | None  | Milder illness. There is no reason to exclude siblings or other close contacts of a case   |
| MRSA                                   | None  | Good hygiene, in particular hand washing and environmental cleaning, are important to minimise spread. If further information is required, contact local HPT |
| Mumps *                                | 5 days after onset of swelling  | Preventable by vaccination (MMR x 2)   |
| Threadworms                            | None  | Treatment is recommended for the child and household   |
| Tonsillitis                            | None  | There are many causes, but most are due to viruses and do not need an antibiotic   |

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**If in any doubt, professional medical advice should be sought.**

For further information please see Public Health England's 'Guidance on Infection Control in Schools and Other Childcare Settings'.

If appropriate, and the severity demands, the academy will call an ambulance.

A member of staff will accompany the pupil and leave when a parent/carer or family member arrives at the hospital.

### **Administration of Medication Policy**

As stated in our separate Administration of Medicines policy, medicines **must** be administered at home and only taken in the academy when absolutely necessary (where it would be detrimental to the child's health if the medicine were not taken during the educational day).

**The academy will only accept:**

1. Medicines prescribed by a medical practitioner
2. Medicines that need to be administered in excess of three times per day
3. Medicines in their original container
4. Containers with labeling identifying the child by name and with original instructions for administration and in date.

**The academy will not accept or administer:**

- Medicines that are to be administered three times per day
- Piriton
- Paracetamol eg. Calpol

### **Storage of Medicines**

These will be kept in a locked cupboard or fridge (if required) and only accessed by named adults, or with the permission of the Executive Head Teacher / Head of academy/ or Deputy.

When supervising the medication, the named adult must complete a record showing the date and time and details/dosage of the medication.

Under no circumstances should a parent send a child in with any medicines, e.g. throat sweets/tablets, without informing the academy. These could cause a hazard to the child or to another child if found and swallowed.

**NB:**

Parents/carers are welcome to come into the academy to administer medicines themselves.

### **Equality Statement**

On considering this policy there are no significant issues. Equality will always be reviewed as and when necessary or in the light of any changes.

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In accordance with its Public Sector Equality Duty, the Academy has given due regard to equality considerations in adopting this policy/protocol and is satisfied that its application will not impact adversely on members of staff or pupils who have a protected characteristic (age, disability, gender, reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex and sexual orientation, with the meaning of the Equality Act.

The Executive Headteacher/Head of Academy will report on whether there have been any appeals or representations on an individual or collective basis on the grounds of alleged discrimination under any of the protected characteristics.