



**Tweseldown Infant School**

**Fit to be at School**

## **Illness guidelines and time to recover**

**Please be aware we expect your child to be well in order to attend school.**

To avoid outbreaks of infectious illnesses please do not bring your child to school if they are unwell.

If your child becomes unwell whilst they are here, we will contact you to arrange for them to be collected by someone listed on the registration form.

If there is a specific illness doing the rounds we will notify parents in our newsletter to enable parents to know what to be looking out for, for instance, chicken pox, conjunctivitis, sickness or diarrhoea. It would be helpful to know if your child is in school with an illness.

**As a reference and as per the Health and Safety Executive and NHS Guidelines, the definition of a well-child is a child who is:**

- **Not reliant on calpol, nurofen or similar medicine**
- **Not running a temperature of 37.5c or higher**
- **Well enough to participate normally in all areas of school life**
- **Has their normal appetite and retains foods and fluid**
- **Does not require a one to one ratio with staff**
- **Has his/her normal appetite**

Following those guidelines and our experience over the past years, please find below a summary table of the minimum periods required for a child to be away from school after an illness:

If in doubt, please ring and ask.

### Rashes and skin infections

|   |   |
|---|---|
| Athletes Foot                                   | None  |
| Chicken Pox                                     | Until all vesicles have crusted over  |
| Cold sores, (Herpes simplex)                    | None  |
| German measles (rubella)*                       | Four days from onset of rash (as per “Green Book”)                                      |
| Hand, foot and mouth                            | None  |
| Impetigo  | Until lesions are crusted and healed, or 48 hours after commencing antibiotic treatment |
| Measles*  | Four days from onset of rash  |
| Molluscum contagiosum                           | None  |
| Ringworm  | Exclusion not usually required  |
| Roseola (infantum)                              | None  |
| Scabies   | Child can return after first treatment  |
| Scarlet fever*                                  | Child can return 24 hours after commencing appropriate antibiotic treatment             |
| Slapped cheek (fifth disease or parvovirus B19) | None once rash has developed  |
| Shingles  | Exclude only if rash is weeping and cannot be covered                                   |
| Warts and verrucae                              | None  |

\***Measles** - Preventable by vaccination (MMR x 2). See: Vulnerable children and female staff – pregnancy

\***Scarlet Fever** - Antibiotic treatment recommended for the affected child. If more than one child has scarlet fever contact PHA Duty Room for further advice

### Diarrhoea and vomiting illness

|  |   |
|--|---|
| Diarrhoea and/or vomiting  | 48 hours from last episode of diarrhoea or vomiting   |
| E. coli O157 VTEC* Typhoid* [and paratyphoid*] (enteric fever) Shigella* (dysentery) | Should be excluded for 48 hours from the last episode of diarrhoea Further exclusion may be required for some children until they are no longer excreting |
| Cryptosporidiosis*   | Exclude for 48 hours from the last episode of diarrhoea   |

\* **E. coli O157 VTEC\* Typhoid\* [and paratyphoid\*] (enteric fever) Shigella\* (dysentery)** - Further exclusion is required for young children aged five years and under and those who have difficulty in adhering to hygiene practices Children in these categories should be excluded until there is evidence of microbiological clearance. This guidance may also apply to some contacts of cases who may require microbiological clearance Please consult the Duty Room for further advice

## Respiratory infections

|                             |   |
|-----------------------------|---|
| Flu (influenza)             | Until recovered   |
| Tuberculosis*               | Always consult the Duty Room  |
| Whooping cough* (pertussis) | 48 hours from commencing antibiotic treatment, or 21 days from onset of illness if no antibiotic treatment  |
| COVID-19 (coronavirus)      | Stay at home and avoid contact with other people until you no longer have a high temperature (if you had one) or until you feel better.<br><a href="http://www.nidirect.gov.uk/articles/symptomsrespiratory-infections-including-covid-19">www.nidirect.gov.uk/articles/symptomsrespiratory-infections-including-covid-19</a> |

\***Tuberculosis** - Requires prolonged close contact for spread

\***Whooping cough (pertussis)** - Preventable by vaccination. After treatment, non-infectious coughing may continue for many weeks. The Duty Room will organise any contact tracing necessary.

## Other Infections

|   |   |
|---|---|
| Conjunctivitis                          | None  |
| Diphtheria *                            | Exclusion is essential. Always consult with the Duty Room   |
| Glandular fever                         | None  |
| Head lice                               | None  |
| Hepatitis A*                            | Exclude until seven days after onset of jaundice (or seven days after symptom onset if no jaundice) |
| Hepatitis B*, C, HIV/AIDS               | None  |
| Meningococcal meningitis*/ septicaemia* | Until recovered   |
| Meningitis* due to other bacteria       | None  |
| Meningitis viral*                       | None  |
| MRSA                                    | None  |
| Mumps*                                  | Exclude child for five days after onset of swelling   |
| Threadworms                             | None  |
| Tonsillitis                             | None  |

\* **Diphtheria** - Family contacts must be excluded until cleared to return by the Duty Room. Preventable by vaccination. The Duty Room will organise any contact tracing necessary

\***Hepatitis A** - The duty room will advise on any vaccination or other control measure that are needed for close contacts of a single case of hepatitis A and for suspected outbreaks.

\***Hepatitis B, C, HIV/AIDS** - Hepatitis B and C and HIV are blood borne viruses that are not infectious through casual contact.

\***Meningococcal meningitis/ septicaemia** - Some forms of meningococcal disease are preventable by vaccination. There is no reason to exclude siblings or other close contacts of a case. In case of an outbreak, it may be necessary to provide antibiotics with or without meningococcal vaccination to close contacts. The Duty Room will advise on any action needed.

**\*Meningitis** due to other bacteria - Hib and pneumococcal meningitis are preventable by vaccination. There is no reason to exclude siblings or other close contacts of a case. The Duty Room will give advice on any action needed.

**\*Meningitis viral** - Milder illness. There is no reason to exclude siblings and other close contacts of a case. Contact tracing is not required.

**\*Mumps** - Preventable by vaccination (MMR x 2 doses)

**Slapped Cheek, Chicken Pox, Measles and Rubella** - Pregnant Staff should consult with their GP or Midwife. **Please can parents inform the school** if their child has these illnesses as failure to do so may put the staff at risk.

|  |                 |
|--|-----------------|
| Date reviewed:                           | Spring 2024     |
| Date Ratified by Governing Board:        | Spring 2024     |
| Next review date:                        | Spring 2026     |
| Member of staff responsible:             | Head Teacher    |
| Governing Board or Governors responsible | Governing Board |
| Signed by Chair of Governors :           |                 |

*A S Stephenson*