

Ill health and attending school

We want children to attend school as much as possible, and know that sometimes children will attend school with short term or chronic medical conditions. There are illnesses, however, which mean children cannot attend school. This may be because they feel too unwell to be learning comfortably in school, or because there is a risk of passing on the illness to others. We follow government advice on these matters and liaise with local health authorities, where appropriate. In these circumstances you should never feel bad about your child being off school. (Talk to us if it is beginning to affect their good attendance record.)

If you are uncertain about your child attending school with a medical condition then please talk to us. We can administer some medicines, with your written permission, and we can also keep a closer eye on children if you are worried about them. When it is not clear if a child is a little tired or really unwell it is fine to see if they can manage. Let us know and we will keep an eye on them and let you know if they really do need to be collected! (Experience tells us that it is better to say to the child, "Let your teacher know if you feel worse." rather than, "If you don't feel well let your teacher know so they can ring for me to come and get you." as they won't necessarily make it to the end of assembly before thinking a phone call is necessary!

As part of our collective approach to ensuring good health and hygiene we assume children are up to date with their immunisations unless there is a specific medical reason not to be. We have a well established cleaning routine as well as periodic deeper cleans. In the case of a known outbreak of a contagious illness extra attention is given to the high risk areas and specialist cleaning may be done. We teach children to wash their hands and encourage them to build that into their daily habits from Reception class.

Below we have pasted the government guidance that we follow. Notes in the comments section may refer to actions the school has to take to let health authorities know about outbreaks.

For Covid-19 we always follow the latest advice from the NHS

<https://www.nhs.uk/conditions/coronavirus-covid-19/self-isolation-and-treatment/> and Leeds City Council Schools' Health and Safety team.

At the end of this document we have included information that was correct on the 10th March 2022, but the latest advice should always be followed.

Rashes and Skin Infections

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

Infection or complaint	Recommended period to be kept away from school, nursery or childminders	Comments
Athlete's foot	None	Athlete's foot is not a serious condition. Treatment is recommended
Chickenpox	Until all vesicles have crusted over	<i>See: Vulnerable Children and Female Staff – Pregnancy</i>
Cold sores, (Herpes simplex)	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 (as per " <u>Green Book</u> ")	Preventable by immunisation (MMR x2 doses). <i>See: Female Staff – Pregnancy</i>
Hand, foot and mouth	None	Contact your local HPT if a large number of children are affected. 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). <i>See: Vulnerable Children and Female Staff – Pregnancy</i>
Molluscum contagiosum	None	A self-limiting condition
Ringworm	Exclusion not usually required	Treatment is required
Roseola (infantum)	None	None
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	Antibiotic treatment is recommended for the affected child

Diarrhoea and Vomiting Illness

The exception to this may be if parents know of a reason why sickness has occurred that is non-contagious. (e.g. being sick after eating far too many sweets!)

Infection or complaint	Recommended period to be kept away from school, nursery or childminders	Comments
Diarrhoea and/or vomiting	48 hours from last episode of diarrhoea or vomiting	
<i>E. coli</i> 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	Further exclusion is required for children aged five years or younger 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 who may also require microbiological clearance. Please consult your local PHE centre for further advice
Cryptosporidiosis	Exclude for 48 hours from the last episode of diarrhoea	Exclusion from swimming is advisable for two weeks after the diarrhoea has settled

Respiratory Infections

Infection or complaint	Recommended period to be kept away from school, nursery or childminders	Comments
Flu (influenza)	Until recovered	<i>See: Vulnerable Children</i>
Tuberculosis*	Always consult your local PHE centre	Requires prolonged close contact for spread
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. Your local PHE centre will organise any contact tracing necessary

Other Infections

Infection or complaint	Recommended period to be kept away from school, nursery or child minders	Comments
Conjunctivitis	None	If an outbreak/cluster occurs, consult your local PHE centre
Diphtheria *	Exclusion is essential. Always consult with your local HPT	Family contacts must be excluded until cleared to return by your local PHE centre. Preventable by vaccination. Your local PHE centre will organise any contact tracing necessary
Glandular fever	None	
Head lice	None	Treatment is recommended only in cases where live lice have been seen
Hepatitis A*	Exclude until seven days after onset of jaundice (or seven days after symptom onset if no jaundice)	In an outbreak of hepatitis A, your local PHE centre will advise on control measures
Hepatitis B*, C*, HIV/AIDS	None	Hepatitis B and C and HIV are bloodborne viruses that are not infectious through casual contact. For cleaning of body fluid spills see: <i>Good Hygiene Practice</i>
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. In case of an outbreak, it may be necessary to provide antibiotics with or without meningococcal vaccination to close school contacts. Your local PHE centre will advise on any action is needed
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. Your local PHE centre will give advice on any action needed
Meningitis viral*	None	Milder illness. There is no reason to exclude siblings and other close contacts of a case. Contact tracing is not required
MRSA	None	Good hygiene, in particular handwashing and environmental cleaning, are important to minimise any danger of spread. If further information is required, contact your local PHE centre
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

Notes

1) Vulnerable Children and Female Staff – Pregnancy

Please inform us if this note appears in the comments column, as we may need to let certain families or staff members know about possible exposure.

2) If the comments column mentions contacting our HPT or PHE centre then this is an action for school to take once parents have contacted us. Sometimes this needs to be a certain number of affected families rather than isolated cases.

Covid-19 (Novel Corona Virus, all variants)

Pupils are unwell with or displaying Covid symptoms, should they attend school?	No – pupils who are unwell with or displaying covid symptoms should not come into school and should arrange for a PCR test. If this is positive, they should self isolate for 10 full days but may end it early if they have 2 consecutive negative LFD tests (24 hrs apart) from day 5 and they do not have a high temperature.
Pupils have tested positive for Covid but have no/minor symptoms, should they still attend school?	No – pupils who have tested positive should not come into school and should self isolate for 10 full days but may end it early if they have 2 consecutive negative LFD tests (24 hrs apart) from day 5 and they do not have a high temperature. Pupils can work from home if well enough to do so.
Pupils are close household contacts of a positive case, should they still attend school?	Pupils – can attend school as normal but should self isolate and take a PCR test if they develop covid symptoms.
Pupils have a pre-existing medical condition and/or have been previously described as clinical extremely vulnerable. What does this mean for them?	Pupils should have their existing WASP or IPRA assessments reviewed to see if control measures are still relevant or additional ones are required. Vaccination status should be considered as this reduces the risk of becoming severely unwell.

Ending self-isolation if you have had COVID-19 symptoms or have received a positive COVID-19 test result V2 030322

[COVID-19: people with COVID-19 and their contacts - GOV.UK \(www.gov.uk\)](https://www.gov.uk/guidance/ending-self-isolation-if-you-have-had-covid-19-symptoms-or-have-received-a-positive-covid-19-test-result)

How to safely return to your normal routine before 10 days



