



Crockerton Church of England Primary School
Potters Hill, Crockerton, Warminster, Wiltshire, BA12 8AB
Web: www.crockerton.wilts.sch.uk Tel: 01985 212168
Headteacher: Mrs Nic Ilic

VISION STATEMENT

Be joyful. Grow to maturity. Encourage each other. Live in peace and harmony.

2 Corinthians 13:11

Pupil Illness Policy

This is a single policy which has been written on behalf of the Governing Body for Crockerton Church of England VA Primary School.

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Author	Headteacher & ratified by the Resources Committee
Review Cycle and Approval	3 Years Governing Body/ Gov/ Head Teacher
Next Review	December 2025

We are committed to safeguarding and promoting the welfare of children and young people



1. Introduction

This policy outlines procedures to be followed in the event of a pupil illness. As illnesses are diverse in nature it will not be able to cover all eventualities.

Making sure your child attends school is your legal responsibility as a parent/guardian. It is also crucial for your child's education and future. Full attendance lets your child make the most of their education. Children who miss days at school risk not understanding classes and performing poorly in exams.

By law, only the school can authorise your child's absence. It's important to keep the school informed if your child is going to be absent.

2. Absence Reporting Procedure

There is a clear process for you to follow to inform the school that your child will not be attending:

1. Parent/guardian phones the school office before **9.20am** and leaves a message to inform the school that their child is absent and of the cause of the absence. (The parent will also contact the school on each subsequent day the child is ill and will be absent.)
2. If the school receives no phone call, school phones home to ascertain the child's whereabouts and reason for absence. If school can't contact the parent at home, school will contact other emergency contacts until the whereabouts of the child and their well-being can be confirmed.
3. If school can't contact anyone who can confirm the child is safe and well, the school will follow up the absence using information known about the pupil and their specific circumstances.

3. Decisions regarding attendance or absence

Use common sense when deciding whether or not your child is too ill to attend school. Ask yourself:

- Is your child well enough to carry out the activities of the school day **including PE, games and swimming**? If not, keep your child at home.
- Does your child have a condition that could be passed on to other children or school staff? If so, keep your child at home.
- Would you take a day off work if you had this condition? If so, keep your child at home.

Common Conditions

Most illnesses can be classified as one of a few minor health conditions. Whether or not you send your child to school will depend on how severe you judge the illness to be. This guidance can help you to make that judgement. If you're concerned about your child's health, please consult a health professional.

- **Cough & cold** – a child with a minor cough or cold may attend school. If the cold is accompanied by shivers or drowsiness, the child should stay off school, and return to school **24 hours after** they are feeling better. If your child has a more severe and long lasting cough, consult your GP, who can provide guidance on whether the child should stay off school.
- **Raised temperature** – if your child has a raised temperature or is feeling ill with signs of an acute illness, they should not attend school. 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 should not attend school. If your child has a rash, check with your GP or Practice Nurse before sending them to school.
- **Headaches** – a child with a minor headache does not usually need to be kept off school. If the headache is more severe or is accompanied by other symptoms such as raised temperature or drowsiness, then keep the child off school and consult your GP.
- **Vomiting and diarrhoea** – children with these conditions should be kept off school. They can return **48 hours after their symptoms have settled**. 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 from school.

To minimise the risk of transmission 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 doctor.

DISEASE/ILLNESS	MINIMAL EXCLUSION PERIOD	Comments
Athletes Foot	None	Athlete's foot is not a serious condition. Treatment is recommended
Chickenpox	Until all vesicles have crusted over	Immuno-compromised children /adults including pregnant women – should take separate advice from their GP
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 immunisation. Immuno-compromised children /adults including pregnant women – should take separate advice from their GP
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
Molluscum contagiosum	None	A self-limiting condition
Ringworm	Exclusion not usually required	Treatment is required
Roseola (infantum)	None	None
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)	Immuno-compromised children / adults including pregnant women – should take separate advice from their GP
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. Immuno-compromised children / adults including pregnant women – should take separate advice from their GP
Warts and Verrucae	None	See nurse for up to date information.

Diarrhoea and Vomiting Illness

DISEASE/ILLNESS	MINIMAL EXCLUSION PERIOD	Comments
Diarrhoea and/or Vomiting	48 hours from the 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 maybe 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 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. The school

		will contact the local PHE centre for 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

DISEASE/ILLNESS	MINIMAL EXCLUSION PERIOD	Comments
Flu (influenza)	Until recovered	Immuno-compromised children should take separate advice from their GP
Tuberculosis	The school will take advice from their local Public Health England centre on exclusion periods on identification of the disease	Requires prolonged close contact for spread
Whooping cough (pertussis)	Five days from starting antibiotic treatment, or 21 days from the onset of illness if no antibiotic treatment	Preventable by vaccination. After treatment non-infectious coughing may continue for many weeks

Other Infections

DISEASE/ILLNESS	MINIMAL EXCLUSION PERIOD	Comments
Conjunctivitis	None	
Diphtheria	Exclusion is essential until cleared to return.	Family contact must also be excluded until cleared to return by the local PHE centre. Preventable by vaccination. The local PHE centre will organise any contact tracing necessary
Glandular Fever	None	
Head Lice	None	Treatment is recommended
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 the local PHE centre will advise on control measures
Hepatitis B, C, HIV/AIDS	None	Hepatitis B and C and HIV are blood borne viruses that are not infectious through casual contact.
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.
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. The local PHE centre will advise on any action needed.
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 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 x 2)
Threadworms	None	Treatment is recommended for the child and household contacts
Tonsillitis	None	There are many causes, but most are due to viruses and do not need an antibiotic.

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'

4. Pupils who become Unwell at School

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

Teaching/support staff should send the child to the school office having given the office staff the precise nature of the symptoms and reason for the pupil being sent home, so that this message can be relayed home. The office staff will supervise the child until they are collected by parents/guardians or a known adult nominated by the parent/guardian.

In the event of a pupil having an accident during school hours, the first aiders will assess the severity of the accident and make the decision to apply first aid if appropriate. Any significant injury or accident will be reported to the parent immediately. If appropriate, and the severity demands, the school will call an ambulance.

5. Administration of Medication Policy

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

The school will only accept:

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

(For use of inhalers please see Asthma Policy.)

The school will not accept or administer:

- Medicines that are to be administered three times per day (unless the child is attending an after school club and will not return home immediately after school at 3:15pm., or attending a residential visit)
- Piriton
- Paracetamol eg. Calpol

On accepting medication, the parent must sign a form (**appendix A**) disclosing all details and giving permission for the medication to be self-administered by the child or a staff member in the case of educational visits.

The medicine must be kept in the school office locked cupboard or stored in the staff fridge if required and only accessed by staff, or with the permission of the Headteacher.

When supervising the ration, the named adult must complete a record (**appendix B**) showing the date and time and details/dosage of the medication.

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

Parents are welcome to come into school to administer medicines themselves.

Full details are contained in the Administration of Medicines Policy.

We hope that this Policy offers you some help in assessing whether or not to send your child to school in the event that they may not be well. In issuing these guidelines, we wish to reassure you that your child's health is important to us too.

Appendix A



Administration of Medicines

Child's name:

Class:

Parent's name:

Medicine:

Dosage:

Time to be administered:

Signature:

Date:

Appendix B

Crockerton Church of England Primary School



Administration of Medicines

RECORD SHEET

When completed please place in the medical file in the medical room.

Child's Name:.....

Date	Medicine and Dosage	Time Given	Name of adult supervising