

Child Sickness Policy

Rationale

Gen. Anders Polish Saturday School in Bristol recognises its responsibility to promote a culture where health issues are discussed in an open and positive way to achieve high standards. The health and well-being of children is of paramount importance to enable them to learn. In order to maintain a clean and healthy environment for all children we ask that you refrain from bringing your child to the school if he/she is sick and/or displaying signs of illness

Purposes

- To ensure sick children are identified
- To ensure sick children are cared for appropriately
- ·To protect children and adults from preventable infection
- ·To enable staff and parents to be clear about the requirements and procedures when children are unwell

Guidelines

If a child is thought to be unwell within the setting it is important to assess the condition of the child. This should be done in a kind and caring manner. The child may be distressed, so it is important to be calm and reassuring. The Headteacher should be informed of any sick children.

We understand the needs of working parents and do not aim to exclude children from school unnecessarily. However the decision of the Headteacher is final when requesting the exclusion of a child for illness or infection. Decisions will take into account the needs of the child and those of the group.

Children with infectious or contagious diseases will be excluded for certain periods. If staff suspects that a child has an infectious or contagious disease, they will request that parents consult a doctor before returning the child to school.

Should a child become ill whilst at school, the Headteacher/teacher will contact the parent or an emergency contact. While awaiting the arrival of parents, the staff will ensure the comfort of the child, taking appropriate action, which would include seeking medical advice if necessary. If the child is in danger, the staff will seek medical advice immediately.

Staff will report any worries about a child's health to the parents/guardians immediately. Parents are responsible for keeping school informed about the child's health.

We recommend that no child may attend school while suffering from one of the communicable diseases and they should be excluded for the minimum periods recommended. Please see guidelines to illness / communicable diseases.

Coughs and colds do not normally require the child to be excluded but this depends on the severity and how the child is able to cope with school's routine. A child who is, or who appears to be unwell may be refused admission.

Although exposure of children to a communicable disease is not in itself sufficient

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reason to require their exclusion from school, any child who becomes a home contact of diphtheria, poliomyelitis, typhoid and paratyphoid fevers will be excluded. A child who has sickness or diarrhoea whilst at school is to be collected immediately and kept away for 48 hours following the last bout of sickness or diarrhoea.

Parents will always be contacted and informed if their child has a high temperature of 101F / 38C or above.

To prevent the spread of conjunctivitis, suspected cases will be reported immediately to parents who will be requested to take their child from nursery to be seen by a Doctor.

Chicken Pox – children need to be absent from nursery for a minimum of 5 days from the onset of the rash. After this time, if all the spots have dried and scabbed over, the child can return to school. Parents will also be contacted if their child develops a rash or suspected thrush. This will need to be checked by a Doctor whose advice should be followed.

If your child has not been his / her normal self at home but is not showing signs of illness when brought to nursery, please mention it to the staff and let them know how best to contact you throughout the day.

Should the school Headteacher or teacher consider the illness / situation to warrant immediate medical attention, the emergency services will be contacted to take the child directly to Hospital and the parent / guardian notified accordingly.

At Gen. Anders Polish Saturday School in Bristol, we are committed to providing the highest standards of care for your child.

If you have any further enquiries, please feel free to request more information from our expert staff. We operate an 'Open Door' policy towards parents so please feel free

to walk into our nursery at any time to discuss any concerns about your child.

Guidance on infection control in schools and other childcare settings



April 2010

Rashes and skin infections	Recommended period to be kept away from school, nursery or childminders	Comments
Athlete's foot	None	Athletes foot is not a serious condition. Treatment is recommended
Chickenpox	Five days from the onset of rash	SEE: <i>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)*	Six days from onset of rash	Preventable by immunisation (MMR x 2 doses). SEE: <i>Female Staff – Pregnancy</i>
Hand, foot and mouth	None	Contact your local HPU 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 commencing antibiotic treatment	Antibiotic treatment speeds healing and reduces the infectious period
Measles*	Four days from onset of rash	Preventable by vaccination (MMR x 2). SEE: <i>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 commencing appropriate antibiotic treatment	Antibiotic treatment recommended for the affected child
Slapped cheek/fifth disease. Parvovirus B 19	None	SEE: <i>Vulnerable Children and Female Staff – Pregnancy</i>
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. If further information is required, contact your local HPU. SEE: <i>Vulnerable Children and Female Staff – Pregnancy</i>
Warts and verrucae	None	Verrucae should be covered in swimming pools, gymnasiums and changing rooms

Diarrhoea and vomiting illness	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	Should be excluded for 48 hours from the last episode of diarrhoea	Further exclusion may be required for young children under five and those who have difficulty in adhering to hygiene practices
Typhoid* [and paratyphoid*] (enteric fever)	Further exclusion may be required for some children until they are no longer excreting	This guidance may also apply to some contacts who may require microbiological clearance
Shigella (dysentery)		Please consult your local HPU 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	Recommended period to be kept away from school, nursery or childminders	Comments
*Flu (influenza)	Until recovered	SEE: <i>Vulnerable Children</i>
Tuberculosis*	Always consult your local HPU	Requires prolonged close contact for spread
Whooping cough* (pertussis)	Five days from commencing 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 HPU will organise any contact tracing necessary

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Other infections	Recommended period to be kept away from school, nursery or childminders	Comments
Conjunctivitis	None	If an outbreak/cluster occurs, consult your local HPU
Diphtheria *	Exclusion is essential. Always consult with your local HPU	Family contacts must be excluded until cleared to return by your local HPU. Preventable by vaccination. Your local HPU 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 HPU 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. Your local HPU will advise on any action 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 HPU 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 HPU
Mumps*	Exclude child for five days after onset of swelling	Preventable by vaccination (MMR x 2 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

* denotes a notifiable disease.

This list is advisory and should not be considered exhaustive.

In addition, we reserve the right to consult the NHS Direct website for further advice and information.