

THURLBY COMMUNITY PRIMARY SCHOOL.

Illness Policy

1. INTRODUCTION

This policy has the full agreement of the Governing Body and was agreed at their meeting on 16/1/2013.

2. AIMS AND OBJECTIVES

It is the aim of Thurlby Primary School to promote a healthy environment for the children, but we need the co-operation of all parents to achieve this.

3. IMPLEMENTATION

Parents are responsible for ensuring that children, who are too sick to be at School, are kept at home until fully recovered. Parents are much more able to provide an appropriate environment for an ill child and can provide one to one supervision.

The following list advises how long a child should be kept away from others when ill with specific symptoms/illnesses:

Illness	Exclusion Period
Temperature of 101f/38c or more	24 hours after it has returned to normal
Conjunctivitis	2 days or until eyes are no longer weeping
Vomiting	48 hours after the last bout
Diarrhoea	48 hours after the last bout
Gastro-enteritis, food poisoning, salmonellosis and dysentery	Until authorised by GP
Impetigo	Until skin is healed
Pediculosis (Head Lice)	Until appropriate treatment from chemist is given
Ring worm of scalp or body	Seldom necessary to exclude, providing treatment is given
Scabies	Need not exclude once appropriate treatment is given
Chicken pox	Spots must be dry and scabbed
Measles	7 days from appearance of rash
Meningococcal infection	Until recovered from the illness
Mumps	Until swelling subsided - in no case less than 7 days from onset

Ineffective Hepatitis	7 days from onset of jaundice
Rubella (German Measles)	4 days from appearance of the rash
Scarlet Fever	Until appropriate treatment is given and in no case less than 3 days from start of treatment
Streptococcal infection of the throat (acute sore throat)	Until appropriate treatment is given and in no case less than 3 days from start of treatment
Tuberculosis	Until declared free by GP
Typhoid Fever	Until declared free by GP

In order to control the spread of infectious illnesses to children, staff and our families we ask parents to:

- Adhere to the above exclusion times when their children are ill (including children of School staff who will not accompany their parents/carers to work in the School when ill).
- Inform the School as to the nature of the infection. (This will allow the School to alert other parents as necessary and to make careful observations of any child who seems unwell.)
- Cover cuts and open sores with sticking plaster or other dressing.
- Dress children appropriately so that they can have the opportunity to play in the fresh air throughout the year.

If a child becomes unwell whilst at School we will:

1. Talk to them about what hurts or how they feel.
2. Make them comfortable – offering them a quiet place to sit or lie.
3. Offer them a drink of water.
4. Contact the parents; therefore it is **essential** that we have up to date contact information.
5. Monitor them closely until a designated person arrives to take them home.

If a child gives us cause for concern in their:

- temperature
- a rash
- consciousness

staff will call an ambulance. Thurlby CP School reserves the right to take any child to hospital in an emergency (parent/carers will always be contacted).

Thurlby CP School maintains links with the local Health Visitors in order to gather information and advice. Advice and guidance can also be obtained from the Public Health Team.

Notifiable Diseases

Below is the List of Notifiable Diseases from the Health Protection Agency (18 January 2006) Public Health (Infectious Diseases) Regulations 1988

If any child is reported to have a disease from this list Thurlby CP School take advice from the Health Protection Agency (**Health Protection Agency: Centre for Infections: 020 8200 4400**) and will also notify OFSTED of the disease and our action taken. Parents may be informed through an emergency newsletter, word of mouth and information on the notice board or a combination of the above.

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|------------------------|----------------------|--------------------|
| • Acute encephalitis | • Meningococcal | • Viral |
| • Acute poliomyelitis | septicaemia (without | haemorrhagic |
| • Anthrax | meningitis) | fever |
| • Cholera | • Mumps | • Viral hepatitis |
| • Diphtheria | • Ophthalmia | <i>Hepatitis A</i> |
| • Dysentery | neonatorum | <i>Hepatitis B</i> |
| • Food poisoning | • Paratyphoid fever | <i>Hepatitis C</i> |
| • Leptospirosis | • Plague | <i>other</i> |
| • Malaria | • Rabies | • Whooping cough |
| • Measles | • Relapsing fever | • Yellow fever |
| • Meningitis | • Rubella | |
| <i>meningococcal</i> | • Scarlet fever | |
| <i>pneumococcal</i> | • Smallpox | |
| <i>haemophilus</i> | • Tetanus | |
| <i>influenzae</i> | • Tuberculosis | |
| <i>viral</i> | • Typhoid fever | |
| <i>other specified</i> | • Typhus fever | |
| <i>unspecified</i> | | |

Leprosy is also notifiable, but directly to the Health Protection Agency, Centre for Infections, IM&T Dept.

Food Poisoning

Where it is reported that two or more children that attend School are affected by food poisoning then SKDC Environmental Health will be informed as well as Ofsted.

4. REVIEW

The effectiveness of this policy will be reviewed by staff in Term 3 2014. Any consequent revisions to the policy will be presented to the Governing Body for discussion in the Term 4 2014 meeting.