

## EIC Child Illness Policy

Updated September 2018

### EIC Policy for managing Student Illness and Absence

#### Rationale

The school recognises the value of an effective policy for the management of student and staff illness and will always ensure students' wellbeing is our priority. Evidence indicates that a significant spread of contagious illnesses can be avoided when guidelines set by the health authority are followed consistently. While we understand that illness at home can impact schedules and routines (for both parents and children) we wish to urge all parents to support us by following our Illness Policy here at EIC. The aim of this policy is to minimise the spread of illness to our students and staff, reduce absences related to illness and thus promote continuity in the education of all students. We will do our part here at school to try to minimize the spread of illness by encouraging lots of hand washing and using hand sanitizers.

#### Policy

- If a child is sick at home, we ask parents to be sensible about keeping their child away from school until they are well again.
- If you think your child is not well enough to carry out the routines set for a particular day at school it would be better to keep them at home.
- If your child seems a little under the weather, perhaps a slight cough or cold, but does not appear to have any of the illnesses in the table below that require exclusion from school, then we recommend that they at least attempt the school day.
- If your child has had a fever in the last 24 hours, they should not come to school.
- Your child should be 'fever free' without medication for 24 hours before returning to school.
- If a child is taking medication for any reasons other than a fever, the school nurse must be notified.
- If your child requires medication to be administered during school time, the parent must see the school nurse who will oversee the correct procedures for administering medication during school hours.
- All emergency contact numbers must be regularly kept up to date in our school data base.
- A parent/guardian should be available by phone at all times during school hours.

#### Absence Reporting Procedure

It is the legal responsibility of parents/guardians to ensure that your child attends school. Full attendance is clearly a great advantage in making the most of your child's education, however, as a school it is also our responsibility to support children's learning at home if they are too unwell to attend school for any given period of time. It is important to keep the school informed if your child is going to be absent. We ask parents to phone or email the school office before 9am if your child is going to be absent from school and to also state the nature of the absence and expected duration.

#### Illness or Injury at School

If a child becomes ill at school, he or she will be taken to the school nurse. A parent/guardian will be contacted and will be expected to pick up the child as soon as possible. If a child is injured at school, first aid will be administered if the injury is minor. An accident report will be filed for injuries which require medical attention, including first aid, and parents will be asked to sign this when they pick up their child. In the case of a more serious accident or if there are any questions concerning the severity of the injury, parents will be notified immediately. A high percentage of classroom teachers are CPR/First Aid certified. We are members of the private, local health emergency service, Helicopteros Sanitarios, and they will be called when necessary.

#### Illness or Injury on School Trips

We complete detailed, individual risk assessments for all trips, however, if your child should become ill or get injured on a trip, we will always notify the school who consequently will notify parents. Depending on the severity of the illness/injury, the nature and duration of the trip, a decision will be made as to whether the child can continue on the trip. If it was to be considered in the child's best interest to be excluded from the trip, we would require a parent/guardian to pick up the child from the trip location.

#### Infection Control

Please read our Guidance Poster on Infection Control in Schools listed below. If you suspect your child could have any of the illnesses listed below, please inform the school. If your child needs to be excluded from school for any of the illnesses below and you deem your child able to return to school before the suggested time scale, we would require a doctor's note to be handed to the school nurse, specifying that your child is well enough to return to school.

### Exclusion table

Infection	Exclusion period	Comments
<b>Athlete's foot</b>	None	Athlete's foot is not a serious condition. Treatment is recommended.
<b>Chicken pox</b>	Five days from onset of rash and all the lesions have crusted over	
<b>Cold sores (herpes simplex)</b>	None	Avoid kissing and contact with the sores. Cold sores are generally mild and heal without treatment.
<b>Conjunctivitis</b>	None	If an outbreak/cluster occurs, consult your local HPT
<b>Diarrhoea and vomiting</b>	Whilst symptomatic and 48 hours after the last symptoms.	

<b>Diphtheria *</b>	Exclusion is essential. Always consult with your local HPT	Preventable by vaccination. Family contacts must be excluded until cleared to return by your local HPT.
<b>Flu (influenza)</b>	Until recovered	Report outbreaks to your local HPT.
<b>Glandular fever</b>	None	
<b>Hand foot and mouth</b>	None	Contact your local HPT if a large numbers of children are affected. Exclusion may be considered in some circumstances
<b>Head lice</b>	None	Treatment recommended only when live lice seen.
<b>Hepatitis A*</b>	Exclude until seven days after onset of jaundice (or 7 days after symptom onset if no jaundice)	In an outbreak of hepatitis A, your local HPT will advise on control measures.
<b>Hepatitis B*, C*, HIV</b>	None	Hepatitis B and C and HIV are blood borne viruses that are not infectious through casual contact. Contact your local HPT for more advice.
<b>Impetigo</b>	Until lesions are crusted /healed or 48 hours after starting antibiotic treatment	Antibiotic treatment speeds healing and reduces the infectious period.
<b>Measles*</b>	Four days from onset of rash and recovered	Preventable by vaccination (2 doses of MMR). Promote MMR for all pupils and staff. Pregnant staff contacts should seek prompt advice from their GP or midwife.
<b>Meningococcal meningitis*/ septi-caemia*</b>	Until recovered	Meningitis ACWY and B are preventable by vaccination (see national schedule @ www.nhs.uk). Your local HPT will advise on any action needed.
<b>Infection</b>	Exclusion Period	Comments
<b>Meningitis* due to other bacteria</b>	Until recovered	Hib and pneumococcal meningitis are preventable by vaccination (see national schedule @ www.nhs.uk) Your local HPT will advise on any action needed.
<b>Meningitis viral*</b>	None	Milder illness than bacterial meningitis. Siblings and other close contacts of a case need not be excluded.
<b>MRSA</b>	None	Good hygiene, in particular handwashing and environmental cleaning, are important to minimise spread. Contact your local HPT for more information.
<b>Mumps*</b>	Five days after onset of swelling	Preventable by vaccination with 2 doses of MMR (see national schedule @ www.nhs.uk). Promote MMR for all pupils and staff.
<b>Ringworm</b>	Not usually required.	Treatment is needed.
<b>Rubella (German measles)</b>	Four days from onset of rash	Preventable by vaccination with 2 doses of MMR (see national schedule @ www.nhs.uk). Promote MMR for all pupils and staff. Pregnant staff contacts should seek prompt advice from their GP or midwife.
<b>Scarlet fever</b>	Exclude until 24hrs of appropriate antibiotic treatment completed	A person is infectious for 2-3 weeks if antibiotics are not administered. In the event of two or more suspected cases, please contact local health protection.
<b>Scabies</b>	Can return after first treatment	Hosuehold and close contacts require treatment at the same time.
<b>Slapped cheek /Fifth disease/Parvo virus B19</b>	None (once rash has developed)	Pregnant contacts of case should consult with their GP or midwife.
<b>Threadworms</b>	None	Treatment recommended for child & household contacts.
<b>Tonsillitis</b>	None	There are many causes, but most cases are due to viruses and do not need an antibiotic treatment
<b>Tuberculosis (TB)</b>	Always consult your local HPT BEFORE disseminating information to staff/ parents/carers	Only pulmonary (lung) TB is infectious to others. Needs close, prolonged contact to spread.
<b>Warts and verrucae</b>	None	Verrucae should be covered in swimming pools, gyms and changing rooms.
<b>Whooping cough (pertussis)*</b>	Two days from starting antibiotic treatment, or 21 days from onset of symptoms if no antibiotics	Preventable by vaccination. After treatment, non- infectious coughing may continue for many weeks. Your local HPT will organise any contact tracing necessary.

\*denotes a notifiable disease. It is a statutory requirement that doctors report a notifiable disease to the proper officer of the local authority (usually a consultant in communicable disease control).

We hope that this policy highlights the importance that we give to the welfare of all children and helps to strengthen our home-school relationship. Our aim is to ensure that we continue to work together in providing the optimum provision that underlies all our child care philosophies here at EIC.

## Monitoring and Review

Our Child Illness Policy is reviewed regularly, taking into account any new initiatives, changes in legislation or developments in medicine.