

## Dudley House School

### Illness and Exclusion Policy

#### 1 Introduction

1.1 Dudley House School promotes a healthy environment for all the children in its care and encourages parents' co-operation and support with this.

#### 2 Notification of exposure to infectious diseases

2.1 When a child is ill or infectious parents/carers must inform the school and have regard to the exclusion list below.

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

2.3 Whilst a child is unwell they should be kept at home even if they are not infectious.

2.4 If a child becomes ill at school every effort will be made to isolate the child from other pupils where necessary until they can be collected by parents.

2.5 The school will contact the child's parents/carers to take the child home. It is essential therefore that up to date contact information is kept. If the parent/carer cannot be contacted, staff will endeavour to contact the other people listed on the child's record.

2.6 If staff are unable to contact a parent/carer or other named contact, the child will be taken to a general practitioner or hospital in an emergency, as per signed emergency medical treatment consent form, updated each year.

\*notifiable infectious disease

Illness/Infectious Diseases	Recommended Period of Exclusion
Athlete's foot	None
Chicken pox	Five days from onset of rash and all the lesions have crusted over
Cold sores	None
Conjunctivitis	None.
Diarrhoea and/or vomiting	Children & staff should be excluded from school until their symptoms have settled & until 48 hours after the last episode of diarrhoea or vomiting.
*Diphtheria	Exclusion is essential. Always consult with local Health Protection Team
Flu	Until recovered
Glandular fever	None There is no benefit in keeping children or staff off once they feel well enough to attend.
Head lice	None. Treatment is only required if live lice are seen in the hair (not nits (eggs)).
*Hepatitis	Hep A- 7 days after the onset of jaundice,(or seven days after symptom onset if no jaundice) Hep B-None Hep C- None
HIV / Aids	Should not be restricted or excluded.
Impetigo	Until lesions are crusted and healed, or 48 hours after the start of antibiotic treatment. <i>If there is an outbreak, stop the use of sand, water, playdough and cooking activities and</i>

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	<i>wash all "dressing up " clothes. (An outbreak is 2 or more cases of the same infectious organism in a setting).</i>
*Measles	Four days from onset of rash and recovered
*Meningitis	Until recovered. Children will be too ill to attend and there is no need to exclude siblings or other close contacts.
MRSA	None
*Mumps	Exclude child for 5 days after onset of swelling
Ringworm (Tinea)	Treatment is needed. Children need not be excluded but spread can be prevented by good personal hygiene, regular hand washing and use of separate towels and toilet articles.
Rubella (German measles)	Five days from onset of rash
Scarlet fever / Scarletina	Once a patient has been on antibiotic treatment for 24 hours they can return, provided they feel well enough.
Scabies	Child can return after first treatment. <i>Household and close contacts require treatment</i>
Slapped cheek syndrome / fifth disease / Parvo virus B19	An affected child need not be excluded because they are no longer infectious by the time the rash occurs.
Threadworms	Not necessary. Treatment recommended.
Tonsillitis	None If the disease is known to be caused by streptococcal (bacterial) infection the child or member of staff should be kept away from the setting until 24 hours after the start of treatment. Otherwise they should stay at home while they feel unwell.
Tuberculosis (TB)	Always consult your local Public Health England centre (0344 225 4524)
Warts & Verrucae	Not necessary Verrucae should be covered in swimming pools, gymnasiums and changing rooms
*Whooping cough (Pertussis)	Two days from starting antibiotic treatment, or 21days from onset of illness if no antibiotic treatment.

2.7 If a child contracts any of the above \*notifiable infectious diseases, other parents will be informed by an emergency newsletter.

2.8 If the school has reason to believe that any child is suffering from a notifiable disease identified as such in the Health Protection (Infection Diseases) Regulations 2010, we will inform the local Public Health England centre and act on any advice given. Public Health England's list of notifiable diseases can be found at <https://www.gov.uk/government/publications/health-protection-in-schools-and-other-childcare-facilities/chapter-9-managing-specific-infectious-diseases> and is displayed in Appendix 6 of our parent handbook.

2.4 Further guidance on infection control in schools and childcare settings can also be found at <https://www.gov.uk/government/publications/health-protection-in-schools-and-other-childcare-facilities>  
The Lincolnshire Health Protection Team can be contacted on Tel: 0344 2254 524

### 3 Monitoring and review

3.1 This policy will be monitored by the governing body and reviewed every three years, or earlier in the light of any changed circumstances, either in our school or in the local area.

**Signed:**

**Date: June 2020**

### **Coronavirus addendum**

Anyone who develops symptoms compatible with coronavirus (develops a fever, or a new continuous cough, or a loss of, or change in, their normal sense of taste or smell - anosmia), will be sent home straight away. Whilst awaiting collection, children will be isolated away from other people.

A facemask should be worn if a distance of 2 metres cannot be maintained from a child who is symptomatic and awaiting collection. If contact is necessary, then gloves, an apron and a facemask should be worn. If a risk assessment determines there is a risk of splashing to the eyes, for example from coughing or spitting, then eye protection should also be worn.

Once the child or member of staff has left the setting, we will follow Cleaning of non-healthcare settings guidance to ensure areas they have been in are disinfected and any PPE and other waste is disposed of safely.

Where the child or staff member tests negative, they can return to their setting and the fellow household members can end their self-isolation. If the child or staff member tests positive, the rest of their immediate group within their setting should be sent home and advised to self-isolate for 14 days.

### **Notifiable diseases**

Diseases notifiable to local authority proper officers under the Health Protection (Notification) Regulations 2010:

- Acute encephalitis
- Acute infectious hepatitis
- Acute meningitis
- Acute poliomyelitis
- Anthrax
- Botulism
- Brucellosis
- Cholera
- Covid 19
- Diphtheria
- Enteric fever (typhoid or paratyphoid fever)
- Food poisoning
- Haemolytic uraemic syndrome (HUS)
- Infectious bloody diarrhoea
- Invasive group A streptococcal disease
- Legionnaires' disease
- Leprosy
- Malaria
- Measles
- Meningococcal septicaemia
- Mumps
- Plague
- Rabies
- Rubella
- Severe Acute Respiratory Syndrome (SARS)
- Scarlet fever
- Smallpox
- Tetanus
- Tuberculosis
- Typhus
- Viral haemorrhagic fever (VHF)
- Whooping cough
- Yellow fever