

III Health Procedures

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1. Aim

This procedure applies to all pupils in the Stephen Perse Foundation (the “Foundation”) including those in the Early Years and in boarding.

The Foundation aims to encourage and promote a healthy and hygienic environment and to minimise the spread of infection for all the children in our care. The health and wellbeing of the children, team and visitors is of utmost importance.

We follow the guidance given to us by the UK Health Security Agency (UKHSA) (formerly Public Health England (PHE)) in “[Health Protection in education and childcare settings](#)”, (2017, reviewed 2022) and advice from our local health protection unit on exclusion times for specific illnesses to protect other children in the nursery.

2. Illness in School

If a pupil feels unwell in school, it is the responsibility of the class teacher or a member of staff on duty in the first instance to try to establish the cause. The member of staff or a pupil as deemed appropriate, should escort the pupil to the medical area if it is safe to do so and if necessary, locate the Appointed Person/a first aider. Procedures set out in the Foundation’s First Aid Policy will then be followed, as necessary.

3. Illness in the nursery

It is inevitable that occasionally a child may not be well enough to attend nursery or that he/she becomes unwell during the course of the day. Any child who becomes unwell will be monitored carefully and taken to the medical room, as appropriate, and if it is suspected that they may have an infectious disease. Parents will be contacted immediately for a discussion about the best possible course of action for their child.

4. Illness in boarding

If a pupil feels unwell in the boarding house, it is the responsibility of the boarding staff member on duty to try to establish the cause and follow the procedures set out in the Foundation's First Aid policy, as necessary. All boarding house staff are first aid trained.

5. Illness outside School

The Foundation aims to ensure we provide a safe and healthy environment for our pupils. For this reason we ask parents to ensure they adhere to the following guidelines to minimise the risk of spread of infection. We ask, with any period of absence, that parents keep us informed about how their child is and whether they have had to seek medical advice outside school.

6. Managing specific infectious diseases including diarrhoea and vomiting

We follow Ofsted requirements for registered settings in our management of contagious and notifiable diseases as well as the information in [Chapter 3 : managing specific infectious diseases](#) of the UKHSA guidance "[Health Protection in education and childcare settings](#)", (2017, reviewed 2022).

If your child has been unwell at home with sickness and/or diarrhoea, please keep him/her off school/nursery for 48 hours following the last episode of illness.

- If your child vomits and /or has had diarrhoea at school (liquid or semi-liquid stool 3 or more times in the nursery), we will contact you to collect him/her as soon as possible. You will be required to collect your child and they should then remain off school for a minimum 48 hour period following the last episode of illness.
- Although your child may feel better before then, this is in the interest of preventing the spread of infection to other children and staff, in accordance with PHE Guidance.
- When your child returns to school, we ask that he/she is well enough to be eating normally and partaking in normal school activities and that his/her temperature is within normal limits.
- Please do not send your child in if he/she has a temperature.
- Your child should remain at home until he/she has been 24 hours without a temperature to stop the spread of infection.

For all other childhood illness and infections, please refer to the [UKHSA guidance on infection control in education and childcare settings](#) and Appendix 1 of this policy, which outlines the exclusions.

Boarding staff will follow the above protocol in the boarding house.

7. Related policies

First Aid Policy

Medicine Policy

Supporting Pupils with Medical Conditions

Reviewed: April 2022

Appendix 1: Exclusion table for nurseries and schools ([UKHSA Health protection in education and childcare settings 2017](#), reviewed 2022)

Infection	Exclusion period	Comments
Athlete's foot	None	Children should not be barefoot at school (for example in changing areas) and should not share towels, socks or shoes with others.
Chicken pox	At least 5 days from onset of rash and until all blisters have crusted over.	Pregnant staff contacts should consult with their GP or midwife
Cold sores (herpes simplex)	None	Avoid kissing and contact with the sores.
Conjunctivitis	None	If an outbreak/cluster occurs, consult your local health protection team (HPT).
Respiratory infections including coronavirus (COVID-19)	Children and young people should not attend if they have a high temperature and are unwell Children and young people who have a positive test result for COVID-19 should not attend the setting for 3 days after the day of the test.	Children with mild symptoms such as runny nose, and headache who are otherwise well can continue to attend school.
Diarrhoea and vomiting	Can return 48 hours after diarrhoea and vomiting have stopped.	If a particular case of the diarrhoea and vomiting is identified, there may be additional exclusion advise for example E. coli STEC and A. For more information, see chapter 3: Public health management of specific infectious diseases
Diphtheria *	Exclusion is essential. Always consult with your UKHSA HPT.	Preventable by vaccination. Family contacts must be excluded until cleared to return by your local HPT.
Flu (influenza)	Until recovered	Report outbreaks to your local HPT. For more information, see chapter 3: Public health management of specific infectious diseases .

Glandular fever	None	-
Hand foot and mouth	None	Contact your local HPT if a large number of children are affected. Exclusion may be considered in some circumstances.
Head lice	None	-
Hepatitis A*	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.
Hepatitis B*, C*, HIV	None	Hepatitis B and C and HIV are blood borne viruses that are not infectious through casual contact. Contact your UKHSA HPT for more advice.
Impetigo	Until lesions are crusted or healed, or 48 hours after starting antibiotic treatment.	Antibiotic treatment speeds healing and reduces the infectious period.
Measles*	Four days from onset of rash and well enough.	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.
Meningococcal meningitis* or septicaemia*	Until recovered	Meningitis ACWY and B are preventable by vaccination. Your local HPT will advise on any action needed.
Meningitis* due to other bacteria	Until recovered	Hib and pneumococcal meningitis are preventable by vaccination Your UKHSA HPT will advise on any action needed.
Meningitis viral	None	Milder illness than bacterial meningitis. Siblings and other close contacts of a case need not be excluded.

MRSA	None	Good hygiene, in particular handwashing and environmental cleaning, are important to minimise spread. Contact your UKHSA HPT for more information.
Mumps*	Five days after onset of swelling	Preventable by vaccination with 2 doses of MMR. Promote MMR for all pupils and staff.
Ringworm	Not usually required.	Treatment is needed.
Rubella* (German measles)	Five days from onset of rash	Preventable by vaccination with 2 doses of MMR. Promote MMR for all pupils and staff. Pregnant staff contacts should seek prompt advice from their GP or midwife.
Scarlet fever*	Exclude until 24hrs after starting antibiotic treatment.	A person is infectious for 2-3 weeks if antibiotics are not administered. In the event of two or more suspected cases, please contact your UKHSA HPT. .
Scabies	Can return after first treatment	Household and close contacts require treatment at the same time.
Slapped cheek /Fifth disease/Parvo virus B19	None (once rash has developed).	Pregnant contacts of case should consult with their GP or midwife.
Threadworms	None	Treatment recommended for child concerned and household.
Tonsillitis	None	There are many causes, but most cases are due to viruses and do not need or respond to an antibiotic treatment.

Tuberculosis* (TB)	<p>Until at least 2 weeks after the start of effective antibiotic treatment (if pulmonary TB)</p> <p>Exclusion not required for non-pulmonary or latent TB infection</p> <p>Always consult your local HPT before disseminating information to staff, parents and carers. The Foundation must always consult the local HPT before disseminating information to staff/parents/carers.</p>	<p>Only pulmonary (lung) TB is infectious to others, needs close, prolonged contact to spread. The local HPT will organise any contact tracing.</p>
Warts and verrucae	None	<p>Verrucae should be covered in swimming pools, gyms and changing rooms.</p>
Whooping cough (pertussis)*	<p>Two days from starting antibiotic treatment, or 21 days from onset of symptoms if no antibiotics.</p>	<p>Preventable by vaccination. After treatment, noninfectious coughing may continue for many weeks. Your local HPT will organise any contact tracing.</p>

***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).**