

MUNDELLA PRIMARY SCHOOL

Advice for Parents about
Child Illness and School

SHOULD MY CHILD STAY AWAY?

MUNDELLA PRIMARY SCHOOL

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The advice given in this document is taken from Public Health England Guidance on infection control in schools and other childcare settings. You should contact your GP (family doctor) for any further advice, particularly if the symptoms are severe or persist.

Children of school age commonly suffer from infectious diseases. Some of these are given a specific name such as chickenpox or measles, some are termed 'viral illness' and others are described by the symptoms they cause such as diarrhoea and vomiting. Most of these are mild, short-lived illnesses in the majority of children, but the problem is that they easily spread within the school setting.

In order to reduce the chance of your child being ill at school and to reduce the spread of infectious disease within school, it would be helpful



for you to follow these guidelines to decide when your child should stay away from school and when you should inform the school about any close contact with other cases of infectious diseases. Please note that in some instances we need to inform certain vulnerable children and staff who may have come into contact with these diseases.

When the school is made aware of these they will be alert to the possible development of outbreaks and of the need to take early action to prevent it spreading.

The length of time your child should stay off school depends upon the cause of the illness (there are recommended exclusion periods for particular conditions), how long symptoms last and how quickly your

child recovers. Please see the following table for further information on how long your child is recommended to stay off school and what action may be necessary either by yourself or school.

If children do become ill at school we need contact information to ensure that they are cared for in the best way. Please ensure that the school has up to date information on where parents/carers may be reached during the day and **the name of at least 1 person to be contacted in the event of an emergency when parents cannot be reached.**

Please keep your child at home if he/she is unwell

Children who are unwell should not be at school. They will not be able to cope with class activities and may spread the illness to their friends.

If you keep your child off school, please inform us of the reason/GP diagnosis for your child's absence by telephone (leaving a message on the school answer phone) - preferably before 9.30 am. If we do not hear from you, you will receive a first day call from our office.

Administration of medicines in school

The Local Authority have guidelines regarding the administration of medicines in school. Any medication must be brought into school **by an adult** and appropriate paperwork needs to be completed. We are not allowed to administer medicine that has a different dosage to the one stated on the bottle; nor give prescription medicine that does not have the child's name on the bottle. Please ensure that any medication required is in date. Parents/carers need to be aware of when medication which is left in school (e.g. inhalers; Auto Immune Injectors) is due to expire and ensure replacements are available.

Antibiotics which are prescribed 3 times daily do not need to be given in school as they can all be given during the time at home. However, antibiotics which are prescribed to be given 4 times a day will need to

be given in school. These need to be handed into the office and collected from the office by an adult at the end of the school day.

Inhalers in school

As part of the guidance on the administration of medicines in school we have been advised to introduce 'School Asthma Cards'. This will help us to be more aware of your child's needs.

Should your child require an inhaler in school you will be given a card to complete which we will then keep in school with the inhaler. These will both be sent home at the end of every academic year when you are asked to check the information on the card, amend as necessary and then return back to school each September.

If your child's symptoms or medication changes throughout the year it is your responsibility to let us know that information. Please be aware of when your child's inhaler expires and renew this at the appropriate time.

We have been advised that it is good practice for Y6 children to be personally responsible for their own inhalers. If your child is in Year 6 you will be given a consent form to allow this to take place.

Rashes and skin infections	Recommended period to be kept away from school	Comments
Athlete's foot	None	Athlete's foot is not a serious condition. Treatment is recommended

Chickenpox	Until the vesicles have crusted over	Please let school know if your child has Chickenpox as vulnerable children and staff will need to be informed
Cold sores, (Herpes simplex)	None	Avoid contact with the sores
German measles (rubella)	Four days from onset of rash	Please let school know if your child has German measles as vulnerable children and staff will need to be informed
Hand, foot and mouth	None	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	Please let school know if your child has Measles as vulnerable children and staff will need to be informed
Molluscum contagiosum	None	
Ringworm	Exclusion not usually required	Treatment is required
Roseola (infantum)	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
Slapped cheek/fifth disease. Parvovirus B19	None	Please let school know if your child has any of these infections as vulnerable children and staff will need to be informed
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. Please let school know if your child has Shingles as vulnerable children and staff will need to be informed
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	Comments
Diarrhoea and/or vomiting	48 hours from last episode of diarrhoea or vomiting	
E. Coli 0157 VTEC Typhoid and paratyphoid (enteric fever)	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 adhering to hygiene practices

Shigella (Dysentery)		
Cryptosporidiosis	48 hours from 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	Comments
Flu (Influenza)	Until recovered	Please let school know if your child has Flu as vulnerable children will need to be informed
Tuberculosis	Always consult your local HPU	
Whooping cough (pertussis)	Five days from commencing antibiotic treatment or 21 days from onset of illness if no antibiotic treatment	After treatment, non-infectious coughing may continue for many weeks
Covid 19	Current guidance is available via the PHE website https://www.gov.uk/government/organisations/public-health-england	

Other infections

	Recommended period to be kept away from school	Comments
Conjunctivitis	None	
Diphtheria	Exclusion is essential. Always consult with your local HPU.	Family contacts must be excluded until cleared to return by your local GP
Glandular fever	None	
Head lice	None	Treatment is recommended only in cases where live lice have been seen
Hepatitis A	Excluded until seven days after onset of jaundice (or seven days after symptom onset if no jaundice)	
Hepatitis B C HIV/AIDS	None	Hepatitis B and C and HIV are blood borne viruses that are not infectious through casual contact
Meningococcal Meningitis/Septicaemia	Until recovered	There is no reason to exclude siblings or other close contacts of a case
Meningitis due to other bacteria	Until recovered	There is no reason to exclude siblings or other close contacts of a case.
Meningitis viral	None	There is no reason to exclude siblings and other close contacts of a case.
MRSA	None	Good hygiene, in particular hand washing and environmental cleaning are important to minimise any danger of spread
Mumps	Exclude child for five days after onset of swelling	
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