

# Rushbrook Primary Academy

Policy name: Appendix to Attendance Policy 2021 - 2022



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A member of Bright Futures Educational Trust



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**Rushbrook Primary Academy School**  
**Pupil Illness (appendix to Attendance Policy)**

**1. Introduction**

This appendix outlines procedures to be followed in the event of a pupil illness. As illnesses are diverse in nature, it will not cover all eventualities.

Making sure your child attends school is your legal responsibility as a parent/guardian. It is also crucial for your child's education and future. Full attendance lets your child make the most of their education and achieve positive outcomes. By law, only school can authorise your child's absence, therefore it is important that you follow reporting procedures and inform school as soon as possible if you know your child will be absent. For more information on attendance, please see the attendance policy.

**2. Absence reporting procedure**

There is a clear process for you to follow to let school know that your child will not be attending:



Phone school before 09:10 to let us know that your child will be absent and why.  
School will ask you how long your child will be absent.

Where a parent/carer does not call school to inform them that their child is absent, school will follow the usual procedure described in the attendance policy. School may call the parent/carer, emergency contacts or conduct a home visit where appropriate.

**3. Decisions regarding absence/attendance**

When deciding if your child should be absent ask yourself:

- Is my child well enough to carry out the activities of the school day?
- Does my child have an illness that could be passed on to others?
- Would you take a day off work if you had this illness?

**Common conditions**

Most illnesses can be classified as one of a few minor health conditions. Whether or not you send your child to school will depend on how severe you believe the illness to be. This guidance can help



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you make that judgement. If you are concerned about your child's health please consult a health professional. (GP, school nurse etc.)

- Cough/cold- a child with a minor cough or cold does not need to stay off school. If you are concerned that symptoms are worsening, or not getting better, you should arrange an appointment with your GP.
- Raised temperature- a temperature over 38 degrees would cause concern. You should consult your GP immediately.
- Rash- If your child has a rash check with your GP/health visitor if your child should attend school.
- Vomiting/diarrhoea- children with these conditions should be kept off school. However, in cases where vomiting is a symptom of an illness, such as a migraine, the child can return to school as soon as they are well. Where vomiting is linked to more severe, infectious illnesses such as food poisoning or Norovirus children should be kept off school for 48 hours from the last incidence of vomiting. These types of conditions would require a consultation with a GP and you should follow their advice.
- Sore throat- a child with a sore throat would not usually require time off school

To minimise the risk of transmission of infection we follow the Public Health Agency guidance on infection control in schools. The below tables are to support you further in deciding if your child should be absent



from school:

<b>Rashes and skin infections</b>	<b>Recommended period to be kept away from school, nursery or childminders</b>	<b>Comments</b>
Athlete's foot	None	Athlete's foot is not a serious condition. Treatment is recommended
Chickenpox*	Until all vesicles have crusted over	See: Vulnerable children and female staff – pregnancy
Cold sores, (Herpes simplex)	None	Avoid kissing and contact with the sores. Cold sores are generally mild and self-limiting
German measles (rubella)*	Four days from onset of rash (as per "Green Book")	Preventable by immunisation (MMR x 2 doses). See: Female staff – pregnancy
Hand, foot and mouth	None	Contact the Duty Room if a large number of children are affected. 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	Preventable by vaccination (MMR x 2). See: Vulnerable children and female staff – pregnancy
Molluscum contagiosum	None	A self-limiting condition
Ringworm	Exclusion not usually required	Treatment is required
Roseola (infantum)	None	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 for the affected child. If more than one child has scarlet fever contact PHA Duty Room for further advice
Slapped cheek (fifth disease or parvovirus B19)	None once rash has developed	See: Vulnerable children and female staff – pregnancy
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. If further information is required, contact the Duty Room. SEE: Vulnerable Children and Female Staff – Pregnancy
Warts and verrucae	None	Verrucae should be covered in swimming pools, gymnasiums and changing rooms



<b>Diarrhoea and vomiting illness</b>	<b>Recommended period to be kept away from school, nursery or childminders</b>	<b>Comments</b>
Diarrhoea and/or vomiting	48 hours from last episode of diarrhoea or vomiting	
<i>E. coli</i> O157 VTEC*	Should be excluded for 48 hours from the last episode of diarrhoea	Further exclusion is required for young children under five and those who have difficulty in adhering to hygiene practices
Typhoid* [and paratyphoid*] (enteric fever)	Further exclusion may be required for some children until they are no longer excreting	Children in these categories should be excluded until there is evidence of microbiological clearance. This guidance may also apply to some contacts of cases who may require microbiological clearance
<i>Shigella</i> * (dysentery)		Please consult the Duty Room for further advice
Cryptosporidiosis*	Exclude for 48 hours from the last episode of diarrhoea	Exclusion from swimming is advisable for two weeks after the diarrhoea has settled
<b>Respiratory infections</b>	<b>Recommended period to be kept away from school, nursery or childminders</b>	<b>Comments</b>
Flu (influenza)	Until recovered	See: Vulnerable children
Tuberculosis*	Always consult the Duty Room	Requires prolonged close contact for spread
Whooping cough* (pertussis)	48 hours from commencing antibiotic treatment, or 21 days from onset of illness if no antibiotic treatment	Preventable by vaccination. After treatment, non-infectious coughing may continue for many weeks. The Duty Room will organise any contact tracing necessary



Other infections	Recommended period to be kept away from school, nursery or childminders	Comments
Conjunctivitis	None	If an outbreak/cluster occurs, consult the Duty Room
Diphtheria *	Exclusion is essential. Always consult with the Duty Room	Family contacts must be excluded until cleared to return by the Duty Room. Preventable by vaccination. The Duty Room will organise any contact tracing necessary
Glandular fever	None	
Head lice	None	Treatment is recommended only in cases where live lice have been seen
Hepatitis A *	Exclude until seven days after onset of jaundice (or seven days after symptom onset if no jaundice)	The duty room will advise on any vaccination or other control measure that are needed for close contacts of a single case of hepatitis A and for suspected outbreaks.
Hepatitis B*, C, HIV/AIDS	None	Hepatitis B and C and HIV are bloodborne viruses that are not infectious through casual contact. For cleaning of body fluid spills. SEE: Good Hygiene Practice
Meningococcal meningitis*/ septicaemia*	Until recovered	Some forms of meningococcal disease are preventable by vaccination (see immunisation schedule). There is no reason to exclude siblings or other close contacts of a case. In case of an outbreak, it may be necessary to provide antibiotics with or without meningococcal vaccination to close contacts. The Duty Room will advise on any action needed.
Meningitis* due to other bacteria	Until recovered	Hib and pneumococcal meningitis are preventable by vaccination. There is no reason to exclude siblings or other close contacts of a case. The Duty Room will give advice on any action needed
Meningitis viral*	None	Milder illness. There is no reason to exclude siblings and other close contacts of a case. Contact tracing is not required
MRSA	None	Good hygiene, in particular handwashing and environmental cleaning, are important to minimise any danger of spread. If further information is required, contact the Duty Room
Mumps*	Exclude child for five days after onset of swelling	Preventable by vaccination (MMR x 2 doses)
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

If you are in any doubt, you should seek professional medical advice.

#### 4. Pupils who become unwell at school

If a child becomes unwell at school, every effort will be made to contact their parents/carers and failing that, their emergency contacts. It is therefore important to keep school informed of any changes to contact details.



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School staff and qualified first aiders will discuss the child's concerns about their illness and will then discuss this with the senior leadership team. If the SLT believes that a child needs to be sent home, they will authorise this and call parents/carers. If your child does not need to be sent home they will access first aid treatment and then information will be fed back to the parent/carer at home time.

In the event of a pupil having an accident during school hours, the first aiders will assess the severity of the accident and make the decision to provide first aid if appropriate. Any significant injury/accident will be reported to parents immediately. Otherwise, pupils will receive a first aid letter that will be handed over to the parent/carer at home time.

On some rare occasions a prompt response may be required, the school may take the decision to call an ambulance. If this response is required for your child, the school senior leadership team will contact you immediately and next steps will be discussed with you on the phone.

#### 5. Administration of medication policy

For further details on administration of medication contact the Lead first aider or consult our Supporting pupils with medical conditions policy/administration of medicines policy.

Any medication to be given during school should be handed to the lead first aider, clearly marked and be within its expiry date.

This policy will be reviewed on an annual basis, sooner if needed, by the Governing body, senior leadership team and other relevant staff.

This guidance is to help you decide if you should send your child to school when they have an illness. If in the opinion of the Head of School, a child is too sick to attend school, the school reserves the right to refuse to accept the child. The school reserves the right to remove a child to hospital in the event of an emergency.