



<b>Policy Area:</b>	Sickness and Illness Policy		
<b>Date:</b>	September 2016	<b>Policy code:</b>	S1
<b>Last reviewed:</b>	September 2025	<b>Reviewed by:</b>	Anthony Thomas
<b>Next review:</b>	September 2026	<i>(For all review dates see end of document)</i>	

Viruses and infections can be easily passed from person to person by breathing in air containing the virus which is produced when an infected person talks, coughs or sneezes. It can also spread through hand/face contact after touching a person or surface contaminated with viruses. The main sources of infection are from people, the environment, animals and contaminated food/ water.

The best way to prevent a virus or infection from moving around the school environment is to maintain high hygiene standards in the setting. Please see our infection control policy for further guidance.

This policy specifically contains the information taken from our infection control policy that relates to sickness and illness. Please also refer to the C4 coronavirus policy, A1 Accident and first aid policy and M1 Medication policy.

**Reporting infectious disease outbreaks**

A number of specific organisms and diseases are notifiable. This means that the clinician (e.g. doctor) who suspects/diagnoses these specific infections is required by law to report them to the Proper Officer of the Local Authority.

To complement this system, education settings are asked to telephone the HPT as soon as possible either to report any serious/unusual illness that is likely to need discussion and advice, or to report cases of any of the following illnesses in staff or learners:

- Cryptosporidiosis
- E Coli O157
- Food poisoning
- Giardiasis
- Hepatitis A
- Invasive Group A Streptococcal Disease (iGAS)
- Measles
- Meningitis
- Mumps
- Rubella (also called German measles)
- Tuberculosis

- Typhoid or Paratyphoid
- Whooping Cough (also called Pertussis)
- Scarlet Fever

### Sickness register

Accurate recording of illness is of vital importance in the education setting, as it ensures the accurate reporting of cases/outbreaks to the Health Protection Team (HPT) and enables the setting to identify trends of illness. It is recommended that a sickness register for all learners and staff is maintained and updated on a daily basis. Our sickness register at CMS includes:

- Learner / staff name
- Home postcode (Full address, and contact details, including emergency contact details can be found on the admissions register)
- Symptoms of illness
- Onset of symptoms
- Date absence commenced
- Class or group where the learner/staff member is usually located
- Any action taken to date
- At the start of this register there will be section with details of any pupil or staff member that may be considered vulnerable to infection e.g. those on chemotherapy
- The sickness register is kept up to date by the school administrator

### Keeping individuals away from settings

To reduce the potential for infections to spread it may be necessary to keep individuals away from settings.

Please refer to the Exclusion table (Appendix 1) for guidance as to whether an individual should not attend the school from an infectivity perspective. If uncertain individuals should remain at home and seek advice from NHS 111 Wales, their local pharmacy or GP

It must be remembered that the periods for which individuals should be kept away from education settings within this document are based upon period of infectivity and not upon a risk assessment of whether individuals are well enough to attend

Individuals (learners or staff) with diarrhoea and/or vomiting should not attend the educational setting until they have had no symptoms for **at least 48 hours**.

Individuals with unexplained rashes should be considered infectious until health advice is obtained.

Lead teachers, following consultation with the Headteacher, retain the right of refusal of any children, parents, staff and visitors who are deemed contagious and may impact on the welfare of the rest of the school.

### **Upper respiratory tract infection and Covid-19 advice:**

Children and young people with mild symptoms can continue to attend their education setting. Mild symptoms include a runny nose, sore throat, or slight cough, in children who are otherwise well.

They should be encouraged to cover their mouth and nose with a disposable tissue when coughing and/or sneezing. They should wash their hands after using or disposing of tissues.

**Children and young people who are unwell and have a high temperature should stay at home. They should avoid contact with other people where they can. They can go back to school when they no longer have a high temperature and are well enough to attend.**

*What to do if your child tests positive for COVID-19:*

- Notify the school (COVID-19 is infectious for up to 2 days before you begin to feel unwell)
- Stay at home and avoid contact with other people where possible
- Return to school once they no longer feel unwell, do not have a high temperature (if they had one), and are ready to return to normal activities.

## USEFUL CONTACT DETAILS

Health Protection team, Public health wales: 0300 00 300 32

Local Authority Environmental Health Department Cardiff Council: 02920 873819 / 873832

## Appendix 1: Exclusion table

This guidance refers to public health exclusions to indicate the time period an individual should not attend a setting to reduce the risk of transmission during the infectious stage. This is different to 'exclusion' as used in an educational sense.

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<b>Infection</b>	<b>Exclusion period</b>	<b>Comments</b>
Athlete's foot	None	Individuals should not be barefoot at their setting (for example in changing areas) and should not share towels, socks or shoes with others.
Chickenpox	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.

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Conjunctivitis

None

If an outbreak or cluster occurs, [consult your local health protection team \(HPT\)](#).

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Respiratory infections including coronavirus (COVID-19)

Individuals should not attend if they have a high temperature and are unwell.

Individuals with mild symptoms such as runny nose, and headache who are otherwise well can continue to attend their setting.

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Individuals who have a positive test result for COVID-19 should not attend the setting until they no longer feel unwell, do not have a high temperature (if they had one), and are ready to return to normal activities.

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Diarrhoea and vomiting

Individuals can return 48 hours after diarrhoea and vomiting have stopped.

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If a particular cause of the diarrhoea and vomiting is identified, there may be additional exclusion advice, for example E. coli STEC and hep A.

For more information, see [Managing outbreaks and incidents](#).

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<u>Diphtheria*</u>	Exclusion is essential.	Preventable by vaccination. For toxigenic Diphtheria, only family contacts must be excluded until cleared to return by <a href="#">your local HPT</a> .
	<u>Always consult with your UKHSA_HPT.</u>	

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<u>Flu (influenza) or influenza like illness</u>	<u>Until recovered</u>	Report outbreaks to <a href="#">your local HPT</a> .
		<u>For more information, see <a href="#">Managing outbreaks and incidents</a>.</u>

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<u>Glandular fever</u>	<u>None</u>	
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<u>Hand foot and mouth</u>	<u>None</u>	<u><a href="#">Contact your local HPT</a> if a large number of children are affected. Exclusion may be considered in some circumstances.</u>
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<u>Head lice</u>	<u>None</u>	
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<u>Hepatitis A</u>	<u>Exclude until 7 days after onset of jaundice (or 7 days after symptom onset if no jaundice).</u>	<u>In an outbreak of hepatitis A, <a href="#">your local HPT</a> will advise on control measures.</u>
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<u>Hepatitis B, C, HIV</u>	<u>None</u>	<u>Hepatitis B and C and HIV are blood borne viruses that are not infectious through casual contact.</u>
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Contact your [UKHSA\\_HPT](#) for more advice.

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<u>Impetigo</u>	<u>Until lesions are crusted or healed, or 48 hours after starting antibiotic treatment.</u>	<u>Antibiotic treatment speeds healing and reduces the infectious period.</u>
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<u>Measles</u>	<u>4 days from onset of rash and well enough.</u>	<u>Preventable by vaccination with 2 doses of MMR.</u>
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Promote MMR for all individuals, including staff. Pregnant staff contacts should seek prompt advice from their GP or midwife.

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Meningococcal meningitis\* or septicaemia\*

Until recovered

Meningitis ACWY and B are preventable by vaccination.

[Your local HPT](#) will advise on any action needed.

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Meningitis\* due to other bacteria

Until recovered

Hib and pneumococcal meningitis are preventable by vaccination. Your [UKHSA\\_HPT](#) will advise on any action needed.

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Meningitis viral

None

Milder illness than bacterial meningitis. Siblings and other close contacts of a case need not be excluded.

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MRSA

None

Good hygiene, in particular handwashing and environmental cleaning, are important to minimise spread.

Contact your [UKHSA\\_HPT](#) for more information.

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<u>Mumps*</u>	<u>5 days after onset of swelling</u>	<u>Preventable by vaccination with 2 doses of MMR. Promote MMR for all individuals, including staff.</u>
<u>Ringworm</u>	<u>Not usually required</u>	<u>Treatment is needed.</u>
<u>Rubella* (German measles)</u>	<u>5 days from onset of rash</u>	<u>Preventable by vaccination with 2 doses of MMR.</u>  <u>Promote MMR for all individuals, including staff. Pregnant staff contacts should seek prompt advice from their GP or midwife.</u>
<u>Scabies</u>	<u>Can return after first treatment.</u>	<u>Household and close contacts require treatment at the same time.</u>
<u>Scarlet fever*</u>	<u>Exclude until 24 hours after starting antibiotic treatment.</u>	<u>Individuals who decline treatment with antibiotics should be excluded until resolution of symptoms. In the event of 2 or more suspected cases, please <a href="#">contact your UKHSA HPT</a>.</u>

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Slapped cheek/Fifth disease/Parvovirus B19

None (once rash has developed)

Pregnant contacts of case should consult with their GP or midwife.

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Threadworms

None

Treatment recommended for child and household.

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Tonsillitis

None

There are many causes, but most cases are due to viruses and do not need or respond to an antibiotic treatment.

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Tuberculosis\* (TB)

Until at least 2 weeks after the start of effective antibiotic treatment (if pulmonary TB.

Only pulmonary (lung) TB is infectious to others, needs close, prolonged contact to spread.

Exclusion not required for non-pulmonary or latent TB infection.

[Your local HPT](#) will organise any contact tracing.

Always consult [your local HPT](#) before disseminating

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information to staff, parents  
and carers, and students.

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Warts and verrucae

None

Verrucae should be covered in  
swimming pools, gyms and  
changing rooms.

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Whooping cough  
(pertussis)\*

2 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.

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\*denotes a notifiable disease. Registered medical practitioners in England and Wales have a statutory duty to notify their local authority or UK Health Security Agency (UKHSA) HPT of suspected cases of certain infectious diseases.

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**Review of policy dates:**

<b>Date of review</b>	<b>Reviewed by</b>	<b>Notes</b>
09/2017	Esma Izzidien	
09/2018	Esma Izzidien	
09/2020	Esma Izzidien	
09/2021	Esma Izzidien	
01/2022	Esma Izzidien	
January 2023	Abigail Eynon	
September 2023	<a href="#">Abigail Eynon</a>	Amended up to date Covid-19/URI guidance and Exclusion table added
November 2023	<a href="#">Abigail Eynon</a>	Amended up to date Covid-19 guidance in line with <a href="#">Government recommendations</a>
September 2024	<a href="#">Abigail Eynon</a>	
September 2025	<a href="#">Anthony Thomas</a>	