



| | | | |
|-----------------------|-----------------------------|---|---------------|
| Policy Area: | Sickness and Illness Policy | | |
| Date: | September 2016 | Policy code: | S1 |
| Last reviewed: | January 2022 | Reviewed by: | Esma Izzidien |
| Next review: | January 2023 | <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 also see details in our C4 Coronavirus policy.

Please refer to the tables at that follow (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 Direct Wales 08454647, 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. Likewise a 48 hour exclusion applies to a child with a fever.

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.

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: Health Protection for schools, nurseries and other childcare facilities

Exclusion table

| Infection | Exclusion period | Comments |
|---|---|--|
| Athlete's foot | None | Athlete's foot is not a serious condition. Treatment is recommended. |
| Chicken pox | Five days from onset of rash and all the lesions have crusted over | |
| Cold sores (herpes simplex) | None | Avoid kissing and contact with the sores. Cold sores are generally mild and heal without treatment |
| Conjunctivitis | None | If an outbreak/cluster occurs, consult your local HPT |
| Diarrhoea and vomiting | Whilst symptomatic and 48 hours after the last symptoms. | See section in chapter 9 |
| Diphtheria * | Exclusion is essential. Always consult with your local 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. |
| Glandular fever | None | |
| Hand foot and mouth | None | Contact your local HPT if a large numbers of children are affected. Exclusion may be considered in some circumstances |
| Head lice | None | Treatment recommended only when live lice seen |
| 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 local HPT for more advice |
| Impetigo | Until lesions are crusted /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 recovered | 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 |
| Meningococcal meningitis*/ septicaemia* | Until recovered | Meningitis ACWY and B are preventable by vaccination (see national schedule @ www.nhs.uk). Your local HPT will advise on any action needed |
| Meningitis* due to other bacteria | Until recovered | Hib and pneumococcal meningitis are preventable by vaccination (see national schedule @ www.nhs.uk) Your local 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 local HPT for more information |
| Mumps* | Five days after onset of swelling | Preventable by vaccination with 2 doses of MMR (see national schedule @ www.nhs.uk). Promote MMR for all pupils and staff. |

| Infection | Exclusion period | Comments |
|--|--|--|
| Ringworm | Not usually required. | Treatment is needed. |
| Rubella (German measles) | Five days from onset of rash | Preventable by vaccination with 2 doses of MMR (see national schedule @ www.nhs.uk). Promote MMR for all pupils and staff. Pregnant staff contacts should seek prompt advice from their GP or midwife |
| Scarlet fever | Exclude until 24hrs of appropriate antibiotic treatment completed | A person is infectious for 2-3 weeks if antibiotics are not administered. In the event of two or more suspected cases, please contact local health |
| 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 & household |
| Tonsillitis | None | There are many causes, but most cases are due to viruses and do not need an antibiotic treatment |
| Tuberculosis (TB) | Always consult your local HPT BEFORE disseminating information to staff/parents/carers | Only pulmonary (lung) TB is infectious to others. Needs close, prolonged contact to spread |
| Warts and verrucae | None | Verrucae should be covered in swimming pools, gyms and changing rooms |
| Whooping cough (pertussis)* | Two 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 |

***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).**

Health Protection Agency (2010) Guidance on Infection Control in Schools and other Child Care Settings. HPA: London.

Review of policy dates:

| Date of review | Reviewed by | Notes |
|-----------------------|--------------------|--------------|
| 09/2017 | Esma Izzidien | |
| 09/2018 | Esma Izzidien | |
| 09/2020 | Esma Izzidien | |
| 09/2021 | Esma Izzidien | |
| 01/2022 | Esma Izzidien | |