**Bryony School**



**Sickness Exclusion Policy**

Bryony School aims to promote a healthy environment for the children in our care and we need the co-operation of all parents, carers, staff, volunteers and visitors to support this.

* If parents/carers notice their child becoming ill or infectious they must inform the setting and they must have regard to the exclusion list below.
* If a child becomes ill or infectious at Bryony School, every effort will be made to contact the parents/carers. It is essential therefore that the school has up to date information in order to be able to contact the parents/carer. This is the responsibility of the parent/carer. If the parent/carer cannot be contacted, staff will endeavor to contact the other named contacts on the child’s record
* If Bryony School is unable to contact a parent/carer or other named contact, the school reserves the right to take the child to a general practitioner or hospital in an emergency. Parents/carers will be required to give signed consent for this procedure on registering their child at Bryony School.

# Notification of exposure to infectious diseases

If a child contracts any infectious childhood diseases below, other parents and staff will be informed by information on ParentMail (or an alternative agreed means of parental communication).

# Illness/Infectious Diseases and their Period of Exclusion

Children suffering from recognised childhood diseases should not return to school or nursery before the recommended isolation period from Public Health England has been observed as set out below.

|  |  |
| --- | --- |
| **Condition** | **Recommended period of exclusion from school/nursery** |
| Athletes foot | None.  |
| Chicken pox/shingles | Until all vesicles have crusted over |
| Conjunctivitis | None. |
| Cold sores | None |
| Diarrhoea and/or vomiting | Children and staff should be excluded from the setting until their symptoms have settled and until **48 hours** after the last episode of diarrhoea or vomiting. |
| **Condition** | **Recommended period of exclusion from school/nursery** |
| Diptheria \* | Exclusion is essential. Consult local Health Care Centre for advice.  |
| E Coli | Children and staff should be excluded until their symptoms have settled and until 48 hours after the last episode of diarrhoea or vomiting. Further exclusion is required for children under 5 who have difficulty adhering to hygiene practices. In these cases, exclusion applies until there is evidence of microbiological clearance.  |
| Glandular fever | None |
| Hand, foot and mouth | None, however, whilst the child is unwell he/she should be kept away from the setting. |
| Head lice | None. Treatment is only required if live lice are seen in the hair (not eggs) |
| Hepatitis A \*  | until 7 days after the onset of jaundice or if no jaundice from the date of the symptom onset, whichever is the later |
| Hepatitis B \*, C\* HIV/AIDS  | None. Care must be taken with bodily fluids  |
| Impetigo | until lesions are crusted and healed or 48 hours after starting antibiotic treatment,  |
| Measles | until 4 days after the onset of the rash |
| Meningococcal meningitis /septicaemia\* | Until recovered |
| Meningitis \* due to bacteria  | Until recovered |
| Meningitis viral\* | None  |
| MRSA | None |
| Mumps\* | The child should be excluded for 5 days after the onset of swelling. |
| Rubella | For 4 days after onset of the rash, and whilst unwell |
| Meningitis | Children will be too ill to attend and there is no need to exclude siblings or other close contacts. |
| Molluscum contagiosum | None. |
| **Condition** | **Recommended period of exclusion from school/nursery** |
| Pharyngitis/tonsillitis | If the disease is known to be caused by streptococcal (bacterial) infection the child or member of staff should be kept away from the setting until 24 hours after the start of treatment. Otherwise they should stay at home while they feel unwell. |
| Rashes | A child who is unwell and has a rash should visit their GP to establish the reason for it. |
| Ringworm (Tinea) | None |
| Scabies | Child can return after their first treatment |
| Scarlet fever / Scarletina | once a patient has been on antibiotic treatment for 24 hours they can return, provided they feel well enough |
| Slapped cheek syndrome (Erythema Infectiosum/fifth disease) | None. An affected child need not be excluded because they are no longer infectious by the time the rash occurs. |
| Scabies  | not necessary, but treatment should be commenced |
| Shingles | Exclude only if the rash is weeping and cannot be covered |
| Typhoid, paratyphoid (enteric fever) | An infected child is likely to be very ill and whilst infectious unable to attend the setting. |
| Tuberculosis (TB) \* | Until 2 weeks after treatment started. “Open” cases of drug resistant TB when the hospital physician advises. (“open” is determined by sputum samples) |
| Verrucae | None. Verrucae should be covered in swimming pools and during P.E. |
| Whooping cough (Pertussis)\* | an affected child and unvaccinated contacts under 7 years should be excluded until they have had 5 days of antibiotics |
| Worms | None |

\* If we have reason to believe that any child is suffering from a notifiable disease identified as such in the Public Health (Infection Diseases) Regulations 1988, we will inform the Health Protection Agency and Ofsted. The Health Protection Agency’s list of notifiable diseases is at Annex A and can be found at [www.hpa.org.uk](http://www.hpa.org.uk).

We will act on any advice given by the Health Protection Agency and inform Ofsted of any action taken.

We will notify Ofsted if food poisoning affects two or more children.

**Useful Contact details:**

**Kent Health Protection Unit** (covers Medway and Kent)

Level Two, Civic Centre, Tannery Lane, Ashford, TN23 1PL

Email: HPU-Kent@hpa.org.uk Tel: 0844 2253861

**Ofsted** Tel: 0300 123 3155

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| --- | --- |
| **Policy adopted by School Principals***(revised in line with PHE guidance on infection control, May 2016)* | **July 2016** |
| **Reviewed (no change)** | **July 2017** |
| **Date of Next Review**  | **July 2019** |

Annex A - Notifiable Diseases[[1]](#endnote-2)

Diseases notifiable (to Local Authority Proper Officers) under the Health Protection (Notification) Regulations 2010:

* Acute encephalitis
* Acute infectious hepatitis
* Acute meningitis
* Acute poliomyelitis
* Anthrax
* Botulism
* Brucellosis
* Cholera
* Diphtheria
* Enteric fever (typhoid or paratyphoid fever)
* Food poisoning
* Haemolytic uraemic syndrome (HUS)
* Infectious bloody diarrhoea
* Invasive group A streptococcal disease
* Legionnaires’ Disease
* Leprosy
* Malaria
* Measles
* Meningococcal septicaemia
* Mumps
* Plague
* Rabies
* Rubella
* SARS
* Scarlet fever
* Smallpox
* Tetanus
* Tuberculosis
* Typhus
* Viral haemorrhagic fever (VHF)
* Whooping cough
* Yellow fever
1. <http://www.hpa.org.uk/Topics/InfectiousDiseases/InfectionsAZ/NotificationsOfInfectiousDiseases/ListOfNotifiableDiseases/> [↑](#endnote-ref-2)