



Special Partnership Trust



MEDICAL AND SICKNESS POLICY

Date Last Reviewed: July 2020

Review Date: July 2022



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Medical and Sickness Policy

This policy needs to read in conjunction with the following SPT policies: Supporting pupils with medical conditions, Administration of medication, Asthma, pupil Attendance/ exclusion, staff attendance & the Safeguarding/ whistleblowing policy

Rationale:

This policy has been designed to ensure there is clear guidance on common sickness & infectious illness for parents, staff & children. This policy works on the principle that children & staff attending school are fit & well in order that they are able to engage in learning & activities. It is recognised that a number of pupils in our schools, however, are especially vulnerable & susceptible to infection. It is essential therefore, that pupils should not be exposed unnecessarily to infectious illness & cross infection risks are kept to a minimum. This policy provides general guidance for all school staff & others with children in their care on the prevention & control of infectious diseases.

This policy makes reference to two documents which outline the proactive/ preventative approaches expected to be implemented in schools/ nurseries which relate to infectious illness/ cross infection. The SPT will also respond to any additional advice & guidance relating to any infectious outbreak/ pandemic using such advice & guidance published (central/ local); the SPT will include all advice & guidance in their essential risk assessments/ additional control measures to ensure a safe & fully informed working practice is implemented across all schools. The SPT in such circumstances, will continue to liaise with parents/ carers/ staff cascading essential information on a regular basis to ensure the health, safety & well-being within our schools remains paramount.

- Health protection for schools, nurseries & other childcare facilities/ exclusion table (Page 4)
- The Spotty Book NHS England 2019
- Public Health England www.gov.uk

Parents & staff will be made aware of this policy & any updates to it which outlines the importance of complying with it through the publication on each school's web site; if parents staff/ require any additional information, they are advised to contact the Head Teacher of the school. If the Head Teacher of the school requires any further advice & guidance, they will seek this from the Executive Director of the SPT.

Health protection for schools, nurseries & other childcare facilities/ exclusion table

<https://www.gov.uk/government/publications/health-protection-in-schools-and-other-childcare-facilities>

- Chapters 1 & 2: introduction & infections in child care settings
- Chapter 3: prevention & control
- Chapter 4: what to do if you suspect an outbreak of infection
- Chapter 5: immunisation
- Chapter 6: cleaning the environment
- Chapter 7: staff health
- Chapter 8: pets & animal contact
- Chapter 9: managing specific infectious diseases

Spotty Book NHS England 2019

<https://www.england.nhs.uk/south/wp-content/uploads/sites/6/2019/09/spotty-book-2019-.pdf>

The SPT works upon the following principles:

- In general, individuals who are known to be unwell with infectious diseases must not attend school, although mild snuffles & colds need not necessarily prevent an individual attending
- Staff members will seek advice & guidance from the school/ their GP if they are uncertain of their attendance at work due to illness adhering to the staff attendance policy in reporting any absenteeism

Parents/ pupils:

- As a parent/ carer if you are unsure whether or not a child should be in school, please consult your GP; please inform the school regarding outcomes in accordance to the SPT pupil attendance policy process
- Parents & carers are asked to telephone the school & advise if their child is unwell & the circumstances relating to the illness, including the predicted timeframe of absence from school; the school has an answer machine message if the school office is unoccupied, the school will contact parents in relation to any message left to ensure information obtained is understood/ recorded appropriately in the school register
- Parents are requested to notify the school if their child has an infectious disease outlining the advice/ guidance received from their GP (this may mean keeping the child at home); this information will help the school act in an informed way (e.g. – contacting the parents of pupils in the same class – the school will not relay any pupil name/ personal information)
- Parents are requested to telephone the school as early as possible & not to pass any messages relating to pupil absenteeism via the passenger assistant
- If a child becomes ill during the school day, the school will contact you
- Parents will be expected to collect their child from the school if necessary. If this is not feasible, the school will look towards transporting the child home if suitable transport/ staff are available



- If the child cannot be collected or is awaiting collection, they will be made comfortable & cared for in a quiet & safe environment by the school nurse/ first aider. If school nurse is unavailable or the child is on a school trip, education staff will take over this responsibility
- It will be the parents responsibility to contact the transport department when their child is sent home during the school day informing them that their child will not need school transport at the end of the school day/ following day (if/ as appropriate to the illness)
- If the sick child is due to attend short breaks that evening, the child's parents will be informed by the school & advised that parents need to contact Short breaks & inform them if the child will not be attending; it will not be the responsibility of the school to undertake this action
- Each school will hold a record of each child's GP & alternative phone numbers if parents/ carers cannot be contacted; it will be the responsibility of the parents to ensure the school has up to date information regarding contact names/ telephone numbers to enable the school to easily contact parents/ carers
- The school will notify parents of an infectious illness if there is a significant risk to other children, ensuring that information to be circulated to parents is accurate & appropriate & works in accordance to GDPR requirements; individual children will not be named in any correspondence to parents only the medical circumstance
- The length of time an individual should be excluded from attending school depends on the type in infection they have had; if parents/ staff are less sure of this information, they are asked to seek clarification from their GP, passing this information onto the school
- If the school is less sure of the time frame pupils are to remain off school it will seek advice/ guidance from Public Health, passing such information onto parents/ staff members concerned, again without breaching any confidentiality

Staff members/ volunteers:

- As a member of staff/ volunteer, if you are unsure whether or not you should be in school, please consult the school
- If a member of staff/ volunteer becomes ill during the school day, they must seek advice & guidance from the HT/ SLT as this will inform any continuation of working practice
- Members of staff are expected to inform the school of their next of kin to ensure all confidential information is up to date
- Staff members/ volunteers also have a duty to ensure the school is aware if they are unwell or have been diagnosed with an infectious disease; if this is before the start of the school day, staff are reminded of the agreed protocols outlined within the SPT staff attendance policy
- The school will notify staff/ volunteers if a significant risk to them/ others exists regarding infectious illnesses, ensuring that information to be circulated to the staff team is accurate & appropriate & works in accordance to GDPR requirements; individual children/ staff members will not be named in any staff communication only the medical circumstance
- The length of time an individual should be expected to remain at home / away from school depends on the type in infection they have/ had; if staff are less sure of this



information, they are asked to seek clarification from their GP, passing this information onto the school

- If the school is less sure of the time frame staff are to remain off school it will seek advice/ guidance from Public Health, passing such information onto staff members concerned

Pupil Illness:

If a child becomes ill during the school day, they will be assessed by the school nurse (registered first aider in the absence of a school nurse) as to whether they can be treated at school or if they need to be sent home; if the school nurse has decided the child needs to go home they will inform the Head Teacher/ SLT. In the absence of a school nurse the Head teacher or SLT will take over this responsibility based upon the information obtained from the first aider. The school nurse/ Head Teacher/ SLT will contact the parents; this will not be the responsibility of the first aider. In all instances the school will use the information relayed by the school nurse or refer to the following information as a guide. Any telephone discussion will be kept in detailed notes & held by the Head Teacher:

Infectious Illness:

- Any suspected illness should be reported to the class teacher & school nurse immediately; the Head Teacher will also be informed
- Each child will be assessed individually by the school nurse/ first aider & will if confirmed or strongly suspected to be infectious, parent/ carers will be contacted & advised to collect their child
- In cases where the infectious child is at risk of cross infecting other pupils, they will be cared for by the school nurse/ first aider following advice from Public Health, in order to safeguard other pupils/ staff
- The SPT/ school will follow any additional advice/ guidance published by Public Health in relation to any infectious illnesses/ pandemic which will inform the working practice of the school – e.g. – use of PPE, cleaning routine, hygiene routine, isolation routine. The SPT will use such advice to create a robust risk assessment/ additional control measures which will be shared with staff
- Common infectious illness is listed below with a guide to length of absence if/ as required. This list is not exhaustive & further advice can be sought from the relevant health professionals.

Health Protection for schools, nurseries & other childcare facilities – exclusion table:

The SPT notes the information & supporting table published within the Health Protection guidance outlining the infection/ exclusion period (see below); this will be used as a guide on an individual basis. *It needs to be noted that this guidance is not intended to be used as a tool for diagnosing infectious disease but to help & direct staff about where & when to seek further advice. Parents/ staff must at all times, seek their medical own advice in relation to their child or to their personal health.*

Common Infectious Illness:

Illness/Infection	Recommended time to be kept from school	Comments/ Exclusion table
Athlete's foot	None	Athlete's foot is not a serious condition. Treatment is recommended
Chickenpox	Five days from the onset of rash	<i>SEE: Vulnerable Children & Female Staff</i>
Cold sores, (Herpes simplex)	None	Avoid kissing & contact with the sores. Cold sores are generally mild & self-limiting
German measles (rubella)*	Six days from onset of rash	Preventable by immunisation (MMR x 2 doses). <i>SEE: Female Staff – Pregnancy</i>
Hand, foot & mouth	None	Contact your local HPU if a large number of children are affected. Exclusion may be considered in some circumstances
Impetigo	Until lesions are crusted & healed, or 48 hours after commencing antibiotic treatment	Antibiotic treatment speeds healing & reduces the infectious period
Measles*	Four days from onset of rash	Preventable by vaccination (MMR x 2). <i>SEE: Vulnerable Children & Female Staff – Pregnancy</i>
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 & close contacts require treatment
Scarlet fever*	Child can return 24 hours after commencing appropriate antibiotic	Antibiotic treatment recommended for the affected child
Slapped cheek/fifth disease. Parvovirus B19	None	<i>SEE: Vulnerable Children & Female Staff- Pregnancy</i>
Shingles	Shingles Exclude only if rash is weeping & 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 & touch. If further information is required, contact your local HPU. <i>SEE: Vulnerable Children & Female Staff – Pregnancy</i>
Warts & verrucae	None	Verrucae should be covered in swimming pools, gymnasiums & changing rooms
Diarrhoea & vomiting illness	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 may be required for young children under five & those who



Typhoid* [& paratyphoid*] (enteric fever)	Further exclusion may be required for some children until they are no longer excreting	have difficulty in adhering to hygiene practices This guidance may also apply to some contacts who may require microbiological clearance
Shigella (dysentery)		Please consult your local HPU 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
Respiratory infections		
'Flu (influenza)	Until recovered	<i>SEE: Vulnerable Children</i>
Tuberculosis*	Always consult your local HPU	Requires prolonged close contact for spread
Whooping cough* (pertussis)	Five days 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. Your local HPU will organise any contact tracing necessary
Other infections		
Conjunctivitis	None	If an outbreak/cluster occurs, consult your local HPU
Diphtheria *	Exclusion is essential. Always consult with your local HPU	Family contacts must be excluded until cleared to return by your local HPU. Preventable by vaccination. Your local HPU will organise any contact tracing necessary
Glandular fever	None	
Head lice	None	Treatment is recommended only in cases where live lice have been seen. School will inform parents if suspected or apparent
Hepatitis A*	Exclude until seven days after onset of jaundice (or seven days after symptom onset if no jaundice)	In an outbreak of hepatitis, A, your local HPU will advise on control measures.
Hepatitis B*, C*, HIV/AIDS	None	Hepatitis B & C & HIV are blood borne viruses that are not infectious through casual contact. For cleaning of body fluid spills. <i>SEE: Good Hygiene Practice</i>
Meningococcal meningitis*/	Until recovered	Meningitis C is preventable by vaccination. There



septicaemia*		is no reason to exclude siblings or other close contacts of a case. Your local HPU will advise on any action needed
Meningitis* due to other bacteria	Until recovered	Hib & pneumococcal meningitis are preventable by vaccination. There is no reason to exclude siblings or other close contacts of a case. Your local HPU will give advice on any action needed
Meningitis viral*	None	Milder illness. There is no reason to exclude siblings & other close contacts of a case. Contact tracing is not required
MRSA	None	Good hygiene, in particular hygiene/ washing & environmental cleaning, are important to minimise any danger of spread. If further information is required, contact your local HPU
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 & household contacts
Tonsillitis	None	There are many causes, but most cases are due to viruses & do not need an antibiotic
<ul style="list-style-type: none"> • The SPT/ school will follow any additional advice/ guidance published by Public Health in relation to any infectious illnesses/ pandemic which will inform the working practice of the school – e.g. – use of PPE, cleaning routine, hygiene routine, isolation routine using such advice to create a robust risk assessment/ additional control measures which will be shared with staff • The SPT/ school will share information received relating to any pandemic with parents/ carers publishing relevant information on each school's web site 		

* **HPU** – Is the local Health Protection Unit

* **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). In addition, organisations may be required via locally agreed arrangements to inform their local HPU.

Regulating bodies (for example, Office for Standards in Education (OFSTED)/Commission for Social Care Inspection (CSCI)) may wish to be informed – please refer to local policy.

Outbreaks: if a school, nursery or childminder suspects an outbreak of infectious disease, they should immediately inform their local HPU.

South West HPT:

This team covers:

- Devon
- Cornwall
- Somerset
- Dorset

Contact:

This team operates from 2 offices:

PHE South West Centre HPT (Devon)
Public Health England
Follaton House
Plymouth Road

Totnes
Devon
TQ9 5NE

Telephone: 0300 303 8162 (option 1, then option 1)

Out of hours advice: 0300 303 8162 (option 1)

Vulnerable children:

Some medical conditions make children vulnerable to infections that would rarely be serious in most children; these include those being treated for leukaemia or other cancers, on high doses of steroids & with conditions that seriously reduce immunity. Schools & nurseries & childminders will normally have been made aware of such children. These children are particularly vulnerable to chickenpox or measles &, if exposed to either of these, the parent/carer should be informed promptly requesting they obtain further medical advice from their GP. It may be advisable for these children to have additional immunisations, for example pneumococcal & influenza.

Female staff – pregnancy:

If a pregnant woman develops a rash or is in direct contact with someone with a potentially infectious rash, this should be investigated by a doctor. The greatest risk to pregnant women from such infections comes from their own child/ children, rather than the workplace.

Chickenpox: can affect the pregnancy if a woman has not already had the infection. *N.B: Report exposure to midwife & GP at any stage of exposure.* The GP & antenatal carer will arrange a blood test to check for immunity. Shingles is caused by the same virus as chickenpox, so anyone who has not had chickenpox is potentially vulnerable to the infection if they have close contact with a case of shingles.

German Measles (rubella): If a pregnant woman comes into contact with German measles, she should inform her GP & antenatal carer immediately to ensure investigation. The



infection may affect the developing baby if the woman is not immune & is exposed in early pregnancy.

Slapped cheek disease (parvovirus B19): can occasionally affect an unborn child. If exposed early in pregnancy (before 20 weeks), inform whoever is giving antenatal care as this must be investigated promptly.

Measles: during pregnancy can result in early delivery or even loss of the baby. If a pregnant woman is exposed, she should immediately inform whoever is giving antenatal care to ensure investigation

*Referenced- Guidance on infection control in schools & other childcare settings - April 2010
Health Protection Agency*

Short term antibiotics:

It is anticipated that in general the school nurse or nominated & trained competent staff (identified by the school nurse as competent & compliant), will be responsible for the administration of antibiotics as prescribed. If the child is on an educational visit out of school then trained education staff will have the responsibility, following the guidance in the SPT supporting pupils with medical conditions policy ratified by the Trustees.

In the case of some infections requiring antibiotics the illness may require an initial period of absence from school; this will be assessed on an individual basis by the school nurse &/or following advice from GP.

Antibiotics must **always** be clearly labelled with a pharmacy label & in the original dispensed packaging with the information leaflet contained. All labels must have a date of issue & identify the child's name; without all such information the antibiotics will not be administered & the child's parents contacted.

Hay fever:

Children suffering from hay fever or allergies will have prescribed medication administered by the school nurse or trained education staff.

Only prescribed medication with signed parental consent may be administered & include the pharmacy label, date of issue & child's name. No over counter medication can be given unless correctly dispensed by a pharmacist & written consent obtained.

Asthma: (please refer to the SPT asthma policy)

Any child requiring regular or when required inhalers must be sent into school by parents; inhalers must be clearly labelled with a child's name, ideally in the original pharmacy dispensed box. Written consent must be given at the beginning of each school year to enable the school nurse or trained education staff to administer inhalers as required. It is the parents responsibility to inform the school of any updated guidance on the use of inhalers particularly if the prescription has changed. In the event of a severe asthma attack parent/ carers will be contacted & medical assistance given by the school nurse/ school first aider; timely & appropriate management will be provided. Asthma protocols will be designed for each pupil; information will be cascaded to the relevant staff in the school to guide safe working practice.

Individual Care Plans:

All children within our schools will have an individual, comprehensive care plan written by the school nurse detailing any medical/ nursing care that need to be given during the school day or medical conditions which may impact on the child at school as required; the care plans will be agreed by parents & consent obtained for the sharing of pertinent information between appropriate professions which includes school staff. The school nurse will hold responsibility for summarising these care plans to inform a pupil's EHCP. The care plans will be reviewed as required by the school nurse & if nursing needs change; any changes will be disseminated to staff.

Emergencies:

In the unlikely event of an emergency the school nurse/ first aider if not already present he/ she will be contacted immediately & medical & nursing intervention carried out as appropriate. The following protocols will be followed at all times:

- No child will be left alone during an emergency & their safety will be maintained at all times
- Emergency services will be contacted if appropriate
- Parents/ carers will be informed as soon as possible in the case of any emergency
- The child will be accompanied to the hospital by appropriate personnel (school nurse or trained education staff) if the parent is not present
- The school will follow the protocols surrounding their Individual Safety Plan/ Emergency rescue plan & any additional control measures guidance provided

This policy will be ratified by the Trustees every two years with the valued input of the Nurse Consultant for Children's Services / NMP lead (Cornwall Partnership NHS Foundation Trust).