

Date Valley School

Company number: 06845508 Registered Charity number: 1136298
Mitcham Court, Cricket Green, Mitcham, Surrey, CR4 4LB
Telephone: 0208 648 4647 · Tel: 07980299717 Email: managingdirector@dvst.org.uk



SICK CHILDREN POLICY

The school recognises its responsibility to promote a culture where health issues are discussed in an open and positive way to achieve high standards. The health and well-being of children is of paramount importance. In order to maintain a clean and healthy environment for all our children we ask that parents refrain from bringing children to school if they are sick and displaying signs of illness.

Aims:

- To ensure sick children are identified
- To ensure sick children are cared for appropriately
- To protect children and adults from preventable infection
- To enable staff and parents to be clear about the requirements and procedures when children are unwell
- To deal efficiently and effectively with emergencies that may arise while children are in our care

Exclusion for Illness:

- Coughs and colds do not normally require the child to be excluded but this depends on the severity and how the child is able to cope with school routine. If a child appears unwell we may ask that the child is taken home
- A child who has sickness or diarrhoea whilst at school is to be collected immediately and kept away for 48 hours following the last bout of sickness or diarrhoea
- Date Valley does not aim to exclude children from school unnecessarily
- The decision of the Senior Management Team is final when requesting the exclusion of a child for illness or infection. Decision making will take into account the needs of the child and those of the class
- Children with infectious / contagious illnesses will be excluded for certain periods
- If staff suspect that a child has an infectious / contagious illnesses, they will request that parents consult their GP before returning the child to school. (Please refer to Appendix 1 and the school list of infectious or contagious illnesses and exclusion times)
- If the school has reason to believe that any child is suffering from a notifiable disease identified as such in the Public Health Infection Diseases) Regulations 1988, Ofsted should be informed
- The school should act on any advice given by the Health Protection Agency

If a child becomes unwell during the school day, staff will:-

- Ascertain how the child is feeling and what illness is being presented
- Take the child's temperature, if required
- Determine a course of action, eg resting for a period before reassessing the child
- Contact the parent for either clarification of how the child has been at home, and / or to inform the parent of their child's condition
- Supervision of the child is to continue until the child is collected by the parent
- Staff to decide if the child's condition allows the child to wait for collection in the classroom. If the condition requires the child to lie down or rest, the child should remain supervised in the sick bay
- The sick bay will be situated near the school office and toilets. The sick bay will contain a wash basin with hot and cold running water, drinking water, disposable cups, disinfecting hand sanitizer, surface wipes, first aid cabinet, a bin suitable for the safe disposal of clinical waste, an examination couch with waterproof protection, wipe clean pillows, blanket, a chair, a telephone and an accident book
- In the case of infestations such as head lice, staff will inform parents of the problem and advise them how to proceed. Children must receive treatment before returning to school
- Staff will report any worries about a child's health to the Senior Management Team, who will inform the parent as required
- Parents are responsible for informing the school about their child's health / ill health

IN AN EMERGENCY:

- Dial 999 and inform the operator you need an ambulance. The School address is Mitcham Court, Cricket Green, Mitcham, Surrey, CR4 4LB
- One member of staff (a First Aider) to remain with the child
- Other staff to keep children away from the sick or injured child
- A member of the Senior Management Team or school office to contact parents, calmly explaining the situation, requesting their attendance at school
- If the child needs to go to hospital, a copy of the child's registration form to be sent with the staff member accompanying the child (in absence of the parent). The form includes parental consent for emergency medical treatment
- Ask the ambulance crew which hospital the child will be taken to, and in the event of non-contact with parents, the school will continue in their attempts to contact parents to inform them of the situation and let them know where their child has been taken.

This policy has been read and approved for Date Valley School, by the Managing Director and the Date Valley Trust Policy Committee.
Date: September 2017

Appendix 1

Guidance on infection control in schools and other childcare settings



April 2010

Prevent the spread of infections by ensuring: routine immunisation, high standards of personal hygiene and practice, particularly handwashing, and maintaining a clean environment.

Please contact your local health protection unit (HPU) on
or visit www.hpa.org.uk if you would like any further advice or information, including the latest guidance.

Rashes and skin infections	Recommended period to be kept away from school, nursery or childminders	Comments
Athlete's foot	None	Athletes foot is not a serious condition. Treatment is recommended
Chickenpox	Five days from the onset of rash	SEE: <i>Vulnerable Children and Female Staff – Pregnancy</i>
Cold sores (Herpes simplex)	None	Avoid kissing and contact with the sores. Cold sores are generally mild and self-limiting
German measles (rubella)*	Six days from onset of rash	Preventable by immunisation (MMR x 2 doses). SEE: <i>Female Staff – Pregnancy</i>
Hand, foot and 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 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: <i>Vulnerable Children and 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 and close contacts require treatment
Scarlet fever*	Child can return 24 hours after commencing appropriate antibiotic treatment	Antibiotic treatment recommended for the affected child
Stopped chest/illth disease, Parvovirus B19	None	SEE: <i>Vulnerable Children and Female Staff – Pregnancy</i>
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 your local HPU. SEE: <i>Vulnerable Children and Female Staff – Pregnancy</i>
Warts and verrucae	None	Verrucae should be covered in swimming pools, gymnasiums and changing rooms

Diarrhoea and vomiting illness	Recommended period to be kept away from school, nursery or childminders	Comments
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 may be 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	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	Recommended period to be kept away from school, nursery or childminders	Comments
Flu (influenza)	Until recovered	SEE: <i>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	Recommended period to be kept away from school, nursery or childminders	Comments
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
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 and C and HIV are bloodborne viruses that are not infectious through casual contact. For cleaning of body fluid spills. SEE: <i>Good Hygiene Practice</i>
Meningococcal meningitis*/ septicaemia*	Until recovered	Meningitis C is preventable by vaccination. There 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 and 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 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 your local HPU
Mumps*	Exclude child for five days after onset of swelling	Preventable by vaccination (MMR x 2 doses)

GOOD HYGIENE PRACTICE

Handwashing is one of the most important ways of controlling the spread of infections, especially those that cause diarrhoea and vomiting, and respiratory disease. The recommended method is the use of liquid soap, warm water and paper towels. Always wash hands after using the toilet, before eating or handling food, and after handling animals. Cover all cuts and abrasions with waterproof dressings.

Coughing and sneezing easily spread infections. Children and adults should be encouraged to cover their mouth and nose with a tissue. Wash hands after using or disposing of tissues. Spitting should be discouraged.

Personal protective equipment (PPE). Disposable non-powdered vinyl or latex-free CE-marked gloves and disposable plastic aprons must be worn where there is a risk of splashing or contamination with blood/body fluids (for example, nappy or pad changing). Goggles/sho. It also be available for use if there is a risk of splashing to the face. Correct PPE should be used when handling cleaning chemicals.

Cleaning of the environment, including toys and equipment, should be frequent, thorough and follow national guidance. For example, use colour-coded equipment, COSHH and correct decontamination of cleaning equipment. Monitor cleaning contracts and ensure cleaners are appropriately trained with access to PPE.

Cleaning of blood and body fluid spillages: All spillages of blood, faeces, saliva, vomit, nasal and eye discharges should be cleaned up immediately (always wear PPE). When spillages occur, clean using a product that combines both a detergent and a disinfectant. Use as per manufacturer's instructions and ensure it is effective against bacteria and viruses and suitable for use on the affected surface. Never use mops for cleaning up blood and body fluid spillages – use disposable paper towels and discard clinical waste as described below. A spillage kit should be available for blood spills.

Laundry should be dealt with in a separate dedicated facility. Soiled linen should be washed separately at the hottest wash the fabric will tolerate. Wear PPE when handling soiled linen. Children's soiled clothing should be bagged to go home, never rinsed by hand.

Clinical waste. Always segregate domestic and clinical waste, in accordance with local policy. Used nappies/pads, gloves, aprons and soiled dressings should be stored in correct clinical waste bags in foot-operated bins. All clinical waste must be removed by a registered waste contractor. All clinical waste bags should be less than two-thirds full and stored in a dedicated, secure area while awaiting collection.

Sharps should be discarded straight into a sharps bin conforming to BS 7320 and UN 3291 standards. Sharps bins must be kept off the floor (preferably wall-mounted) and out of reach of children.

SHARPS INJURIES AND BITES

If skin is broken, encourage the wound to bleed/wash thoroughly using soap and water. Contact GP or occupational health or go to A&E immediately. Ensure local policy is in place for staff to follow. Contact your local HPU for advice, if unsure.

ANIMALS

Animals may carry infections, so wash hands after handling animals. Health and Safety Executive (HSE) guidelines for protecting the health and safety of children should be followed.

Animals in school (permanent or visiting). Ensure animals' living quarters are kept clean and away from food areas. Waste should be disposed of regularly, and litter boxes not accessible to children. Children should not play with animals unsupervised. Veterinary advice should be sought on animal welfare and animal health issues and the suitability of the animal as a pet. Reptiles are not suitable as pets in schools and nurseries, as all species carry salmonella.

Visits to farms. Please contact your local environmental health department who will provide you with help and advice when you are planning a visit to a farm or similar establishment. For more information see www.hse.gov.uk/pubns/ais23.pdf

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 and with conditions that seriously reduce immunity. Schools and nurseries and childminders will normally have been made aware of such children. These children are particularly vulnerable to chickenpox or measles and, if exposed to either of these, the parent/carer should be informed promptly and further medical advice sought. It may be advisable for these children to have additional immunisations, for example pneumococcal and 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. Report exposure to midwife and GP at any stage of exposure. The GP and 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 and antenatal carer immediately to ensure investigation. The infection may affect the developing baby if the woman is not immune and is exposed in early pregnancy.
- Stopped chest 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.
- All female staff under the age of 25 working with young children should have evidence of two doses of MMR vaccine.

*The above advice also applies to pregnant students.

IMMUNISATIONS

Immunisation status should always be checked at school entry and at the time of any vaccination. Parents should be encouraged to have their child immunised and any immunisation missed or further catch-up doses organised through the child's GP.

For the most up-to-date immunisation advice www.immunisation.nhs.uk, or the school health service can advise on the latest national immunisation schedule.

2 months old	Diphtheria, tetanus, pertussis, polio and Hib (DTaP/IPV/Hib) Pneumococcal (PCV)	One injection One injection
3 months old	Diphtheria, tetanus, pertussis, polio and Hib (DTaP/IPV/Hib) Meningitis C (Men C)	One injection One injection
4 months old	Diphtheria, tetanus, pertussis, polio and Hib (DTaP/IPV/Hib) Pneumococcal (PCV) Meningitis C (Men C)	One injection One injection One injection
Around 12 months	Hib/meningitis C	One injection
Around 13 months	Measles Mumps and Rubella (MMR) Pneumococcal (PCV)	One injection One injection
Three years and four months or soon after	Diphtheria, tetanus, pertussis, polio (DTaP/IPV) or dTaP/IPV Measles Mumps and Rubella (MMR)	One injection One injection
13 to 18 years old	Tetanus, diphtheria, and polio (Td/IPV)	One injection
Girls aged 12 to 13 years	Cervical cancer caused by human papilloma virus types 16 and 18. HPV vaccine	Three doses over six months

This is the UK Universal Immunisation Schedule. Children who present with certain risk factors may require additional immunisations. Some areas have local policies – check with your local HPU.