



Springvale Primary School

Policy Title: Sickness and Absence

Date of Review: Summer 2022

Review by: Summer 2025

Signed by:

Chair of Governors

All policies available at

www.springvaleprimary.org

SPRINGVALE PRIMARY SCHOOL
Sickness and Absence Policy
Summer 2022



Introduction

This policy was created after a period of consultation with relevant stakeholders within school. It has been formally adopted by governors and reflects our approach at Springvale Primary School.

Aims and Principles

The policy is underpinned by the central aims of Springvale Primary and values held by the school community:

Aims of the school

- Springvale is committed to promoting high standards of academic achievement for all learners in all subjects.
- As a school we will continue to develop and instil key life skills and values in our pupils.
- We will encourage positive relationships and communications between home, our community and the wider world.

In particular, Springvale School has an inclusive approach to our provision. Our aim is always to involve all our children and stakeholders in all areas of the curriculum and school life. In accordance with our **Disability Equality Scheme** we recognise that this may mean making special adaptations or arrangements from time to time for children with specific disabilities. We welcome the involvement of disabled adults in all areas of school life.

Background Information

Springvale Primary School is a caring and open school, where parents, children, staff and the wider school community all know that their views and needs will be listened to, in both education and personal areas.

All sickness absences must be reported. Please call the absence line on 01226 760939 as soon as possible.

The following guidance has been taken from Public Health England Guidance on infection control in schools and other settings.

Diarrhoea and vomiting illness

Infection or complaint	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	If a child is sent home before lunch on a school day they must stay away from school for the rest of that day and the day after. If it is after lunchtime they must stay away for the rest of that day and the next two days.
<i>E. coli</i> O157 VTEC Typhoid* [and paratyphoid*] (enteric fever) (dysentery) Shigella	Should be excluded for 48 hours from the last episode of diarrhoea. Further exclusion may be required for some children until they are no longer excreting	Further exclusion is required for children aged five years or younger and those who have difficulty in adhering to hygiene practices. Children in these categories should be excluded until there is evidence of microbiological clearance. This guidance may also apply to some contacts who may also require microbiological clearance. Please consult your local PHE centre 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

Rashes and skin infections

Children with rashes should be considered infectious and assessed by their doctor.

Infection or complaint	Recommended period to be kept away from school, nursery or childminders	Comments
Athlete's foot	None	Athlete's foot is not a serious condition. Treatment is recommended
Chickenpox	Until all vesicles have crusted over	<i>See: 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)	Four days from onset of rash (as per "Green Book")	Preventable by immunisation (MMR x2 doses). <i>See: Female Staff – Pregnancy</i>
Hand, foot and mouth	None	Contact your local HPT 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 starting antibiotic treatment	Antibiotic treatment speeds healing and reduces the infectious period
Measles	Four days from onset of rash	Preventable by vaccination (MMR x2). <i>See: 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 starting appropriate antibiotic treatment	Antibiotic treatment is recommended for the affected child
Slapped cheek/fifth disease. Parvovirus B19	None (once rash has developed)	<i>See: 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, ie have not had chickenpox. It is spread by very close contact and touch. If further information is required, contact your local PHE centre. <i>See: Vulnerable Children and Female Staff – Pregnancy</i>
Warts and verrucae	None	Verrucae should be covered in

		swimming pools, gymnasiums and changing rooms
--	--	---

Respiratory infections

Infection or complaint	Recommended period to be kept away from school, nursery or childminders	Comments
Flu (influenza)	Until recovered	<i>See: Vulnerable Children</i>
Tuberculosis	Always consult your local PHE centre	
Whooping cough (pertussis)	Five days from starting 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 PHE centre will organise any contact tracing necessary

Other infections

Infection or complaint	Recommended period to be kept away from school, nursery or child minders	Comments
Conjunctivitis	None	If an outbreak/cluster occurs, consult your local PHE centre
Diphtheria	Exclusion is essential. Always consult with your local HPT	Family contacts must be excluded until cleared to return by your local PHE centre. Preventable by vaccination. Your local PHE centre 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 PHE centre will advise on control measures
Hepatitis B, C, HIV/AIDS	None	Hepatitis B and C and HIV are blood borne viruses that are not infectious through casual contact. For cleaning of body fluid spills see: Good Hygiene Practice

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. In case of an outbreak, it may be necessary to provide antibiotics with or without meningococcal vaccination to close school contacts. Your local PHE centre will advise on any action is 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 PHE centre 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 PHE centre
Mumps	Exclude child for five days after onset of swelling	Preventable by vaccination (MMR x2 doses)
Threadworms	None	Treatment is recommended for the child and household contacts
Tonsillitis	None	There are many causes, but most cases are due to viruses and do not need an antibiotic

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. This may mean that your child is particularly vulnerable to chickenpox, measles or parvovirus B19.

Please could parents/carers notify the school immediately if these circumstances arise to enable us to implement special procedures to protect your child and others in school. The school will promptly inform parents/carers of exposure to these and advise that further medical advice be sought. It may be advisable for vulnerable children to have additional immunisations, for example pneumococcal and influenza.

Female staff – pregnancy

The following illnesses may present significant risk to pregnant staff and may affect their developing baby:

- chickenpox**
- German measles (rubella).**
- slapped cheek disease (parvovirus B19)**
- measles**
- scarlet fever**

We have taken advice from our local health/school nursing team around the guidance on sickness. Some pupils in school experience sickness from reflux (often linked to food) or anxiety. In these instances, school attendance might be possible sooner than 48 hours after the incident of sickness. Parents and carers should consult with the school before bringing children back to school. If in doubt the school will urge caution and ask the child to stay away from school. The main symptoms to look out for to indicate viral sickness, which can spread quickly in a school setting, are:

- Significant vomiting (frequency and/or amount of physical sick)
- High temperature
- Change in behaviour
- Extreme tiredness
- Stomach pains and cramps

Please inform the school immediately if your child is suffering from any of these illnesses to enable us to protect our staff. Thank you.