

## III Health Procedures

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## **1. Aim**

- 1.1. This procedure applies to all pupils in the Stephen Perse Foundation (the “**School**”) including those in the Early Years and in boarding.
- 1.2. The School aims to encourage and promote a healthy and hygienic environment and to minimise the spread of infection for all the children in our care. The health and wellbeing of the children, team and visitors is of utmost importance.
- 1.3. We follow the guidance given to us by the UK Health Security Agency (UKHSA) (formerly Public Health England (PHE)) in “[Health Protection in education and childcare settings](#)”, (2017, reviewed September 2024) and advice from our local health protection unit on exclusion times for specific illnesses to protect other children in the nursery.

## **2. Illness in School**

If a pupil feels unwell in school, it is the responsibility of the class teacher or a member of staff on duty in the first instance to try to establish the cause. The member of staff or a pupil as deemed appropriate, should escort the pupil to the medical area if it is safe to do so and if necessary, locate the Appointed Person/a first aider. Procedures set out in the School's First Aid Policy will then be followed, as necessary.

## **3. Illness in the nursery**

It is inevitable that occasionally a child may not be well enough to attend nursery or that he/she becomes unwell during the course of the day. Any child who becomes unwell will be monitored carefully and taken to the medical room, as appropriate, and if it is suspected that they may have an infectious disease. Parents will be contacted immediately for a discussion about the best possible course of action for their child.

## **4. Illness in boarding**

- 4.1. If a boarder is unwell in the house they must speak to the member of the boarding staff who is on duty. The member of staff will assess the situation and determine the best course of action in consultation with the matron or the Head of Boarding. All boarding staff are first aid trained.
- 4.2. All boarding students are required to register with the local practice (Woodlands Surgery, Eden House, 48-49 Bateman Street, Cambridge, CB2 1LR Tel 01223 697600) unless their parents are resident in the UK and they prefer their child to remain where they are currently registered. Details of contact numbers for the surgery, NHS Direct (111), dentists, opticians and counselling services are available from the boarding staff.
- 4.3. Boarders can make their own appointment using the contacts that are available, or ask Matron to make an appointment for them. Boarders are encouraged to inform the matron about the appointments and report back to them. Boarders can ask the matron to accompany them to the appointment.
- 4.4. The matron **is** responsible for making both routine and emergency medical appointments for boarders and also for following up with boarding students on their return to the house.
- 4.5. The school actively engages with health agencies (such as CAMHS, sexual health services and those providing support for victims of sexual abuse) and will support boarders in making appointments when needed.

## **5. Illness outside School**

The School aims to ensure we provide a safe and healthy environment for our pupils. For this reason we ask parents to ensure they adhere to the following guidelines to minimise the risk of spread of infection. We ask, with any period of absence, that parents keep us informed about how their child is and whether they have had to seek medical advice outside school.

## 6. Managing specific infectious diseases including diarrhoea and vomiting

- 6.1. We follow Ofsted requirements for registered settings in our management of contagious and notifiable diseases as well as the information in [Chapter 3 : managing specific infectious diseases](#) of the UKHSA guidance "[Health Protection in education and childcare settings](#)", (2017, reviewed September 2024).
- 6.2. If a child has been unwell at home with sickness and/or diarrhoea, they should be kept off school/nursery for 48 hours following the last episode of illness.
- If a child vomits and /or has had diarrhoea at school (liquid or semi-liquid stool 3 or more times in the nursery), the School will contact the parents/carers to collect them as soon as possible. The parents/carers will be required to collect the child and they should then remain off school for a minimum 48 hour period following the last episode of illness.
  - Although the child may feel better before then, this is in the interest of preventing the spread of infection to other children and staff, in accordance with PHE Guidance.
  - When the child returns to school, the School asks that they are well enough to be eating normally and partaking in normal school activities and that their temperature is within normal limits.
  - Children with a temperature should not be sent in.
  - Children should remain at home until they have been 24 hours without a temperature to stop the spread of infection.
  - In the Nurseries, if a child has been prescribed antibiotics for the first time they should remain at home for 24 hours after starting the antibiotics and ensure they do not have any reaction to the medicine before returning to the Nursery
- 6.3. For all other childhood illness and infections, please refer to the [UKHSA guidance on infection control in education and childcare settings](#) and Annex 1 of this policy, which outlines the exclusions.
- 6.4. Boarding staff will follow the above protocol in the boarding house.

## 7. Related policies

First Aid Policy

Medicine Policy

Supporting Pupils with Medical Conditions

### Version Control

Date of adoption of this policy	30 January 2025
Date of last review of this policy	January 2025
Date for next review of this policy	Autumn term 2025
Policy owner	School Nurse
Authorised by	School Health and Safety Committee



**Annex 1: Exclusion table for nurseries and schools ([UKHSA Health protection in in children and young people settings, including education 2017, reviewed February 2023](#))**

<b>Infection</b>	<b>Exclusion period</b>	<b>Comments</b>
Athlete's foot	None	Children should not be barefoot at school (for example in changing areas) and should not share towels, socks or shoes with others.
Chicken pox/Shingles	At least 5 days from onset of rash and until all blisters have crusted over.	Pregnant staff contacts should consult with their GP or midwife
Cold sores (herpes simplex)	None	Avoid kissing and contact with the sores.
Conjunctivitis	None	If an outbreak/cluster occurs, consult your local health protection team (HPT).
Respiratory infections including coronavirus (COVID-19)	Children and young people should not attend if they have a high temperature and are unwell Children and young people who have a positive test result for COVID-19 should not attend the setting for 3 days after the day of the test.	Children with mild symptoms such as runny nose, and headache who are otherwise well can continue to attend school.
Diarrhoea and vomiting	Can return 48 hours after diarrhoea and vomiting have stopped.	If a particular case of the diarrhoea and vomiting is identified, there may be additional exclusion advise for example E. coli STEC and A. For more information, see <a href="#">chapter 3: Public health management of specific infectious diseases</a>
Diphtheria *	Exclusion is essential. Always consult with your UKHSA 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. For more information, see <a href="#">chapter 3: Public health management of specific infectious diseases</a> .
Glandular fever	None	-

Hand foot and mouth	None	Contact your local HPT if a large number of children are affected. Exclusion may be considered in some circumstances.
Head lice	None	-
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 UKHSA HPT for more advice.
Impetigo	Until lesions are crusted or 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 well enough.	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 midwife.
Meningococcal meningitis* or septicaemia*	Until recovered	Meningitis ACWY and B are preventable by vaccination. Your local HPT will advise on any action needed.
Meningitis* due to other bacteria	Until recovered	Hib and pneumococcal meningitis are preventable by vaccination Your UKHSA 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 UKHSA HPT for more information.
Mumps*	Five days after onset of swelling	Preventable by vaccination with 2 doses of MMR. Promote MMR for all pupils and staff.
Ringworm	Not usually required.	Treatment is needed.
Rubella* (German measles)	Five days from onset of rash	Preventable by vaccination with 2 doses of MMR. Promote MMR for all pupils and staff. Pregnant staff contacts should seek prompt advice from their GP or midwife.
Scarlet fever*	Exclude until 24hrs after starting antibiotic treatment.	A person is infectious for 2-3 weeks if antibiotics are not administered. In the event of two or more suspected cases, please contact your UKHSA HPT. .
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 concerned and household.
Tonsillitis	None	There are many causes, but most cases are due to viruses and do not need or respond to an antibiotic treatment.
Tuberculosis* (TB)	Until at least 2 weeks after the start of effective antibiotic treatment (if pulmonary TB Exclusion not required for non-pulmonary or	Only pulmonary (lung) TB is infectious to others, needs close, prolonged contact to spread. The local HPT will organise any contact tracing.

	<p>latent TB infection Always consult your local HPT before disseminating information to staff, parents and carers. The School must always consult the local HPT before disseminating information to staff/parents/carers.</p>	
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, noninfectious 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).**