

Greenwich House Independent School

Illness and Exclusion Policy

Greenwich House Independent School including the Kindergarten and Creche (“Greenwich House”) follows Public Health England’s Health protection in schools and other child-care facilities (September 2018) (“the Guidance”). A copy of this guidance is attached and the internet link for the same is as follows:-

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

Greenwich House aims to promote a healthy environment for the children in our care and we need the parents’ co-operation to support this.

If a child becomes ill at Greenwich House, every effort will be made to contact the parents/carers. It is essential, therefore, that Greenwich House is in possession of up to date information in order to be able to contact parents/carers during normal hours. If the parents/carers cannot be contacted, the staff will endeavour to contact the named contacts on the child’s record.

If Greenwich House Staff are unable to contact a parent/carer or other named contact Greenwich House 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 Greenwich House.

Greenwich House also follows HSE recommended guidelines for infectious disease control and any exclusion periods. It is acknowledged that these apply to staff and visitors as well as pupils. Public Health England’s Exclusion table can be accessed on the link below:-

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/691091/Exclusion_table.pdf

Notification of exposure to infectious diseases.

If a child contracts an infectious disease, other parents will be informed in writing and via the Information Boards located on the premises.

If Greenwich House has reason to believe that any child is suffering from a notifiable disease identified as such in the Public Health (Infectious Diseases) regulations 1988, we will inform the local Public Health England Centre , and, when required, Ofsted. We will act on any advice given by Public Health England and, when required inform Ofsted of any action taken. The Health Protection Agency’s list of notifiable diseases can be found at <https://www.gov.uk/government/organisations/public-health-england> and is displayed on the Information Boards within the setting.

Further guidance can also be found on the Public Health England website.
East Midlands - Tel: 03442254524

Signed on behalf of the setting by;

..... Head Teacher

Date : revised March 2012
reviewed October 2015
reviewed August 2017
reviewed August 2018

Health Protection for schools, nurseries and other childcare facilities

Exclusion table		
Infection	Exclusion period	Comments
Athlete's foot	None	Athlete's foot is not a serious condition. Treatment is recommended.
Chicken pox	Five days from onset of rash and all the lesions have crusted over	
Cold sores (herpes simplex)	None	Avoid kissing and contact with the sores. Cold sores are generally mild and heal without treatment
Conjunctivitis	None	If an outbreak/cluster occurs, consult your local HPT
Diarrhoea and vomiting	Whilst symptomatic and 48 hours after the last symptoms.	See section in chapter 9
Diphtheria *	Exclusion is essential. Always consult with your local 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.
Glandular fever	None	
Hand foot and mouth	None	Contact your local HPT if a large numbers of children are affected. Exclusion may be considered in some circumstances
Head lice	None	Treatment recommended only when live lice seen
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 local HPT for more advice
Impetigo	Until lesions are crusted / 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 recovered	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*/ septicaemia*	Until recovered	Meningitis ACWY and B are preventable by vaccination (see national schedule @ www.nhs.uk). Your local HPT will advise on any action needed
Meningitis* due to other bacteria	Until recovered	Hib and pneumococcal meningitis are preventable by vaccination (see national schedule @ www.nhs.uk) Your local 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 local HPT for more information
Mumps*	Five days after onset of swelling	Preventable by vaccination with 2 doses of MMR (see national schedule @ www.nhs.uk). Promote MMR for all pupils and staff.
Infection	Exclusion period	Comments
Ringworm	Not usually required.	Treatment is needed.
Rubella (German measles)	Four days from onset of rash	Preventable by vaccination with 2 doses of MMR (see national schedule @ www.nhs.uk). Promote MMR for all pupils and staff. Pregnant staff contacts should seek prompt advice from their GP or midwife
Scarlet fever	Exclude until 24hrs of appropriate antibiotic treatment completed	A person is infectious for 2-3 weeks if antibiotics are not administered. In the event of two or more suspected cases, please contact local health protection

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 & household
Tonsillitis	None	contacts There are many causes, but most cases are due to viruses and do not need an antibiotic treatment
Tuberculosis (TB)	Always consult your local HPT BEFORE disseminating information to staff/parents/ carers	Only pulmonary (lung) TB is infectious to others. Needs close, prolonged contact to spread
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, non-infectious coughing may continue for many weeks. Your local HPT will organise any contact tracing
necessary		
*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).		
Health Protection Agency (2010) Guidance on Infection Control in Schools and other Child Care Settings. HPA: London.		

PHE publications gateway
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