

King's Lodge School

ILLNESSES AND ABSENCES GUIDELINES

Children should not attend school if acutely ill. Once they feel better they can usually return to school providing that they pose no serious risk of infection to others. To minimise the risk of transmission of infection to other children and staff, the following guidelines should be applied:

Condition	Exclusion from school / nursery (once the child is well)	Comments
Chickenpox.	Five days from the onset of the rash.	It is not necessary to wait until the spots have healed or crusted. Pregnant women who have not had chickenpox or shingles should inform their GP if they are in contact with a case.
Conjunctivitis	Until symptoms clear and receiving treatment.	Remains infectious whilst eyes are red and discharge continues.
Diarrhoea and / or vomiting with or without a specified diagnosis.	Until symptoms have ceased for 48 hours.	Especially important for children under 5 years, children who cannot manage own hygiene and food handlers.
E.coli O157 and haemolytic uraemic syndrome.	Under 5's excluded until clear.	E.coli O157 is highly infectious and can cause serious illness in young children. Contacts who are young children or food handlers are excluded until they are clear and the household case is symptom-free. Seek advice regarding exclusion of others.
Food poisoning.	Until 48 hours after symptoms cease.	Especially important for young children.
German measles (rubella).	Five days from the onset of the rash.	The child is most contagious before the rash appears. Most are immune due to immunisation. Pregnant women who are not immune to rubella should inform their GP if they are in contact with a case.
Hand, foot and mouth disease.	None.	Usually a mild illness not justifying time away from school.
Head lice or nits.	None.	Treat cases where a living louse has been found. Check heads of all household contacts and treat cases with head louse lotion, repeat after 7 days.
Impetigo.	Until lesions are crusted or healed.	Antibiotic treatment may speed healing. If lesions can be covered by a plaster/dressing exclusion period may be reduced.
Influenza (flu).	None.	Flu is most contagious just before the symptoms appear.
Mumps.	Five days after onset of swollen glands.	Child is most contagious before symptoms appear. Most children have been immunised.
Ringworm (tinea).	None.	Obtain proper treatment from GP.
Slapped cheek (Fifth) disease.	None.	A mild illness, contagious before the rash appears. Pregnant women should inform their GP if in contact with a case.
Threadworms.	None.	Transmission in school is uncommon. Treatment if recommended for the affected child and their household contacts.
Tonsillitis.	None.	Usually viral in origin and antibiotics are not needed.
Verucae and warts.	None.	Affected cases may go swimming.
Vomiting and/or diarrhoea with or without a specified diagnosis.	Until symptoms have ceased for 48 hours.	Especially important for children under 5 years, children who cannot manage own hygiene and food handlers.
Whooping cough (pertussis).	Five days from starting antibiotics.	Treatment (usually erythromycin) is recommended. Coughing may continue for many weeks, though non-contagious.