



Wimborne First School Sickness Policy

To reduce the spread of infection we advise parents/guardians to avoid bringing poorly children into school as they may be infectious.

Responsibility for these precautions rests with child's parents/guardian. Our first actions on suspecting that a child is ill will be to contact the parent/guardians at the first opportunity.

Minimum exclusion periods for the common childhood illnesses are as follows:

Diarrhoea and or Vomiting	48 hours after symptoms of vomiting and/or diarrhoea have stopped.
Cryptosporidiosis	As above. Exclusion from swimming is advisable for two weeks after diarrhoea has settled.
Chicken pox	Until last blister has scabbed over.
Shingles	No exclusion providing that the rash can be kept covered and by clothing, its not weeping and they feel well enough.
Measles	4 days after the onset of the rash Preventable by immunisation (MMR x 2 doses)
German Measles	4 days after the onset of the rash. Preventable by immunisation (MMR x 2 doses)
Glandular Fever	No Exclusion – but may to continue to feel tired and unwell for weeks but can attend.
Mumps	5 days after the onset of swelling. Preventable by immunisation (MMR x 2 doses)
Scarlet fever	24 hours after starting appropriate antibiotics and when clinically well.
Conjunctivitis (pink eye)	No exclusion unless symptoms are particularly severe and causing distress. If there are a number of cases on site parents may be requested to not bring in their child until the infection has cleared up. Advised to consult with GP regarding antibiotics
Ringworm	No exclusion, GP visit required, it is important the rest of the family/close contacts are checked.

Scabies	Exclusion until 1st application of treatment has been completed. Everyone in the household is to be treated, regardless of symptoms.
Whooping cough	5 days after starting antibiotic treatment, if child is symptom free, or 21 days from onset of illness if no anti-biotic treatment.
Impetigo	Until lesions are crusted or healed or 48 hours after starting anti-biotic treatment. Those in contact with sufferers do not need to be excluded.
Verrucae	No exclusion, sufferer should keep feet covered.
Head/body lice	Parents will be contacted to advise of the head lice either during the day or at pick up time. Treatment is recommended when live lice have been seen.
Cold sores	No exclusion, avoid kissing and contact with the sore.
Hand, foot, mouth	Whether the child is excluded will depend on the severity of case. If the child is unwell and fluid filled blisters are still present the child needs to remain absent. Hand, foot and mouth disease is very contagious and easily spread.
Slapped cheek, Fifth disease Viruses, Parvovirus	Only whilst unwell. Pregnant contacts should discuss slapped cheek with their G.P. or Midwife.
Influenza/other	Until until recovered.
Threadworms	No exclusion, It is recommended that all household contacts are also treated.
Tonsillitis	No exclusion, but are sometimes too poorly to attend school.
Meningococcal Meningitis	Exclusion until meningitis/ recovered, preventable by vaccination. There is no need to exclude siblings or other close contacts of a case. In case of an outbreak it may be necessary to provide antibiotics to close contacts.
Meningitis due to other bacteria	As above
Meningitis viral	No exclusion (milder illness)
Tuberculosis (TB)	Requires prolonged close contact. Exclusion depends on Advice from GP
Diphtheria	Exclusion is essential. Family contacts also excluded until cleared by GP
MRSA	No exclusion, good hygiene essential in particular handwashing
Molluscum Contagiosum	No exclusion