

Monksmoor Park CE Primary School

Attendance Policy

Date ratified by Governors:

4th October 2018

Dates reviewed by Governors:

1. 20th May 2019
2. 1st June 2020
(Reviewed by CoG)
3. 9th December 2020
4. 6th October 2021
5. 6th October 2022
- 6.

Note: This document takes account of the most up to date central government information and guidance, at the time of writing. It is subject to change as guided by government policy.

1. Aims

Our school aims to meet its obligations with regards to school attendance by:

- Promoting good attendance and reducing absence, including persistent absence
- Ensuring every pupil has access to full-time education to which they are entitled
- Acting early to address patterns of absence

We will also support parents to perform their legal duty to ensure their children of compulsory school age attend regularly, and will promote and support punctuality in attending lessons.

2. Legislation and guidance

This policy meets the requirements of the [school attendance guidance](#) from the Department for Education (DfE), and refers to the DfE's statutory guidance on [school attendance parental responsibility measures](#). These documents are drawn from the following legislation setting out the legal powers and duties that govern school attendance:

- Part 6 of [The Education Act 1996](#)
- Part 3 of [The Education Act 2002](#)
- Part 7 of [The Education and Inspections Act 2006](#)
- [The Education \(Pupil Registration\) \(England\) Regulations 2006](#) (and [2010](#), [2011](#), [2013](#), [2016](#) amendments)
- [The Education \(Penalty Notices\) \(England\) \(Amendment\) Regulations 2013](#)
- This policy also refers to the DfE's guidance on the [school census](#), which explains the persistent absence threshold.

3. Roles and responsibilities

3.1 The School

We will:

- work with pupils and their families to support high levels of attendance and punctuality
- investigate unexplained or unjustified absence, applying sanctions where appropriate
- work with the Local Authority (LA) and, where required, make appropriate referrals in accordance with local procedures, legislation and guidance
- regularly review and analyse attendance levels and set targets for the future
- ensure that all of its pupils can access full-time education
- ensure that the Governing Body and school's leadership team work together to monitor attendance levels and the effectiveness of this policy
- ensure that all legislation and guidance are complied with and reflected in its policies and procedures
- have in place appropriate safeguarding responses for children who are at risk of missing education, having regard to the statutory guidance Keeping Children Safe in Education (please refer to our Safeguarding policy)
- provide information requested by the Secretary of State, including daily and termly absence data collected by the Department for Education
- support pupils who are returning to education following long term absence
- ensure that effective systems to record and report attendance data are in place.

3.2 Parents and carers

We expect parents and carers to:

- take full responsibility for the attendance and punctuality of their child
- ensure that their child arrives at the school on time, in the correct uniform and with the necessary equipment
- promote the importance of regular attendance at school and using remote learning at home as appropriate
- follow the correct procedure for reporting the absence of their child from the school (see section 6.3.1 below)
- avoid unnecessary absences
- keep the school informed of any circumstances which may affect their child's attendance and use the correct procedures to request term time absence needed for urgent medical appointments or for exceptional circumstances
- not take their child out of education for holidays during term time (see section 6.5 below)
- inform the school in advance of any proposed change of address for their child(ren), along with the name of the parent with whom the child shall live.

4. School procedures

4.1 Attendance register

By law, all schools are required to keep an attendance register, and all pupils must be placed on this register.

The attendance register will be taken at the start of the first session of each school day and once during the second session. It will mark whether every pupil is:

- Present
- Attending an approved off-site educational activity
- Absent
- Unable to attend due to exceptional circumstances

Every entry in the attendance register will be preserved for 3 years after the date on which the entry was made.

- School pupils must arrive in school by 8:45am and Nursery pupils by 9:00am.
- The school register for the first session will commence at 8:45am and will close at 8:55am.
- The school register for the second session will commence at:
 - 12:45pm and close at 12:55pm for Reception
 - 12:50pm and close at 1:00pm for KS1
 - and at 1:05pm and close at 1:15pm for KS2

4.2 Pupils who arrive after the end of a registration session will be marked as late as per the process set out in section 5 below.

4.3 The register is marked using the national attendance and absence codes which can be found in Appendix 9 and also in the Department for Education's guidance on School Attendance guidance -

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/907535/School_attendance_guidance_for_2020_to_2021_academic_year.pdf

4.4 It is the parents'/carers' responsibility to notify the school on the first day of absence. This should be done by telephone or reporting to the school office. If the absence is authorised i.e. the school accepts the reasons for absence, for example, illness, a day for religious observance or an acceptable medical or special

needs appointment, no further action will be taken other than updating files with the reason. If the absence is unauthorised parents will be contacted as per our staged approach outlined in Appendix 2.

4.4.1 If the school has not been notified by 9:30am, then a member of staff will contact the pupil's parents/carers and record the outcome.

4.5 The registers are monitored daily and weekly using SIMS (the MIS), this gives data on absences and lateness of both kinds. The school regularly informs and reminds parents of their responsibilities regarding attendance. This will usually take the form of written communications emailed to parents and carers.

4.6 Any pupil arriving after the close of registers is deemed as late which contributes to the pupil's unauthorised absence record, though the pupil is included in the total attendance numbers for that session.

4.7 Teachers are expected to total the number of pupils present for quick checking in the case of an evacuation.

4.8 Any emerging absence patterns should be discussed with the Headteacher prior to contact being made with parents. Absences of any kind are shown on the pupil's end of year report.

4.9 The official school attendance figures are monitored weekly and kept centrally. Annual attendance figures are sent to the DfE and LA. The school also publishes its own attendance figures in pupils' reports and to the Governing Body.

5. Late arrival

5.1 With the exception of the Nursery class, the school day begins at 8:45am when the classroom doors will open.

Morning registration for our school pupils will take place between 8:45am and 8:55am.

The school gates close at 8:55am, any school pupil arriving after 8:55am should be taken by their parent/carer to the school office to sign in and provide a reason for the lateness.

5.2 In the absence of a satisfactory explanation, the register will be marked as unauthorised absence. Heavy traffic will not be treated as an exceptional circumstance.

5.3 Pupils arriving after the registers have closed at 8:55am will be marked as 'late after the registers have closed', this lateness will be included in the pupil's cumulative unauthorised absence figure.

5.4 If parents know their child is going to be late for any reason, they should let the school know as soon as possible.

5.5 Where a pattern of/persistent lateness occurs due to exceptional circumstances the school will work with the family to provide support where possible. The school should be notified of the potential for frequent lateness as early as possible and the circumstances will be considered by the Headteacher with a view to supporting improved attendance and/or punctuality.

6. Reasons for absence and how to report or request authorisation

6.1 **Authorised absence** - absence will only be authorised where the School has given approval in advance for a pupil to not be in attendance or has accepted an explanation offered afterwards as justification for the absence. Only the school can authorise absence.

6.2 **Unauthorised absence** – absence will be marked as unauthorised where the school is not satisfied with the reasons given for the absence or no reason has been given.

6.3 Reporting absence from School

6.3.1 Where a pupil is to be absent from the school without prior permission, the parent/carer should inform the school by telephone on the morning of the day of the first absence and let the attendance officer know when they expect the pupil to return. If the return date is not confirmed on the first day of absence, parents/carers must contact the School on each day of absence.

6.3.2 In cases of prolonged absence due to illness, the parents/carer may be asked to provide the school with medical evidence, such as a note from the child's doctor. If this evidence is not provided, the absence may be marked as unauthorised.

6.4 Appointments

6.4.1 Medical, dental and other essential appointments for a pupil should take place outside of school hours where this is reasonably possible.

6.4.2 Where an appointment must take place during school time, the pupil should attend the school for as much of the day as possible.

6.4.3 For the time absent from the School to be marked as an authorised, confirmation of the appointment by way of an appointment card or letter must be provided.

6.4.4 Lessons or work missed may be added to Microsoft Teams for the pupil to complete.

6.5 Leave of absence (including holidays during term time)

6.5.1 Parents and carers should not take pupils out of education for holidays or other extended leave during term time. The school will only authorise a leave of absence during term time where there are exceptional circumstances. Only the Headteacher can authorise such absences and parents must use the correct leave of absence form.

6.5.2 To request a leave of absence, parents/carers must make the request in advance and using the Exceptional Circumstances Form (Appendix 5) and, wherever possible, at least 4 school weeks ahead of the planned leave.

6.5.3 Where a leave of absence is requested as above, the Headteacher will consider the specific facts and circumstances relating to the request. The decision:

- will be confirmed in writing
- is solely at the Headteacher's discretion and
- is final

6.5.4 Where permission is granted, the Headteacher will confirm the number of days and dates of absence which are authorised.

6.5.5 If permission is not granted and the parents/carers proceed to take their child out of the School, the absence will be marked as unauthorised and parents may be issued with a penalty notice or be subject to prosecution by the LA (see section 7 below).

6.6 Religious observance

6.6.1 We recognise that pupils of certain faiths may need to participate in days of religious observance. Where one day of religious observance:

- falls during school time and
- has been exclusively set apart for religious observance by the religious body to which the pupil belongs, the absence from the School will be authorised

6.6.2 We ask that parents/carers notify the School in writing in advance where absence is required due to religious observance.

7. Addressing poor attendance and punctuality

We will follow our staged approach to work together with the pupil's family to support improved attendance and punctuality.

7.1 Our procedures for managing unexplained absences can be found in Appendix 1 of this policy

7.2 Where absence or punctuality is a cause for concern, for example because there is:

- a pattern of unauthorised absence
- a question over the reasons provided for a particular absence or late arrival
- persistent truancy or lateness

7.3 Absence will be classed as persistent where it falls below 90% across the academic year. Absence at this level is very likely to hinder educational prospects and we expect full parental co-operation and support to urgently address these cases. Intervention steps may include implementation of an attendance action plan, referral to other agencies and/or seeking to put in place a parenting contract.

7.4 Where parents/carers have failed to ensure that their child of compulsory school age is regularly attending the School, we may consider involving the LA who may subsequently issue a penalty notice. At the time of publishing a penalty notice is a fine (£60 if paid within 21 days, £120 if paid within 22-28 days) imposed on parents.

7.5 When considering whether to ask the LA to issue a penalty notice, we will have regard to:

- the Department for Education's statutory guidance, School Attendance Parental Responsibility Measures.
- the LA's Code of Conduct for issuing penalty notices.

7.6 In the event that a penalty notice is issued but is not paid within 28 days, the LA will decide whether to proceed to prosecution. The LA also has separate powers to prosecute parents if their child of compulsory school age fails to attend school regularly.

The Headteacher and Attendance Officer conduct a fortnightly review of all nursery and school pupils' attendance, the school will follow a staged response to attendance below or nearing the following levels:

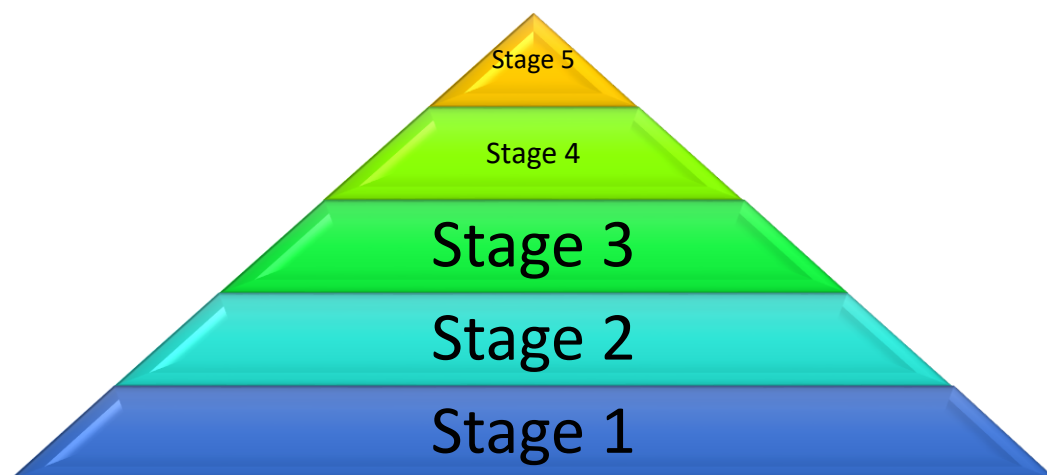
- Stage 1
4 sessions absent– The Class Teacher will address the level of attendance in person or by phone with the parent/carer in an effort to improve attendance. CPOMS and SIMS will be used to formally record attendance, punctuality and all steps taken.
- Stage 2
7 sessions absent– The class teacher will write to the parent/carer (Appendix 7) to address the level of attendance and to offer support to the parent/carer to improve attendance. CPOMS and SIMS will be used to formally record attendance, punctuality and all steps taken.
- Stage 3
10 sessions absent – The Key Stage Leader will telephone the parent/carer to address the attendance level and to offer support in an effort to assist the parent/carer in improving attendance. Attendance and punctuality will be monitored for 4 weeks, if an improvement is not evident stage 4 will be implemented. CPOMS and SIMS will be used to formally record attendance, punctuality and all steps taken.
- Stage 4
14 sessions absent– The Headteacher will write to the parent/carer to request their presence at a meeting to draw up a parent contract to help improve attendance and punctuality levels. Attendance will be monitored for the agreed period of time stipulated in the parent contract. CPOMS and SIMS will be used to formally record attendance, punctuality and all steps taken.
- Stage 5
If no improvement is evident the Headteacher will write to the parent/carer to inform them that the school will be informing the LA's Educational Inclusion & Partnership Team (EIP). This team has the

authority to issue penalty notices and prosecute parents/carers for poor attendance. CPOMS and SIMS will be used to formally record attendance, punctuality and all steps taken.

The school reserves the right to notify the Local Authority MASH at any stage.

Each school day is the equivalent of two sessions of attendance.

In exceptional circumstances and only when agreed by the Headteacher actions at stages 2-5 may not be applied where medical evidence is available.



Appendix 1 – Managing Unexplained Absence Procedure

Absence Procedures including First Day Response (FDR)

- It is the parents'/carers' responsibility to notify the school on the first day of absence. This should be done by telephone or reporting to the school office. If the absence is authorised i.e. the school accepts the reasons for absence, for example, illness, a day for religious observance or an acceptable medical or special needs appointment, no further action will be taken other than updating files with the reason. If the absence is unauthorised parents will be contacted as per our staged approach outlined below;
- If the school has not been notified by 9.30am, then a member of staff will contact the pupil's parents/carers and record the outcome on SIMS and possibly CPOMS;
- The registers are monitored every week using SIMS (the MIS), this gives data on absences and lateness. The school regularly informs and reminds parents of their responsibilities regarding attendance. This will usually take the form of written communications emailed to parents and carers
- Any pupil arriving after the close of registers is deemed as late which contributes to the pupil's unauthorised absence record, though the pupil is included in the total attendance numbers for that session. Teachers are expected to total the number of pupils present for quick checking in the case of an evacuation;
- Any emerging absence patterns should be discussed with the Headteacher prior to contact being made with parents. Absences of any kind are shown on the pupil's end of year report.
- The official school attendance figures are monitored weekly and kept centrally. Annual and daily attendance figures are sent to the DfE and LA. The school also publishes its own attendance figures in pupils' reports and to the Governing Body.

Procedure when parent does not confirm reason for absence on the first day

In the event of a child not attending school or nursery and without a confirmed reason for absence staff will follow the First Day Response (FDR) procedures outlined below:

Day 1 - Phone call

A staff member telephones the child's home after registration to seek reasons for the absence and reassurance from a parent or carer that the child is safe at home.

Response from parent	Next step from school
There is no answer at the home or on mobile numbers	Call back. Use a risk assessment checklist after 2 hours. Some risk assessments will require a subsequent home visit to check the child is safe and/or a referral to the Local Authority's Multi-Agency Safeguarding Hub and Child Protection Team (MASH). We will also write/email home to advise that the school have attempted to contact the parent/carers and to ask them to contact the school urgently.
The parent/carers answered the call, the child is safe with them	Ask for reason for absence and record on the school's attendance management system
The person answering is not the parent/carers and the school is not reassured that the child is at home or safe	The school's designated safeguarding lead should be consulted with a risk assessment checklist and the degree of vulnerability of the child Support may be sought from the MASH and the Police.

<p>The parent/carer answered the call, the child is not with them or safe and the parent is concerned</p>	<p>School to advise the parent to:</p> <ul style="list-style-type: none"> • Contact the local police station to inform them that the child is missing • Contact all people and places the child is known to talk to and visit to tell them that the child is missing and ask if they can help to find the child, by providing information which may shed light on the child's whereabouts or actively searching for the child • Contact the family GP and Accident and Emergency Centres near where the child lives and goes to school, in case he/she has sustained an injury and been taken in for medical treatment • Report back to school if the child is found or remains missing
---	---

Day 2 - Follow up phone call

Follow up call	
Response from parent	Next step from school
<p>There is no answer at the home or on mobile numbers</p>	<p>Call back. Use a risk assessment checklist after 2 hours. Some risk assessments will require a subsequent home visit to check the child is safe and/or a referral to the MASH. Home visits must be risk assessed</p> <p>Write or email to the parent in plain English, asking for contact to be made with the school immediately (Appendix 6). Please give the parents/carers 3 school days to make contact and if you are aware that English may not be the parent's first language, copy the letter into a language that may be more accessible.</p>

Day 3 - Home visits

If a home visit hasn't been previously conducted and a pupil has been absent for three school days even if a reason for absence has been provided complete a risk assessment checklist to ascertain whether a home visit is required. If no reason has been provided or the school cannot be certain about the safety/whereabouts of the pupil a home visit must be completed on this day.

Day 5 – Request for support from the Local Authority

If there has been no contact regarding the whereabouts of a pupil they must be reported as missing in education at this time.

Day 10 – Formal Notification to the Local Authority of a Child Missing in Education (CME)

If there has been no contact regarding the whereabouts of a pupil they must be reported as missing in education at this time.

Appendix 2 - Procedure when the attendance of a pupil falls below expectations

The Headteacher and Attendance Officer conduct a fortnightly review of all nursery and school pupils' attendance, the school will follow a staged response to attendance below or nearing the following levels:

- **Stage 1**

4 sessions absent– The Class Teacher will address the level of attendance in person or by phone with the parent/carer in an effort to improve attendance. CPOMS and SIMS will be used to formally record attendance, punctuality and all steps taken.

- **Stage 2**

7 sessions absent– The class teacher will write to the parent/carer (Appendix 7) to address the level of attendance and to offer support to the parent/carer to improve attendance. CPOMS and SIMS will be used to formally record attendance, punctuality and all steps taken.

- **Stage 3**

10 sessions absent – The Key Stage Leader will telephone the parent/carer to address the attendance level and to offer support in an effort to assist the parent/carer in improving attendance. Attendance and punctuality will be monitored for 4 weeks, if an improvement is not evident stage 4 will be implemented. CPOMS and SIMS will be used to formally record attendance, punctuality and all steps taken.

- **Stage 4**

14 sessions absent– The Headteacher will write to the parent/carer to request their presence at a meeting to draw up a parent contract to help improve attendance and punctuality levels. Attendance will be monitored for the agreed period of time stipulated in the parent contract. CPOMS and SIMS will be used to formally record attendance, punctuality and all steps taken.

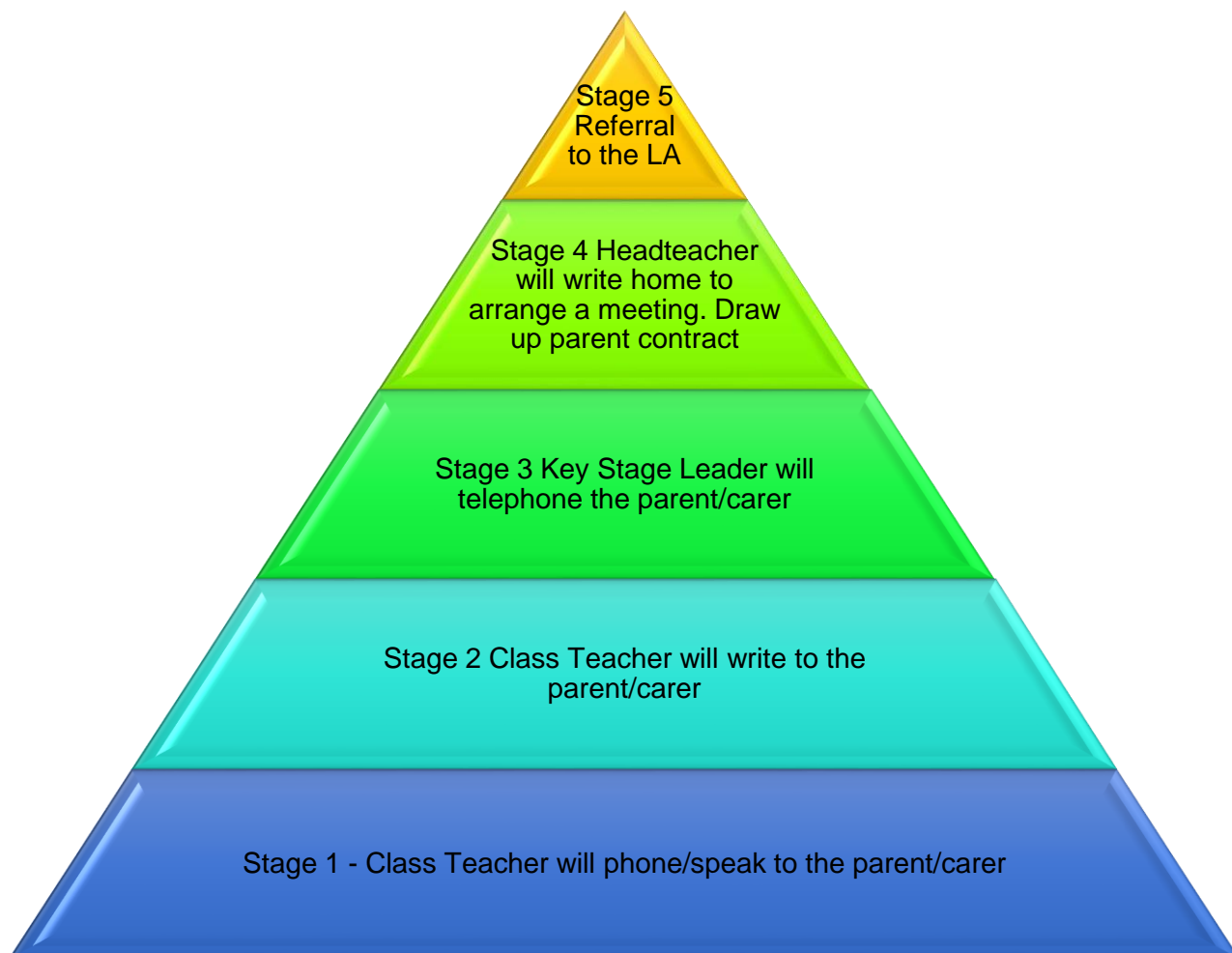
- **Stage 5**

If no improvement is evident the Headteacher will write to the parent/carer to inform them that the school will be informing the LA's Educational Inclusion & Partnership Team (EIP). This team has the authority to issue penalty notices and prosecute parents/carers for poor attendance. CPOMS and SIMS will be used to formally record attendance, punctuality and all steps taken.

The school reserves the right to notify the Local Authority MASH at any stage.

Each school day is the equivalent of two sessions of attendance.

In exceptional circumstances and only when agreed by the Headteacher actions at stages 2-5 may not be applied where medical evidence is available.



Appendix 3 - Removing a Pupil from the School Roll

Under Pupil Registration Regulations, pupils of a compulsory school age can be removed from roll when any of the following criteria applies:

- Pupil admitted to another school, confirmation received and records requested;
- Pupil moves away from area and cannot be found (school and Educational Social Worker follow procedures and complete enquiries). The pupil must remain on roll until the process is completed. Removal can be backdated to the end of the first week of absence, if agreed by the LA.
- Pupil permanently excluded. Statutory time limit for appeal has passed or appeal has not been upheld.
- Death of the child;
- Parents indicate in writing that they are removing the child;
- Parents indicate in writing that they wish to home educate their child;
- Poor attendance is not a reason for removal of a child from roll.

Appendix 4: Managing specific infectious diseases

Guidance: <https://www.gov.uk/government/publications/health-protection-in-schools-and-other-childcare-facilities/chapter-9-managing-specific-infectious-diseases>

Chapter 9: managing specific infectious diseases

Updated 27 March 2019

Contents

- Athlete's Foot
- Chicken pox (shingles)
- Cold sores
- Conjunctivitis
- Food poisoning
- Giardia
- Salmonella
- Typhoid and Paratyphoid fever
- E. coli (verocytotoxigenic or VTEC)
- Diarrhoea and vomiting (Gastroenteritis)
- Bacillary Dysentery (Shigella)
- Campylobacter
- Cryptosporidiosis
- Glandular fever
- Hand, foot and mouth disease
- Head lice
- Hepatitis A
- Hepatitis B
- Hepatitis C
- Impetigo
- Influenza
- Measles
- Meningitis
- Meningococcal meningitis and meningitis septicaemia
- Meningitis (viral)
- Meticillin resistant Staphylococcus aureus (MRSA)
- Mumps
- Ringworm
- Rotavirus
- Rubella (German Measles)
- Scabies
- Scarlet Fever
- Slapped cheek syndrome, Parvovirus B19, Fifth's Disease
- Threadworm
- Tuberculosis (TB)
- Whooping Cough (pertussis)

Athlete's Foot

Athlete's foot is a skin infection caused by a fungus which can also cause ringworm.

Symptoms

The person will have scaling or cracking of the skin, especially between the toes, or blisters containing fluid; it can be very itchy.

Spread

It is generally spread by prolonged direct or indirect contact with skin lesions on infected people or contaminated floors, shower stalls and other articles used by infected people.

Exclusion

No exclusion is necessary.

Do's

Advise the case to visit their GP for advice and treatment.

Take care to dry between the toes after bathing. Use a fungicidal dusting powder on the feet, between the toes and in the socks and shoes.

Wear shoes that allow feet to breathe and change frequently.

Cover the affected foot with a rubber sock when going swimming.

Don'ts

Do not share towels, bath mats or footwear when infected.

Chicken pox (shingles)

Chickenpox is highly infectious and is spread by respiratory secretions or by direct contact with fluid from blisters. Shingles is spread by direct contact with fluid from blisters. It cannot produce shingles in another person but the virus can spread to those who never had chickenpox from fluid in the blisters of a case.

Symptoms

Chickenpox has a sudden onset with fever, runny nose, cough and a generalised rash. The rash starts with blisters which then scab over. Several 'crops' of blisters occur so that at any one time there will be scabs in various stages of development.

The rash tends to be more noticeable on the trunk than on exposed parts of the body and may also appear inside the mouth and on the scalp. Some infections can be mild or without symptoms.

Shingles presents as a blistering rash in the area supplied by the affected nerve. Usually only one side of the body is affected and there is severe pain in the affected area. Most people recover fully without developing serious complications. There is often altered sensation before the rash appears, accompanied by 'flu like' symptoms.

Spread

Chickenpox is highly infectious and is spread by respiratory secretions or by direct contact with fluid from blisters.

Shingles is spread by direct contact with fluid from blisters. It cannot produce shingles in another person but the virus can spread to those who never had chickenpox from fluid in the blisters of a case.

Exclusion

Cases of chickenpox are generally infectious from 2 days before the rash appears to 5 days after the onset of rash.

Although the usual exclusion period is 5 days, all lesions should be crusted over before children return to nursery or school.

A person with shingles is infectious to those who have not had chickenpox and should be excluded from school if the rash is weeping and cannot be covered or until the rash is dry and crusted over.

Do's

Send the child home and advise parents to consult their GP.

In cases of shingles, decision to exclude child will vary for each case of shingles and will be dependent on whether the rash is weeping and whether the rash can be covered.

Don'ts

Don't allow the child back to school until at least 5 days after the appearance of the chickenpox rash (blisters) and all the lesions have crusted over.

Cold sores

Cold sores are caused by a virus called herpes simplex and usually appear on lips and around nostrils but can spread more widely over the face. It is estimated that 50 to 90% of the population are carriers of the virus but they do not all suffer from cold sores.

It is usually a mild self-limiting disease. Most people who already suffer from cold sores will have been infected very early in life.

Symptoms

First signs are tingling, burning or itching in the area where it is going to appear. This phase may last for as little as 24 hours. There is reddening and swelling of the infected area resulting in a fluid filled blister, or sometimes a group of them, which can be very painful and uncomfortable. They break down to form ulcers, which weep and crack. They then dry up and crust over. The virus can be reactivated by various trigger factors such as stress or sunlight.

Spread

The virus is spread by direct contact.

Exclusion

None needed.

Do's

Advise the case (and their carers) to avoid spread by not touching the cold sore or breaking or picking the blisters.

Avoid kissing people, especially children when they have a blister and not to share things like cups, towels and facecloths.

Don'ts

Cases should not touch their eyes and adults should take extra care when applying or removing make-up.

Conjunctivitis

Conjunctivitis is an inflammation of the outer lining of the eye and eyelid causing an itchy red eye with a sticky or watery discharge. It can be caused by bacteria or viruses or due to an allergy.

Conjunctivitis can be caused by a bacteria or a virus and is treated with eye drops. Spread is by direct or indirect contact with discharge from the eyes. Prompt treatment and good hand washing helps to prevent spread especially after contact with infectious secretions.

Symptoms

The eye(s) becomes reddened and swollen and there may be a sticky yellow or green discharge. Eyes usually feel itchy and 'gritty'. Topical ointment can be obtained from the doctor or pharmacy to treat the infection.

Spread

Conjunctivitis can be spread by contact with discharge from the eye which gets onto the hands or towel when the child rubs their eyes.

Exclusion

None needed.

Do's

Advise parents to seek advice.

Encourage children not to rub their eyes and to wash their hand frequently. Contact your local Health Protection Team if an outbreak or cluster occurs.

Food poisoning

Food poisoning is a general term for gastrointestinal infections caused by consuming contaminated food or drink. Person to person spread of these infections is unusual.

Symptoms

Symptoms of food poisoning usually begin within 1 to 2 days of eating contaminated food, although they may start at any point between a few hours and several weeks later. The main symptoms include feeling sick (nausea), vomiting, diarrhoea, stomach cramps and fever.

Spread

Infection can be caused by a variety of bacteria, viruses or parasites; most commonly reported are Salmonella and Campylobacter. They can cause sudden large outbreaks of diarrhoea if a large number of people eat the same contaminated food.

Exclusion

Children and adults with diarrhoea should be excluded until 48 hours after the diarrhoea and vomiting has stopped and they are well enough to return.

For some infections, longer periods of exclusion from school are required and there may be a need to obtain microbiological clearance. For these groups your local Health Protection Team will advise. All outbreaks of food poisoning need to be investigated in order to identify their cause.

Do's

Exclude the pupil or staff member until 48 hours after the symptoms have stopped.

Inform your local Health Protection Team (<https://www.gov.uk/health-protection-team>) if 2 or more cases with similar symptoms are reported to you.

Giardia

This parasitic disease is spread from those with the infection to others by the faecal-oral route. It may also be spread by drinking water contaminated with faeces. Infection with giardia may not cause any symptoms. The incubation period is between 5 and 25 days.

When symptoms do occur, they may include abdominal pain, bloating, fatigue and pale, loose stools. Cases need to be treated with antibiotics.

Exclusion

Cases should be excluded until 48 hours after symptoms have stopped.

Do's

Exclude the pupil or staff member until 48 hours after the symptoms have stopped.

Inform your local Health Protection Team if 2 or more cases with similar symptoms are reported to you.

Salmonella

Salmonella is caused by eating contaminated food, particularly poultry or eggs. It can also be spread directly from person to person by the faecal-oral route. Symptoms include diarrhoea, headache, fever and sometimes vomiting. Infection can be more serious in the very young and very old. The incubation period can be from as little as 6 hours up to 72 hours (most commonly 12 to 36 hours).

Exclusion

Cases should be excluded until 48 hours after symptoms have stopped.

Do's

Exclude the pupil or staff member until 48 hours after the symptoms have stopped.

Inform your local Health Protection Team if 2 or more cases with similar symptoms are reported to you.

Typhoid and Paratyphoid fever

These are less common but serious illnesses. They are spread by consuming food or water contaminated by the faeces or urine of someone with the illness or someone without symptoms who may be excreting the organism. These infections are most commonly acquired abroad.

Symptoms of typhoid fever are tiredness, fever and constipation, whereas those of paratyphoid fever are fever, diarrhoea and vomiting. The severity of the illness and length of the incubation period (typhoid 1 to 3 weeks, paratyphoid 1 to 10 days), are related to the number of infecting organisms ingested.

Exclusion

Environmental health officers or your local Health Protection Team will advise.

Do's

Encourage staff and children to always practice good personal hygiene.

Encourage staff and children to wash their hands especially after using the toilet and before eating or preparing food. Young children may need supervision to ensure that adequate hand washing takes place.

Always ensure high standards of environmental cleaning (especially frequently touched areas, like flush handles, toilet seats, taps, toilet door handles). Please refer to the infection control section on cleaning.

Use liquid soap and disposable paper towels for hand washing.

Report immediately to the Health Protection Team (HPT).

Observe exclusion period — whilst symptomatic and for 48 hours after symptoms have resolved, or longer if advised by the HPT or Environmental Health Officer (EHO).

Consider sending out the travel health advice information prior to the main travel periods to raise awareness of the need for pre-travel health advice and vaccinations.

E. coli (verocytotoxigenic or VTEC)

Escherichia coli (E. coli) are bacteria that live in the gut of humans and animals, particularly cattle and sheep. A few strains of E. coli, such as VTEC can produce toxins that lead to more serious and potentially fatal illness.

Spread is by eating contaminated food, direct contact with animals and by faecal-oral route from an infected person as a result of sharing towels and food. Spread by contaminated drinking has also been reported.

Symptoms

Symptoms vary depending on the severity of the infection but include diarrhoea, abdominal cramps, headache and bloody diarrhoea. The incubation period is 1 to 10 days and cases are infectious as long as bacteria are present in the faeces.

Spread

Spread is mainly by contaminated water and food and contact with animals. Person to person spread is by direct contact and can happen within families and child care settings. Outbreaks and sporadic cases have also been linked with handling animals. Therefore, adults should supervise children while washing their hands during visits to petting zoos and farm centres. Read chapter 8: pet and animal contact (<https://www.gov.uk/government/publications/health-protection-in-schools-and-other-childcare-facilities>).

Exclusion

The standard exclusion period is until 48 hours after symptoms have resolved. However, some people pose a greater risk to others and may be excluded until they have a negative stool sample(s) for example pre-school infants, food handlers, and care staff working with vulnerable people. The HPT will advise in these instances.

Do's

Follow healthcare professional's exclusion advice.

Promote good hand washing to children visiting to farms or petting zoos, especially after handling animals and prior to eating or drinking (see chapter 8: pet and animal contact).

Diarrhoea and vomiting (Gastroenteritis)

Diarrhoea has numerous causes but diarrhoea caused by an infection in the gut can be easily passed to others.

Symptoms

Diarrhoea is defined as 3 or more liquid or semi-liquid stools in a 24 hour period.

Spread

These infections are spread when organisms enter the gut by the mouth or when contaminated hands or objects are put in the mouth or after eating contaminated food or drinks. Also, infection can be spread to contacts when the affected person vomits. This is because aerosols can spread the organism directly to others and contaminate the environment. A person will be infectious while symptoms remain.

Exclusion

Children and adults with diarrhoea or vomiting should be excluded until 48 hours after symptoms have stopped and they are well enough to return. If medication is prescribed, ensure that the full course is completed and there is no further diarrhoea or vomiting for 48 hours after the course is completed.

For some gastrointestinal infections, longer periods of exclusion from school are required and there may be a need to obtain microbiological clearance. For these groups, your local HPT, school health advisor or environmental health officer will advise.

If a child has been diagnosed with cryptosporidium, they should NOT go swimming for two weeks following the last episode of diarrhoea.

Do's

Ensure the case is excluded.

Do encourage staff and children to practice good hand hygiene at all times.

Notify your local Health Protection Team if there are more cases than normally expected.

Bacillary Dysentery (Shigella)

This disease is passed directly from person to person by the faecal-oral route or by contaminated food. It is usually spread from those with diarrhoea but can be spread from those recovering from the illness even if they do not have symptoms.

Symptoms

Symptoms can include bloody diarrhoea, vomiting, abdominal pain and fever lasting on average from 4-7 days but can last for several weeks. The incubation period is 12 to 96 hours.

Exclusion

Microbiological clearance is required for some types of shigella species prior to the child or food handler returning to school (age of child and infectious agent).

Campylobacter

It is spread between people and animals by the faecal-oral route. Bacteria are present in the faeces of adults and children with diarrhoea, and spread to the mouths of other people directly on their hands or by food or objects. Campylobacter can be present in raw meat, especially chicken, and can contaminate other foods, surfaces and utensils. The disease usually lasts 3 to 5 days and has an incubation period of between 1 and 10 days but most commonly 3 to 5 days.

Exclusion

Cases should be excluded until 48 hours after symptoms have stopped.

Cryptosporidiosis

Cryptosporidiosis is spread from those with the infection to others by the faecal-oral route. It can also be spread by direct contact with farm animals particularly cattle and sheep. Spread by contaminated or untreated water and milk has also been reported. Symptoms include abdominal pain, diarrhoea and occasionally vomiting. The incubation period is between 1 and 12 days.

Exclusion

Cases should be excluded until 48 hours after symptoms have stopped.

Glandular fever

Glandular fever is caused by the Epstein-Barr virus.

Symptoms

Symptoms present as severe tiredness, aching muscles and sore throat, fever, swollen glands and occasionally jaundice (yellowing of the skin and eyes). In children, the disease is generally mild and difficult to recognise. The incubation period is 4 to 6 weeks but the infectious period is not accurately known.

Duration of the illness is from 1 to several weeks or months.

Spread

Spread is by direct contact with saliva and by indirect contact with hands or contaminated objects from cases. The incubation period is between 4 to 6 weeks.

Exclusion

Exclusion is not required and children can return once they feel well.

Do's

Promote hand hygiene to reduce the risk of spread and ensure that used tissues are disposed of or washed straight away.

Remember the child may feel unwell for some months.

Don'ts

There is no specific treatment only symptom management.

Hand, foot and mouth disease

Hand, foot and mouth disease is a common viral illness in childhood. It is generally a mild illness caused by an enterovirus. In very rare instances it can be more severe.

Symptoms

The child usually develops a fever, reduced appetite and generally feeling unwell. One or two days after these symptoms a rash will develop with blisters on their cheeks, hands and feet. Not all cases have symptoms. The incubation period is 3 to 5 days.

Spread

Hand foot and mouth infection is most contagious in the first 7 days but the virus can stay in the body for a few weeks. Spread is by direct contact with the secretions of the infected person (including faeces) and by coughing and sneezing. Younger children are more at risk because they tend to play closely with peers. Promote good hand washing to reduce the risk of transmission even after the child is well because the virus can still be present in the faeces and saliva (spit) for a few weeks.

Exclusion

Children are safe to return to school or nursery as soon as they are feeling better, there is no need to stay off until the blisters have all healed. Keeping your child off for longer periods is unlikely to stop the illness spreading. Exclusion of a well pupil is not required.

Do's

Do ensure that any tissues used to for nose and throat are disposed of or washed immediately. Promote hand washing.

Don'ts

Don't confuse with foot and mouth disease in animals.

Head lice

Head lice are tiny insects that live only on humans, feeding on blood. Eggs are grey or brown and about the size of a pinhead; are glued to the hair, close to the scalp and hatch in 7 to 10 days. Empty egg shells (nits) are white and shiny and are found further along the hair shaft as they grow out.

Spread

Head lice are spread by direct head-to-head contact and therefore tend to be more common in children because of the way they play. They cannot jump, fly or swim. When newly infected, cases have no symptoms. Itching and scratching on the scalp occurs 2 to 3 weeks after infection. There is no incubation period.

Treatment is only needed if live lice are seen. Dimeticone, a silicone oil (like Hedrin) or malathion, an insecticide are recommended treatments. Alternatively, lice can be physically removed by combing through hair that has been lubricated with a conditioner using a fine-toothed detector comb.

Exclusion

No exclusion is needed.

Do's

Treatment is needed only when live lice are seen.

Don'ts

Exclusion is not required.

Hepatitis A

Hepatitis A is a viral infection affecting the liver. The severity of the disease varies from a mild illness lasting 1 to 2 weeks to a severely disabling disease lasting several months. Children under 5 years may not have any symptoms.

Symptoms

Symptoms include abdominal pain, loss of appetite, nausea, fever and tiredness, followed by jaundice (yellowing of the skin and eyes), dark urine and pale faeces. Symptoms are usually much milder or not noticed in younger children and jaundice is not common in children under 5 years.

The illness in children usually lasts 1 to 2 weeks but be longer and more severe in adults.

Spread

Hepatitis A is spread from person to person through the faecal-oral route, most commonly when food and hands are contaminated. As some children may not have symptoms at all, they may readily spread the infection to others unless good personal hygiene measures are routinely taken.

Exclusion

Exclude cases from school while unwell or until 7 days after the onset of jaundice (or onset of symptoms if no jaundice or if under 5 or where hygiene is poor. There is no need to exclude well, older children with good hygiene who will have been much more infectious prior to diagnosis.

Do's

Promote good hand washing to reduce the risk of spread.

Take care to wash hand before handling food and after going to the toilet.

Clean kitchen and toilet areas regularly.

Household contacts of cases will be offered a hepatitis A vaccine if they are not immune.

Hepatitis B

Hepatitis B infection is not a common viral infection in young children.

Symptoms

The incubation period varies between 4 to 160 days. Symptoms can vary and include general tiredness, nausea and vomiting, loss of appetite, fever, dark urine and older children and adults may develop jaundice (a yellowing of the eyes and skin).

Spread

Spread is by contact with infected blood and body fluids entering the bloodstream through broken skin or the mucous membranes, for example through a bite which breaks the skin or if the skin is pierced by an object which has been in contact with someone else's body fluids.

All blood and body fluids should be considered potentially infectious and spills should be cleared wearing protective clothing and using a spills kit.

Exclusion

Acute cases of hepatitis B will be too ill to attend school and their doctors will advise when they can return. Do not exclude chronic cases of hepatitis B or restrict their activities. Similarly, do not exclude staff with chronic hepatitis B infection. Contact your local health protection team for more advice if required.

Do's

Take a standard approach to cleaning all spillages of blood and body fluids,

Always complete the accident book with details of injuries or adverse events.

Don'ts

Individuals with chronic hepatitis B infection should not be excluded or have their activities restricted.

Hepatitis C

Hepatitis C is not a common infection in children.

Symptoms

Hepatitis C virus (HCV) is a blood borne virus affecting the liver. Symptoms of hepatitis C infection can often be vague and include loss of appetite, fatigue, nausea and abdominal pain. Jaundice (yellowing of the skin and eyes) occurs less commonly than in hepatitis B infection. Up to 80% of those infected may be carriers of the virus and can pass it on to others.

Spread

HCV is present in blood and other body fluids and tissues and is spread in the same way as hepatitis B virus. Hepatitis C, like Hepatitis B, cannot be spread through casual contact.

Exclusion

No exclusion is needed

Do's

Take a standard approach to cleaning all spillages of blood and body fluids.

Always complete the accident book with details of injuries or adverse events.

Don'ts

Individuals with chronic hepatitis C infection should not be excluded or have their activities restricted.

Impetigo

Impetigo is an infectious bacterial skin disease and may be a primary infection or a complication of an existing skin condition such as eczema, scabies or insect bites. Impetigo is common in children, particularly during warm weather.

Symptoms

The infection can develop anywhere on the body but lesions tend to occur on the face, flexures and limbs not covered by clothing.

Spread

Spread is by direct contact with discharges from the scabs of an infected person, the bacteria invade skin through minor abrasions and then spread to other sites by scratching. Infection is spread mainly on hands, but indirect spread via toys, clothing, equipment and the environment may occur. The incubation period is between 4 to 10 days.

Exclusion

The child should be excluded from school until the lesions are crusted and healed or 48 hours after commencing antibiotic treatment.

Do's

Promote hand hygiene to reduce the risk of spread.

Towels and facecloths or eating utensils should not be shared by pupils.

Ensure that toys and play equipment are thoroughly cleaned.

Don'ts

The child should not return to school until lesions are crusted over or 48 hours after starting antibiotic treatment.

Influenza

Influenza, commonly known as flu, is caused by a virus, usually influenza A or B. The illness is very infectious and easily spreads in crowded populations and in enclosed spaces. Flu viruses are always changing so this winter's flu strains will be slightly different from last winter's.

Annual vaccination is recommended for certain groups of people. Currently all children between the ages of 2, 3 or 4 years and children in year groups 1, 2 and 3 are recommended to have vaccination against influenza.

This programme will include more year groups in the future, your school health team will be able to advise you on this Influenza vaccine is also recommended for pregnant women. For further details see national immunisation schedule (<http://www.nhs.uk/conditions/vaccinations/pages/vaccinationschedule-age-checklist.aspx>).

Symptoms

Influenza is a respiratory illness and commonly has a sudden onset. Symptoms include headache, fever, cough, sore throat, aching muscles and joints and tiredness. Cases are infectious 1 day before to 3 to 5 days after symptoms appear.

Spread

By breathing in droplets coughed out into the air by infected people or by the droplets landing on mucous membranes. Transmission may also occur by direct or indirect contact with respiratory secretions for example via soiled tissues, surfaces.

Incubation period is between 1 to 3 days.

Exclusion

There is no precise exclusion period. Adults and children with symptoms of influenza are advised to remain at home until recovered.

Do's

Encourage those in risk groups to have the influenza vaccine.

Encourage children and staff with flu-like symptoms to stay at home until recovered.

Ask children to cover their noses and mouths with a tissue when coughing or sneezing and discard tissues after use.

Ensure regular hand washing with soap and water, especially after coughing or sneezing.

Don'ts

Do not allow children under 16 years old to have aspirin as it is associated with Reye's syndrome (a neurological disorder).

Measles

Measles is a highly infectious viral infection. The mumps, measles-rubella (MMR) immunisation campaign carried out in the UK 1994 resulted in a dramatic reduction in cases of measles. However, there has recently been a sharp rise in the number of cases reported in unvaccinated individuals in London.

Symptoms

Symptoms include a runny nose; cough; conjunctivitis (sticky eye); high fever and small white spots (Koplik spots) inside the cheeks. Around day 3 of the illness, a rash of flat red or brown blotches appear, beginning on the face and spreading over the body. The incubation period is between 7 to 18 days.

Spread

Measles is highly infectious. The virus is transmitted through airborne droplet spread, and direct contact with nasal or throat secretions.

Exclusion

Cases are infectious from 4 days before onset of rash to 4 days after so it is important to ensure cases are excluded from school during this period.

Do's

Encourage all children over the age of 1 to have MMR immunisations as per the national schedule.
Staff should be up to date with their MMR vaccinations.

Don'ts

Children and adults with a weak immune system, pregnant women and children under 12 months who come into contact with measles should contact their GP immediately for advice.

Meningitis

Meningitis is a general term that describes an inflammation of the membranes covering the brain and spinal cord. It can be caused by a range of bacteria or viruses. Bacterial meningitis is less common but more serious than viral meningitis and needs urgent antibiotic treatment. In some cases, bacterial meningitis can lead to septicaemia (blood poisoning). If you suspect meningitis, get medical help urgently.

Symptoms

Common signs and symptoms of meningitis and septicaemia include fever, severe headache, photophobia, neck stiffness, non-blanching rash (see glass test box below), vomiting, drowsiness. The incubation period varies with the organism causing the infection. Bacterial meningitis incubation is between 2 and 10 days.

Glass test

If a glass tumbler is pressed firmly against a septicaemic rash, the rash will not fade. You will be able to see the rash through the glass. If this happens get medical help immediately. Note that the rash is a late symptom - if any of the other symptoms have already occurred seek medical advice immediately.

The routine childhood immunisation schedule provides protection against meningitis caused by mumps, polio, Haemophilus influenzae type b (Hib), pneumococcus and Neisseria meningitidis group A,B,C,W and Y. There is no vaccination for some types of meningitis. Pupils should be encouraged to be up to date with their vaccinations.

There is no effective medication the treatment of viral meningitis but symptoms are usually much milder.

Exclusion

Once the child has been treated (if necessary) and has recovered, they can return to school. No exclusion is needed.

Meningitis is a notifiable disease.

Meningococcal meningitis and meningitis septicaemia

Meningitis and septicaemia require immediate medical attention,

The bacteria Neisseria meningitidis is responsible for meningococcal meningitis and meningococcal septicaemia (known collectively as 'meningococcal infection'). There are 13 known groups of the bacteria, the most common worldwide are A, B, C, W135 and Y. In the UK, groups B and C are the most common. Meningococcal infection is a rare but serious disease and is fatal in around 1 in 10 people with the illness. About 15% of those that recover have long-term complications.

Symptoms

Symptoms include fever, severe headache, photophobia, drowsiness, non-blanching rash (see glass test box). Not all the symptoms will be present and cases can have symptoms of meningitis and septicaemia.

Glass test:

If a glass tumbler is pressed firmly against a septicaemic rash, the rash will not fade. You will be able to see the rash through the glass. If this happens get medical help immediately. Note that the rash is a late symptom - if any of the other symptoms have already occurred seek medical advice immediately.

Spread

Spread is from person to person through respiratory droplets and direct contact with nose and throat secretions. About 10% of us carry the bacteria harmlessly in our nose and throat without and only a very small proportion of people develop meningitis or septicaemia if they come into contact with it.

Close and prolonged contact is needed to pass the bacteria to others (such as contacts in a household setting or intimate kissing). For this reason, only people that have had significant close contact with the case in the previous 7 days will be offered antibiotics.

The case is considered non-infectious 24 hours after taking appropriate antibiotic treatment to clear the bacteria from their nose and throat.

If the child has been treated and has recovered, they can return to school. The HPT will have carried out a risk assessment and organised antibiotics for household and other close contacts. Exclusion is not necessary for household or close contacts unless they have symptoms suggestive of meningococcal infection.

Do's

Seek medical advice immediately if meningitis is suspected,

Inform HPT and school health advisor of a case of meningococcal disease in your school.

Respect confidentiality of the patient.

Inform the HPT if 2 cases of meningococcal disease occur in the school within 4 weeks.

Meningitis (viral)

The symptoms of meningitis (inflammation of the linings surrounding the brain) can be caused by a number of different viruses.

Symptoms

Symptoms include headache, fever, gastrointestinal or upper respiratory tract involvement and in some cases a rash. Active illness seldom lasts more than 10 days.

Spread

How the disease is spread will depend on the virus causing the illness. Transmission may be through droplet spread or direct contact with nose and throat discharges or faeces of infected individuals.

Exclusion

No exclusion is required. Once the child is well the risk of infection is minimal. There is no reason to exclude siblings and other close contacts of a case.

Do's

Encourage high standards of basic hygiene.

Encourage the prompt disposal of soiled tissues.

Recommend a consultation with the GP.

Seek advice from Health Protection Team if more than one case occurs.

Meticillin resistant Staphylococcus aureus (MRSA)

MRSA (meticillin resistant Staphylococcus aureus) is a bacteria that has developed resistance to methicillin (a type of penicillin) and some other antibiotics that are used to treat infections.

Symptoms

Staphylococcus aureus is commonly found on the skin and in the nostrils of about 25 to 30% of the population. Most people do not even realise they are carrying it because it does not harm them and they

have no symptoms, or only experience minor problems such as skin infections or boils. It can occasionally cause serious infection.

Spread

Spread is mainly by direct contact with contaminated hands and objects.

Exclusion

None advised.

Do's

Staff should ensure good infection control principles are in place, in particular good hand washing to reduce the risk of transmission.

All infected wounds should be covered.

Mumps

Symptoms

Mumps is a viral infection. The first symptoms of mumps are usually a raised temperature and general malaise. Following this there is stiffness or pain in the jaws or neck. Then the glands in the cheeks and under the jaw swell up and cause pain. The swelling can be one sided or affect both sides. Mumps is usually fairly mild in young children, but can cause swelling of the testicles and rarely, infertility in males over the age of puberty.

Spread

The mumps virus is highly infectious and can be spread by droplets from the nose and throat and by saliva.

Exclusion

Infected children can return to school 5 days after the onset of swelling, if well.

Do's

Encourage staff and children to practice good hygiene at all times.

Send the child home if unwell.

Advise the parents to see their GP.

Encourage parents to have their children immunised against mumps.

Ringworm

Symptoms

Ringworm, also known as tinea, is a fungal infection of the skin, hair or nails. It is caused by various types of fungi and infections are named after the parts of the body that are affected, namely face, groin, foot, hand, scalp, beard area and nail. Scalp ringworm in children is becoming more common in the UK, particularly in urban areas. Until recently this was usually spread from infected animals but now spread between humans within families and in schools is more common.

Ringworm of the scalp

Infection with animal ringworm starts as a small red spot which spreads leaving a scaly bald patch. The hair becomes brittle and breaks easily. The picture with human scalp ringworm varies from lightly flaky areas, often indistinguishable from dandruff, to small patches of hair loss on the scalp. There may be affected areas on the face, neck and trunk.

Ringworm of the body

Infected areas are found on the trunk or legs and have a prominent red margin with a central scaly area.

Athlete's foot

Affects the feet, particularly the toes, in between the toes and soles.

Nail ringworm

Infection of the nails often with infection of the adjacent skin. There is thickening and discolouration of the nail.

Spread

Spread is by direct skin to skin contact with an infected person or animal and with athlete's foot, by indirect contact with contaminated surfaces.

Exclusion

No exclusion needed. Once treatment has started for infections of the skin and scalp children can return to school. Scalp ringworm needs to be treated with oral anti-fungal agents. An anti-fungal cream is used to treat ringworm of the skin and feet.

Do's

Wash and dry feet well in cases of athlete's foot.

Keep towels separate in all cases.

Ensure the child with ringworm of the feet is wearing socks and trainers. The child should have his or her feet are covered for physical education.

Rotavirus

Symptoms

Rotavirus infection is the most common cause of gastroenteritis (inflammation of the intestines) in children under 5 years of age worldwide. Rotavirus is a highly infectious virus and can cause severe diarrhoea, stomach cramps, vomiting, dehydration and mild fever. These symptoms usually last from 3 to 8 days.

Spread

Rotavirus is highly contagious and is mainly transmitted by the faecal-oral route, although respiratory transmission may also occur.

Apart from vaccination, good hygiene is the most important way of preventing the spread of rotavirus.

Exclusion

Until 48 hours after the symptoms have subsided.

Do's

Encourage staff and children to practice good hygiene at all times.

Send the child home if unwell advise the parents to see their GP.

Use PPE when handling blood or body substances.

Rubella (German Measles)

Rubella is a viral infection. The infection is mild but can cause congenital rubella syndrome. When a pregnant woman who is not immune gets a rubella infection in the first twenty weeks of pregnancy it can have serious consequences for the pregnant woman and for the unborn baby. If you are not immune and develop rubella infection in the first twenty weeks of pregnancy, there is a chance that the virus will affect the baby's developing organs and cause serious disability.

In the UK, the introduction of the MMR vaccine has resulted in the infection being virtually eliminated, although due to the decline in the uptake of the measles, mumps and rubella vaccine it has resulted in some cases within the UK.

Symptoms

The symptoms of rubella are mild. Usually the rash is the first indication, although there may be mild catarrh, headache or vomiting at the start.

The rash takes the form of small pink spots all over the body. There may be a slight fever and some tenderness in the neck, armpits or groin and there may be joint pains. The rash lasts for only 1 or 2 days, and the spots remain distinct, unlike measles.

Spread

Spread is by the respiratory route.

Exclusion

Exclude from school for 5 days from the appearance of the rash.

Do's

Promote 2 MMR vaccinations for all pupils.

Female staff should have 2 MMR vaccinations or show a history of rubella infection.

Scabies

Scabies is a skin infection caused by tiny mites that burrow in the skin. The pregnant female mite burrows into the top layer of the skin and lays about 2 to 3 eggs per day before dying after 4 to 5 weeks. The burrows may be several centimetres long but they are very close to the surface of the skin. The eggs hatch after 3 to 4 days into larvae which move to hair follicles where they develop into adults.

Symptoms

The appearance of the rash varies but tiny pimples and nodules are characteristic. Secondary infection can occur if the rash has been scratched. The scabies mites are attracted to folded skin such as the webs of the fingers. Burrows may also be seen on the wrists, palms elbows, genitalia and buttocks.

Spread

Spread is most commonly by direct contact with the affected skin.

Occasionally if there is impaired immunity or altered skin sensation, large numbers of mites occur and the skin thickens and becomes very scaly.

Exclusion

Yes. The infected child or staff member should be excluded until after the first treatment has been carried out.

Do's

The child can return after the first treatment has been completed.

It is important that the second treatment is not missed and this should be carried out 1 week after the first treatment.

All household contacts and any other very close contacts should have 1 treatment at the same time as the second treatment of the case.

Scarlet Fever

A wide variety of bacteria and viruses can cause tonsillitis and other throat infections. Most are caused by viruses but streptococci bacteria account for 25 to 30% of cases. Certain strains of streptococcus bacteria produce a toxin which causes scarlet fever in susceptible people.

Symptoms

There is acute inflammation extending over the pharynx or tonsils. The tonsils may be deep red in colour and partially covered with a thick yellowish exudate. The illness symptoms vary but in severe cases there may be high fever, difficulty in swallowing and tender enlarged lymph nodes.

A rash develops on the first day of fever, it is red, generalised, pinhead in size and gives the skin a sandpaper-like texture and the tongue has a strawberry-like appearance. The fever lasts 24 to 48 hours. Scarlet fever is now usually a mild illness but is rarely complicated by ear infections, rheumatic fever which affects the heart, and kidney problems.

Spread

Spread is by the respiratory route through inhaling or ingesting respiratory droplets or by direct contact with nose and throat discharges especially during sneezing and coughing.

Exclusion

Yes. Children can return to school 24 hours after commencing appropriate antibiotic treatment. If no antibiotics have been administered the person will be infectious for 2 to 3 weeks. If there is an outbreak of scarlet fever at the school or nursery, the HPT will assist with letters and factsheet to send to parents or carers and staff.

Do's

Ensure that particular attention is paid to hand washing at all times.

Send the child home from school if unwell.

Advise parents to take the child to their GP.

Inform the HPT if there is an outbreak.

Slapped cheek syndrome, Parvovirus B19, Fifth's Disease

Symptoms

The illness may only consist of a mild feverish illness which escapes notice but in others a rash appears after a few days. The rose-red rash makes the cheeks appear bright red, hence the name 'slapped cheek syndrome'. The rash may spread to the rest of the body but unlike many other rashes it only rarely involves the palms and soles.

The child begins to feel better as the rash appears. The rash usually peaks after a week and then fades. The rash is unusual in that for some months afterwards, a warm bath, sunlight, heat or fever will trigger a recurrence of the bright red cheeks and the rash itself. Most children recover and need no specific treatment. In adults the virus may cause acute arthritis.

The virus can affect an unborn baby in the first 20 weeks of pregnancy. If a woman is exposed early in pregnancy (before 20 weeks) she should seek prompt advice from whoever is giving her antenatal care.

Spread

Spread is by the respiratory route and a person is infectious 3 to 5 days before the appearance of the rash. Children are no longer infectious once the rash appears. There is no specific treatment.

Exclusion

None. The child need not be excluded from school because he or she is no longer infectious by the time the rash occurs.

Do's

Do advise a visit to the GP.

Do request that parents inform the school of a diagnosis of fifth disease.

Threadworm

Threadworm infection is an intestinal infection and is very common childhood infection.

Symptoms

Adult worms live in the small intestine. Mature female worms migrate through the anus and lay thousands of eggs on the perianal skin causing itching, particularly at night. Infective embryos develop within 5 to 6 hours and these are transferred to the mouth on fingers as a result of scratching. Larvae emerge from the eggs in the small intestine and develop into adult worms.

Spread

Re-infection is common and infectious eggs are also spread to others directly on fingers or indirectly on bedding, clothing and environmental dust.

Exclusion

None needed.

Do's

Do encourage high standards of basic hygiene.

Do recommend a consultation with the GP or pharmacist.

Do be aware that transmission is uncommon in schools.

Don'ts

Don't forget that threadworm infection can lead to lack of sleep, irritability and loss of concentration.

Tuberculosis (TB)

TB is a bacterial infection that can infect any part of the body, including the lungs. It can affect people of all ages, classes and ethnic background.

Symptoms

People with TB might have all or some of the following symptoms; cough, loss of appetite, loss of weight, fever, sweating particularly at night, breathlessness and pains in the chest. TB in a part of the body other than the lungs may produce a lump or swelling which can be painful.

Spread

Some (but not all) people who develop TB of the lung (pulmonary TB) are infectious to others. Spread happens when these infectious cases pass TB in their sputum to someone else by inhalation. This happens if the person had a lot of close contact with the case (especially if the case has been coughing). The incubation period is 4 to 12 weeks.

Exclusion

Yes. Pupils and staff with infectious TB can return to school after 2 weeks of treatment if well enough to do so and as long as they have responded to anti-TB therapy. Pupils and staff with nonpulmonary TB do not require exclusion and can return to school as soon as they are well enough.

Do's

Do inform and discuss with the Health Protection Team, TB nurses or school health advisor before taking any action.

Do maintain confidentiality of persons with suspected TB.

Do exclude pupils whilst they are infectious, following taking advice from TB nurses or the Health Protection Team.

Don'ts

Don't exclude children or staff with non- pulmonary TB or those with pulmonary TB who have effectively completed at least 2 weeks of treatment as confirmed by the TB nurses.

Whooping Cough (pertussis)

Whooping cough (pertussis) is a bacterial chest infection caused by *Bordetella pertussis*. The national immunisation schedule recommends that women 16 to 32 weeks pregnant should be immunised to maximise the likelihood that the baby will be protected from birth. Infants receive 3 doses of vaccination by their 16th week and an additional pre-school booster.

Symptoms

The early stages of whooping cough, which may last a week or so, can be very like a heavy cold with a temperature and persistent cough. The cough becomes worse and usually, the characteristic 'whoop' develops. Coughing spasms are frequently worse at night and may be associated with vomiting. The whole illness may last several months.

The disease is usually more serious in children of pre-school age. Antibiotics rarely affect the course of the illness, but may reduce the period the child is infectious.

Spread

Whooping cough spreads by direct contact with airborne particles of discharges from the nose and throat.

Exclusion

Yes. A child or staff member should not return to school until they have had 48 hours of appropriate treatment with antibiotics and they feel well enough to do so or 21 days from onset of illness if no antibiotic treatment.

Children should be immunised against whooping cough in their first year of life.

Do's

Do advise parent to see GP.

Do allow the child to return to school after exclusion period even if they are still coughing.

Do encourage parents to have their children immunised against whooping cough.

C) Crown Copyright 2019

This publication is available at <https://www.gov.uk/government/publications/health-protection-in-schools-and-other-childcare-facilities/chapter-9-managing-specific-infectious-diseases>

Appendix 5:

Application for Leave of Absence due to Exceptional Circumstances

Exceptional Circumstances Form - PUPIL

Name of Child(ren): _____

I request leave of absence for my child(ren) from school on the following date(s):

Date(s): _____

Times of day, if only part of the day: _____ to _____

Total number of school days: _____

Reason for absence (please give full details unless of a personal nature):

Signed: _____ Date: _____

To be completed by the Headteacher (please circle option which applies):

Authorised Absence:

- C Authorised leave of absence
- E Excluded
- H Authorised holiday
- I Illness
- M Medical/dental appointment
- R Religious observance
- S Study leave
- T Gypsy, Roma and Traveller absence

Unauthorised Absence:

- G Unauthorised holiday
- N Reason not provided
- O Unauthorised absence
- U Arrival after registration

Signed: _____ Date: _____

What does the law say?

The government changed the rules on term-time absence in 2013. Under the new rules, you can only allow your child to miss school if:

- They are too ill to go in
- You have got advance permission from the school

How do I request permission for an absence?

- You must submit a request to the school before you arrange for your child to have time away.
- If you wish to take your child out of school during term time, you should speak to your child's teacher and submit a formal request to the Headteacher via the school office.
- The Headteacher will then consider whether to give permission for the absence

When will absence requests be granted?

Permission for absence will only be granted in **exceptional circumstances**. The Headteacher will consider each absence request individually and decide whether to grant the absence. The Headteacher will also decide how many days your child can be away from school if the absence is granted.

Exceptional Circumstances: Examples of circumstances that are not exceptional may include:

- Cheap holidays or holidays that have already been paid for
- Absence that coincides with important school events such as the start of term or exams

As a general guideline, exceptional absence circumstances usually apply only to immediate family. Requests for leave related to extended family and friends are likely to be refused.

What if I take my child on an unauthorised absence?

If you take your child (who is at compulsory school age*) out of school without advance permission (except where he or she is unwell), you can be fined or even prosecuted. This could involve:

- A fixed penalty notice of £60 within 21 days, or £120 within 28 days
- A parenting order, education supervision order or school attendance order where your child repeatedly misses school without a good reason

*Compulsory school age is set out in section 8 of the Education Act 1996 and the Education (Start of Compulsory School Age) Order 1998. A child reaches compulsory school age on the prescribed day following his or her fifth birthday (or on his or her fifth birthday if it falls on a prescribed day). The prescribed days are 31 December, 31 March and 31 August.

Appendix 6: Letter to parent/carers requesting contact

Date

Dear parent/carers

Your child [name] was absent from school on [day dd month year-day dd month year]. As the absence was unexplained, we request you telephone or email the school office as soon as possible to report the reason for your child's absence and to provide any support to help with [name's] return to school.

Please telephone 01327 493112 or email enquiries@monksmoorprimary.co.uk

Yours sincerely

Mrs Katie Towers
Headteacher

Appendix 7: Stage 2 Letter – 7 sessions of absence

Date

Dear parent / carer

ESCALATED CONCERNS: ATTENDANCE

We recently had a conversation to notify you that [name's] attendance to school is below our expectations. The government expects parents/carers to perform their legal duty by ensuring their children of compulsory school age who are registered at a school attend regularly.

We request you please work with the school to support an improvement in [name's] attendance to school. We have a duty to monitor and track absence of which we do on a daily and weekly basis. Unauthorised absence can lead to your child becoming persistently absent (less than 90% attendance) and subsequently we must then refer them for support from the Local Authority.

I have included below some questions you may have and included an answer for each.

What happens if my child's attendance continues to decline?

You will be invited to a parenting contract meeting. The purpose of the parenting contract is to formally identify any reasons for absence and put a support plan in place to aid improvements in your child's attendance to school.

Is there any support I can receive to help my child attend?

Yes. You can contact me to arrange an appointment to discuss the individual needs of your child. We may support by putting in place an Attendance Support Plan which will be used to signpost external agencies and internal provision.

What will happen if my case is referred to the Local Authority?

As a school operating in the Northamptonshire Local Authority, we follow their procedures in regard to non-attendance of students who are statutory school age. When a case is referred to our Local Authority's Educational Inclusion Partnership Team they will investigate the matter.

I must make you aware that under **Section 444 1/1A of the 1996 Education Act**, you as the parent are responsible for ensuring your child of statutory school age attends school regularly and on time.

How many weeks do I have to support an improvement in my child's attendance?

We will continue to monitor your child's attendance and may visit you at home in the event of absence to offer additional support. We will review their overall attendance each fortnight to check their absence hasn't declined further.

Thank you in advance for your continued support. If you have any questions or wish to discuss this matter further please contact me as soon as possible.

Yours sincerely

Name

Class Teacher

Appendix 8: Stage 4 Letter – Pupil 14 sessions of absence

Date

Dear parent/carer

I'm writing to express my concern at [name's] recent high levels of absence from school.

[His/her] current attendance has fallen to [percentage]. Falling below 95% attendance will likely have an impact on [his/her] academic achievement.

We acknowledge that each family's circumstances are different and we aim to work with parents to provide the best education for every child.

Pupils' welfare is of paramount importance to us and we believe that regular attendance throughout the year is essential for their success and fulfilment.

We want to make sure that we can support [name's] education in the best way possible, including looking into how we can help [him/her] to address gaps in learning due to absence.

I therefore request that you contact the school office on 01327 493112 to arrange a meeting with me as soon as you can to discuss this.

I have included below some questions you may have and included an answer for each.

What happens if my child's attendance continues to decline?

You will be invited to a parenting contract meeting or where one already exists we may review, extend, close or record the contract as failed. The purpose of the parenting contract is to formally identify any reasons for absence and put a support plan in place to aid improvements in your child's attendance to school.

Is there any support I can receive to help my child attend?

Yes. You can contact the office to arrange a meeting to discuss the individual needs of your child. We may support by putting in place an Attendance Support Plan which will be used to signpost external agencies and internal provision.

What will happen if my case is referred to the Local Authority?

As a school operating in the Northamptonshire Local Authority, we follow their procedures in regard to non-attendance of students who are statutory school age. When a case is referred to our Local Authority's Educational Inclusion Partnership Team they will investigate the matter.

I must make you aware that under **Section 444 1/1A of the 1996 Education Act**, you as the parent are responsible for ensuring your child of statutory school age attends school regularly and on time.

How many weeks do I have to support an improvement in my child's attendance?

We will continue to monitor your child's attendance and may visit you at home in the event of absence to offer additional support. We will review their overall attendance each fortnight to check their absence hasn't declined further.

Thank you in advance for your continued support, I look forward to meeting you in the near future.

Yours sincerely

Mrs Katie Towers
Headteacher

Appendix 9 – Attendance Codes and Meanings

CODE	DESCRIPTION	MEANING
/	Present (AM)	Present
\	Present (PM)	Present
B	Educated off site (NOT Dual registration)	Approved Education Activity
C	Other Authorised Circumstances (not covered by another appropriate code/description)	Authorised absence
E	Excluded (no alternative provision made)	Authorised absence
G	Family holiday (NOT agreed <u>or</u> days in excess of agreement)	Unauthorised absence
H	Family holiday (agreed)	Authorised absence
I	Illness (NOT medical or dental etc. appointments)	Authorised absence
J	Interview	Approved Education Activity
L	Late (before registers closed)	Present
M	Medical/Dental appointments	Authorised absence
N	No reason yet provided for absence	Unauthorised absence
O	Unauthorised absence (not covered by any other code/description)	Unauthorised absence
P	Approved sporting activity	Approved Education Activity
R	Religious observance	Authorised absence
S	Study leave	Authorised absence
T	Traveller absence	Authorised absence
U	Late (after registers closed)	Unauthorised absence
V	Educational visit or trip	Approved Education Activity
W	Work experience	Approved Education Activity
D	Dual registration (i.e. pupil attending other establishment)	Not counted in possible attendances
X	Untimetabled sessions for non-compulsory school-age pupils	Not counted in possible attendances
Y	Enforced and partial enforced closure	Not counted in possible attendances
Z	Pupil not yet on roll	Not counted in possible attendances
#	School closed to pupils	Not counted in possible attendances