



Illness Policy

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1. Purpose and Aims

At Hampstead Hill School (HHS) we recognise that it is our responsibility to ensure the Health and Safety of our pupils, Staff and parents through identifying and discussing health issues in an open and positive way which allows us to achieve and maintain our high standards. The health and wellbeing of all the pupils, Staff and parents are of paramount importance to us. In order to maintain a clean and healthy environment we ask that you refrain from bringing your pupils into School if they are sick and/or displaying signs of illness. The following is not an exhaustive list of illnesses and therefore it will be necessary at times for the Staff and ultimately the Headteacher and School Co-ordinator to decide upon the course of action to be taken.

We aim to:

- Ensure sick pupils are identified
- Ensure sick pupils are cared for appropriately while awaiting collection
- Protect pupils and adults from preventable infection
- Enable our Staff and parents to be clear about the requirements and procedures when a pupil is unwell

This policy is based on legislation and guidance from [NHS](#) and [UK Government guidelines](#).

2. Illness Procedure

If a pupil is thought to be unwell, we shall assess the condition of the pupil in a kind and caring manner. We understand the needs of working parents and will not exclude pupils from HHS unnecessarily. It is however at the discretion of the Headteacher or School Co-ordinator when requesting the exclusion of a child for illness or infection and that decision is final. Decisions will be made which take into account the needs of the child and those within the group.

Any pupil with an infectious or contagious disease will be excluded for a certain period of time. If Staff suspect that a pupil has an infectious or contagious disease, they will advise parents to consult a doctor before returning to School.

Should a pupil become ill whilst at School the parent or emergency contact will be called, and we shall ask for the pupil to be collected within one hour if possible. The pupil will be comforted by one of their Teachers who will take appropriate action to include medical advice, if necessary, whilst awaiting the arrival of the parent/carer.

Our Staff will report any worries about a pupil's health or well-being to the parent/carer immediately. Parents/carers are responsible for keeping HHS informed about their child's health.

We recommend that no child may attend HHS whilst suffering from a communicable disease and should be excluded for the periods recommended. Please see our guidelines to illness/communicable diseases.

Parents/carers will be contacted should their child have a high temperature of 37.5°C/99°F or higher and will be requested to collect their child as soon as possible.

Children's paracetamol (Calpol) is administered only with parental consent, which is signed for on the registration forms, to pupils with high temperatures, and for teething at parent's request. This will be given in 2.5ml or 5ml dosage. Parents will be contacted before Calpol is administered if Staff are unsure if the pupil has been given Calpol previously. Piriton may be administered if parental consent has been given. Parents will always be notified if Piriton or Calpol has been administered and record will be made by the administering the medication – see Section 6.

Respect. Kindness. Community. Curiosity. Conservation.

Coughs and colds do not necessarily require the pupil to be excluded from HHS, but this will depend on the severity and how the pupil is able to cope with the School routine. A pupil who is or appears unwell may be refused admission at the discretion of the Headteacher or School Co-ordinator.

If a pupil has ongoing discharge from their ears, nose or eyes the parent/carer will be advised to seek advice before their pupil is allowed back to the School and in some cases a doctor's note may be required before returning.

If your child has not been their normal self at home but is not showing signs of illness when brought into the School, please mention it to your child's teachers and let them know how to best contact you during the day and how they can support your child whilst they are at School.

Should the Headteacher or School Co-ordinator consider the illness or situation needs immediate medical attention, the emergency services will be contacted to take the pupil directly to hospital and the parent/carer will be contacted accordingly.

In the unlikely event of the Parent/carer not being available the most senior member of Staff will assume charge and, if necessary, a member of Staff will take the pupil to hospital along with the relevant details.

HHS is committed to providing the highest standards of care for our pupils to ensure their health and wellbeing is maintained at all times.

We operate an 'open door' policy towards parents/carers at HHS, so please feel free discuss any concerns about your child with their Teacher, Headteacher or Founding Principal.

Please see Appendix 2 for our exclusion period for illnesses.

3. Head Injuries

If a pupil receives a bump to their head, it is our policy to contact the parent/carer immediately, for the pupil to be taken home or to Hospital if thought necessary. This is so the pupil can be monitored closely for any side effects or concussion. All injuries are logged on an accident form which is signed by parents.

4. Reporting of Notifiable Diseases

If a child or adult is diagnosed suffering from a notifiable disease under the [Public Health \(Infectious Diseases\) Regulations 1988](#), the Registered Medical Practitioner will report this to the Health Protection agency.

When the School becomes aware, or is informed of the notifiable disease, the School Co-ordinator will inform OFSTED and Public Health England then act on advice given.

5. Administering Medication

Staff agreeing to administer medication will have received training appropriate to the tasks they are asked to perform.

Facilities are available to enable Staff to wash their hands before and after administering medication and to clean any equipment used after use.

Medication should only be administered to one pupil at a time.

Immediately after administering, or supervising the administration of medication, the *Parental Request for Medication to be Administered in School* should be completed by staff member who has administered the medication – See Appendix 1.

6. Accident & Reporting

An accident form will be completed by the first aider or relevant member of Staff on the same day after an incident resulting in an injury.

Accident forms should be clearly completed, giving as much information as possible.


Completed Accident report forms should be given to the School Administrator or School Co-Ordinator within 48 hours. They will be kept in the School Administrator's office for Upper School and the School Co-ordinator's office for Lower School.

7. Monitoring

This policy will be reviewed yearly by the Compliance Officer and approved by the Headteacher. Government guidelines and restrictions will be considered in the review and implementation of this policy.

8. Links with Other Policies and Documents

- First Aid Policy
- Medication Policy
- Health and Safety Policy

Last Review	January 2024
Next Review	January 2025
Name	 Anne Napier Headteacher

Appendix 1: Parental Request for Medication to be Administered in School

Pupil Details	
Pupil's Name: _____	Date of Birth: _____
Home Address: _____	
_____ Phone Number: _____	
Year Group: _____	Class: _____
Emergency Tel: _____	
Medical Details	
I request and give my consent for my son/daughter to have the following prescribed medication administered by school staff as indicated:	
Nature of medical condition: _____	

Name of medicine(s): _____	

Medicine prescribed by (circle one): General Practitioner / Hospital Consultant / Other	
Name: _____	Position: _____
Practice/Hospital/Other Address: _____	
_____ Department (if applicable): _____	
Times at which medicine(s) to be given: (please specify time or 'as required'):	

Dose of medicine(s) to be given and means of administration:	

Length of time current supply of medicine(s) will cover and expiry date:	

Emergency Contact Details

Name: _____ Parent / Carer (circle one)

Mobile Tel: _____ Work/Other Tel: _____

Other Emergency Contacts: (please provide GP's details and at least ONE other contact)

GP's Name: _____ Tel: _____

Name: _____ Tel: _____

Name: _____ Tel: _____

Prior usage of medication/previous doses given

If several doses of medicine are due in a 24hr period, please endeavour to give one dose before school and one dose after school – please record all doses given at home below and return the form to school daily.

Date	Time Given	Medicine & Dosage	Given by (name/position)

Parental Responsibility

1. I accept responsibility for delivering the medicine(s) personally to the Headteacher or nominated member of the promoted staff, and to replace medicine(s) wherever/whenever necessary.
2. I accept responsibility for advising you immediately of any change of treatment prescribed by any doctor/hospital.
3. I understand and accept that the school administers the medication voluntarily at my request.

Signed: _____ (Parent/Carer) Name: _____ Date: _____

Confirmation of the School's Agreement

I agree that (pupil's name) _____ may receive the medication detailed on this form at the specific times also detailed. Unless parental advice and consent has been given otherwise (pupil's name) _____ will be given the medication by an authorised member of staff.

This agreement will continue either until the end of the course of medication or until we are instructed by parents in writing.

The school may review these arrangements any time subject to suitable notice being given.

Signed (member of SLT): _____ Name: _____ Date: _____

Appendix 2: HHS Exclusion Period for Illnesses

Diseases/Illness	Exclusion Period	Additional Notes
Rash	Parents should seek medical advice, which they should follow before the child returns to School.	If the rash happens while at School, parents will be contacted and asked to pick up their child to seek medical advice, which they should follow before the child returns to School.
Sickness and Diarrhoea	The child should be kept away from School for a minimum of 48 hours from the last time they were sick or had diarrhoea.	A child who has sickness or diarrhoea whilst at the School is to be collected immediately.
Conjunctivitis	Once the child has been treated and the conjunctivitis appears controlled they may return to School at the discretion of the Founding Principal or Headteacher and in discussion with the parent/carer to ensure the spread of the infection is reduced to a minimum.	To prevent the spread of conjunctivitis, suspected cases will be reported immediately to parents/carers who will be requested to take their child to be seen by a doctor or pharmacist for advice on what treatment is required.
Chicken Pox	Children need to be absent from HHS for a minimum of 5 days from the onset of the rash.	After five days if the spots are scabbed over and dried up the child may return to School.
Antibiotics	48 hours from the first dose.	
Coughs, Colds and Sore Throat	Any child complaining of a sore throat, or having uncontrollable fits of coughing, or a severe runny nose, cannot be accepted into School.	
Flu and influenza	Children should stay home until recovered.	Outbreaks will be reported to the local Health Protection Team (HPT).
Respiratory infections including COVID-19	Your child should try to stay home and avoid contact with other people if they have a respiratory infection or symptoms of COVID-19 and they either have a high temperature or do not feel well	If they have mild symptoms and they feel well enough, they can still go to School. Exclusion is dependent upon government guidelines and restrictions.

	enough to go to School or do their normal activities.	
German Measles (Rubella)	From the onset of the rash we advise a minimum of 4 days away from School, particularly as Rubella can be harmful to expectant mothers.	Pregnant Staff should seek prompt advice from their GP or midwife.
Hand, Foot and Mouth	No exclusion required.	If a large number of cases are present, parents will be notified and we will contact the local HPT. Exclusion may be considered in some circumstances.
Head Lice	Easily transmitted from head-to-head. Please use a course of treatment recommended by the Chemist and inform the teacher, so we can inform other parents. As soon as the child has been treated, they may return to School.	If cases are identified whilst your child is at School, we ask for treatment to be carried out immediately to reduce the risk of spreading throughout the School.
Hepatitis	HHS is unable to accept an infectious child until declared fit by a doctor.	
Impetigo	Highly infectious – your child should not return until all scabs have cleared from the infected area or 48 hours after starting antibiotic treatment.	Includes other infectious skin disorders, such as cold sores.
Measles	From the onset of the rash, we recommend at least 4 days away from School.	Pregnant Staff should seek prompt advice from their GP or midwife.
Meningococcal Meningitis or bacterial Meningitis	The School is unable to accept an infectious child until declared fit by a doctor.	
Mumps	Please allow 5 days away from School.	A child must not return to School until swelling has gone and temperature is back to normal.
Plantar Warts and Athlete's Foot	No exclusion. Should be treated and covered.	Children should not be barefoot at their setting and should not share towels, socks or shoes with others.

Ringworm	For ringworm of body, it is seldom necessary to exclude a child, provided treatment is being given.	
Scabies	Requires immediate treatment and the child can return after the treatment has been applied.	Red, itchy rash in between the fingers. Household and close contacts require treatment at the same time.
Scarlet Fever	Exclude until 24 hours after starting antibiotic treatment.	A person is infectious for 2 to 3 weeks if antibiotics are not administered. In the event of 2 or more suspected cases, we will contact the local HPT.
Slapped Cheek	None (once rash has developed).	Harmful to expectant mothers.
Temperature	If sent home ill with a temperature, a child must be off for at least 24 hours.	
Thread Worms	No need for exclusion but prompt treatment necessary for the whole family.	HHS should be informed.
Tonsillitis	No exclusion. There are many causes, but most cases are due to viruses and do not need or respond to an antibiotic treatment.	Tonsils swell, become red and inflamed and may show white spots.
Tuberculosis	Until at least 2 weeks after the start of effective antibiotic treatment (if pulmonary TB). Exclusion not required for non-pulmonary or latent TB infection.	Only pulmonary (lung) TB is infectious to others, needs close, prolonged contact to spread. Please liaise with the local Health Authority.
Whooping Cough	The child must be off for 2 days from starting antibiotic treatment, or 21 days from onset of symptoms if no antibiotics.	After treatment, non-infectious coughing may continue for many weeks.

Should you or any other member of your immediate family have any of the above illnesses, please remember that your child, whilst not necessarily showing any symptoms, may be incubating the illness and therefore infecting other School users and Staff.