



Sick Child Policy

Ratified by Governors: September 2026

Review: September 2029

1. Purpose and scope

This policy sets out how Herrick Primary School cares for children who become unwell during the school day, and when a child with an infectious illness should stay at home. It applies to all pupils, including those in Reception, and to staff, volunteers and visitors.

The school aims to limit the spread of infection while keeping children in school wherever it is safe to do so. Attending school matters for children's education, wellbeing and future health, and we do not send children home or keep them away unnecessarily.

"Exclusion" in this policy means public health exclusion

Throughout this policy, exclusion means a period during which a child should not attend school because they are infectious. It has nothing to do with suspension or permanent exclusion for behaviour, which are governed entirely separately by the school's Behaviour Policy and the DfE's suspension and permanent exclusion guidance.

1.1 Legal framework and guidance

This policy has regard to:

- UKHSA, Health protection in children and young people settings, including education – the source of the exclusion periods in section 6
- Public Health (Control of Disease) Act 1984
- Health Protection (Notification) Regulations 2010 – notifiable diseases
- Health and Safety at Work etc. Act 1974, and the Management of Health and Safety at Work Regulations 1999 – including risk assessment for new and expectant mothers
- Control of Substances Hazardous to Health Regulations 2002 (COSHH) – handling blood and body fluids
- Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR)
- Education (Pupil Registration) (England) Regulations 2024 – recording of absence
- DfE, Working together to improve school attendance – statutory guidance
- Section 100, Children and Families Act 2014, and Supporting pupils at school with medical conditions
- Section 34, Children's Wellbeing and Schools Act 2026, and Allergy safety in schools (July 2026)
- Statutory framework for the Early Years Foundation Stage – for Reception
- School Premises (England) Regulations 2012 – accommodation for the care of sick or injured pupils
- Equality Act 2010
- Data Protection Act 2018 / UK GDPR – health information is special category data
- Keeping Children Safe in Education

1.2 Related policies

- Medicine in School Policy — administration and storage of medicines
- Allergy Safety Policy — allergy, anaphylaxis and emergency adrenaline
- First Aid Policy; Health and Safety Policy; Attendance Policy
- Safeguarding and Child Protection Policy; Data Protection Policy; Complaints Policy

2. A child who becomes unwell at school

- Staff are alert to signs of illness and should feel confident to question the presentation of a child who seems unwell, and to raise it with the SLT.
- A child who becomes unwell is cared for in the medical room, supervised by a member of staff at all times. A child who is unwell is never left alone or sent to the office unaccompanied.
- Parents and carers are contacted and asked to collect their child where the child is too unwell to remain in school, or where an exclusion period in section 6 applies.
- The child is kept comfortable and, where appropriate, away from other children while waiting to be collected.
- Cuts and open sores on children or adults are covered with a dressing.

Where a child has an Individual Healthcare Plan, staff follow that plan. Where a child has a known allergy, staff follow the Allergy Safety Policy — a child having an allergic reaction is treated as an emergency, not as a sick child.

2.1 When to call for emergency help

Staff call 999 immediately, and do not wait for parents, if a child:

- Has difficulty breathing, is making a grunting noise, or is going blue around the lips
- Is unresponsive, unusually drowsy, or difficult to rouse
- Has a fit or seizure for the first time, or one lasting more than five minutes
- Has a rash that does not fade when pressed with a glass
- Shows signs of anaphylaxis — see the Allergy Safety Policy, and give adrenaline first
- Has a serious injury, or heavy bleeding that will not stop

For advice on a child who is unwell but not seriously so, staff may call NHS 111. Parents are informed of any call to 999 or 111 as soon as possible.

2.2 Temperature

The NHS defines a fever as a temperature of 38°C or above. A child with a high temperature who is unwell should not be in school and will be sent home. They should stay at home until the temperature has resolved and they are well enough to return.

The school does not routinely give paracetamol or ibuprofen to reduce a temperature. Medicines are only administered in accordance with the Medicine in School Policy.

3. Infection prevention and control

- Handwashing with soap and warm water is taught and supervised — before eating, after using the toilet, and after coughing, sneezing or blowing the nose.
- Pupils are taught to catch coughs and sneezes in a tissue, bin it, and wash their hands.
- Rooms are ventilated with fresh air, balanced against comfort and temperature.

- Spillages of blood, vomit, urine, faeces or other body fluids are cleared immediately by trained staff using disposable gloves and apron, and disposed of appropriately. Blood and body fluids are always treated as potentially infectious, whether or not the individual is known to have an infection.
- Cleaning products and PPE are stored and used in accordance with COSHH.
- Toilets, handwashing facilities, door handles and frequently touched surfaces are cleaned regularly, and more frequently during an outbreak.

4. Outbreaks and notifiable diseases

4.1 Reporting an outbreak

An outbreak is two or more people with a similar illness linked in time or place, or a higher than expected rate of illness for the time and place.

The school contacts the UKHSA Health Protection Team as soon as possible where there is:

- An outbreak or cluster of any infection, including diarrhoea and vomiting, respiratory infection or flu
- A serious or unusual illness, for example E. coli STEC, hepatitis A, meningitis, measles or tuberculosis
- Two or more cases of scabies, or a large number of cases of hand, foot and mouth
- Any situation where staff are unsure what action to take

The Health Protection Team advises on control measures, contact tracing, letters to parents, and whether any additional exclusion is needed. Their advice takes precedence over the table in section 6. Where the local Health Protection Team issues advice that is more stringent than the national table, the school follows the local advice and makes this clear to parents.

UKHSA East Midlands Health Protection Team	0344 2254 524 (Option 1)
Leicester City Council public health	0116 454 4000
School nursing team	0300 300 3001
NHS advice	111 — Emergencies: 999

4.2 Notifiable diseases

Under the Health Protection (Notification) Regulations 2010, registered medical practitioners must notify certain diseases to the local authority or UKHSA. That legal duty sits with the doctor, not the school. The school's role is to inform the Health Protection Team of outbreaks and serious illness as set out above, and to act on the advice given.

Diseases marked with an asterisk in section 6 are notifiable. Where the school is told of a case, it will inform parents of affected classes as advised by the Health Protection Team, without identifying the child concerned.

5. Clinically vulnerable pupils

Some children are at greater risk from infection — for example those who are immunosuppressed, receiving treatment for cancer, on high-dose steroids, or who have had an organ transplant. Parents of these children are asked to make the school aware, and arrangements are recorded in the child's Individual Healthcare Plan.

Where there is a case of chickenpox, shingles, measles or slapped cheek in the school, the parents of any clinically vulnerable child are informed promptly so that they can seek medical advice. The child concerned is not identified.

Special educational needs are not the same as clinical vulnerability. Most pupils with SEND require no additional health protection measures. Where a pupil does have a clinical vulnerability, staff seek advice from that pupil's clinical team.

6. Exclusion periods

Source and status

The table below reproduces the exclusion periods in the current UKHSA exclusion table. UKHSA updates this table from time to time. Before relying on it, staff should check the live version at [gov.uk](https://www.gov.uk/search?q=Health+protection+in+children+and+young+people+settings) (search: Health protection in children and young people settings). Where the two differ, the UKHSA table applies and this policy is corrected at the next review.

Infections marked * are notifiable. Where advice from the UKHSA Health Protection Team differs from this table, follow the Health Protection Team.

Infection	Exclusion period	Notes
Athlete's foot	None	Children should not be barefoot in changing areas, or share towels, socks or shoes.
Chickenpox	At least 5 days from onset of rash, and until all blisters have crusted over	Pregnant staff contacts should consult their GP or midwife.
Cold sores (herpes simplex)	None	Avoid kissing and contact with the sores.
Conjunctivitis	None	No exclusion, and no need to see a doctor before returning. Contact the Health Protection Team if there is an outbreak or cluster.
Diarrhoea and vomiting	24 hours after diarrhoea and vomiting have stopped	Where a specific cause is identified — for example E. coli STEC or hepatitis A — longer exclusion may apply. Take advice from the Health Protection Team.

Infection	Exclusion period	Notes
Diphtheria*	Exclusion essential — always consult the Health Protection Team	Preventable by vaccination. Family contacts excluded until cleared to return by the Health Protection Team.
Flu (influenza) or influenza-like illness	Until recovered	Report outbreaks to the Health Protection Team.
Glandular fever	None	
Hand, foot and mouth	None	Contact the Health Protection Team if a large number of children are affected; exclusion may be considered in some circumstances.
Head lice	None	Treatment by parents is required. A child is never sent home or kept off school for head lice, however heavy the infestation.
Hepatitis A	Until 7 days after onset of jaundice, or 7 days after symptom onset if no jaundice	The Health Protection Team will advise on control measures in an outbreak.
Hepatitis B and C, HIV	None	Blood-borne viruses, not infectious through casual contact. Contact the Health Protection Team for advice.
Impetigo	Until lesions are crusted or healed, or 48 hours after starting antibiotic treatment	Antibiotic treatment speeds healing and reduces the infectious period.
Measles*	4 days from onset of rash, and well enough to return	Preventable by 2 doses of MMR. Pregnant staff contacts should seek prompt advice from their GP or midwife.
Meningococcal meningitis* or septicaemia*	Until recovered	Meningitis ACWY and B are preventable by vaccination. The Health Protection Team will advise on any action needed.
Meningitis* due to other bacteria	Until recovered	Hib and pneumococcal meningitis are preventable by vaccination.
Meningitis — viral	None	Milder than bacterial meningitis. Siblings and close contacts need not be excluded.
MRSA	None	Handwashing and environmental cleaning minimise spread.
Mumps*	5 days after onset of swelling	Preventable by 2 doses of MMR.

Infection	Exclusion period	Notes
Respiratory infections, including COVID-19	Do not attend with a high temperature while unwell	Children with mild symptoms such as a runny nose or headache, who are otherwise well, can continue to attend.
Ringworm	Not usually required	Treatment is needed.
Rubella* (German measles)	5 days from onset of rash	Preventable by 2 doses of MMR. Pregnant staff contacts should seek prompt advice from their GP or midwife.
Scabies	None	Treatment is required, and household and close contacts require treatment at the same time. Contact the Health Protection Team if there are 2 or more cases.
Scarlet fever*	24 hours after starting antibiotic treatment	Those who decline antibiotics should stay at home until symptoms have resolved. Contact the Health Protection Team if there are 2 or more cases.
Shingles	Exclude only if the rash is weeping and cannot be covered	Can cause chickenpox in those who are not immune. Pregnant contacts should seek advice.
Slapped cheek / fifth disease / parvovirus B19	None, once the rash has developed	Pregnant contacts should consult their GP or midwife.
Threadworms	None	Treatment recommended for the child and household.
Tonsillitis	None	Most cases are viral and do not respond to antibiotics.
Tuberculosis* (TB)	Pulmonary TB: until at least 2 weeks after starting effective antibiotic treatment. Non-pulmonary or latent TB: no exclusion	Always consult the Health Protection Team before telling staff or parents. Only pulmonary TB is infectious, and spread needs close, prolonged contact.
Warts and verrucae	None	Verrucae should be covered in swimming pools, gyms and changing rooms.
Whooping cough (pertussis)*	2 days from starting antibiotic treatment, or 21 days from onset of symptoms if no antibiotics	Preventable by vaccination. Non-infectious coughing may continue for weeks after treatment.

6.1 Illnesses not listed

Coughs and colds do not normally require a child to stay at home. Whether a child attends depends on how unwell they are and whether they can cope with the school day. Where a child is clearly unwell, we may ask that they are taken home.

Where an illness is not listed above, staff check the UKHSA A to Z of infections or contact the Health Protection Team for advice, rather than applying a general rule.

6.2 Contacts of a case

Being exposed to an infection is not, by itself, a reason for a child to stay at home. Siblings and other contacts of a case attend as normal unless they are themselves unwell, or unless the UKHSA Health Protection Team advises otherwise. Decisions about excluding contacts — for example of diphtheria or tuberculosis — are made by the Health Protection Team, not by the school.

7. Decisions, attendance and records

7.1 Decisions about attendance

Where a child has an infection with a stated exclusion period, that period applies. Where a child is unwell but has no infection requiring exclusion, the school decides whether they are well enough to remain in school, taking account of the needs of the child and of the other children.

These decisions are made by the Headteacher or a senior member of staff, with advice from the UKHSA Health Protection Team where appropriate. Parents who disagree with a decision should raise it with the Headteacher in the first instance, and may then use the school's Complaints Policy.

7.2 Attendance recording

Absence for illness, including a public health exclusion period, is recorded as authorised absence using attendance code I, in accordance with the Education (Pupil Registration) (England) Regulations 2024.

- A child kept at home for an exclusion period is not penalised.
- Where illness-related absence becomes frequent or prolonged, the school follows Working together to improve school attendance and works with the family, the school nursing team and any relevant healthcare professionals to support attendance rather than treating it as a compliance issue.
- Where a child has a long-term or recurring condition, an Individual Healthcare Plan is put in place under the Medicine in School Policy, and arrangements are made to maintain educational progress during absence.

7.3 Records and confidentiality

The school records each occasion on which a child is sent home unwell, each reported infection, and any advice received from the Health Protection Team. Health information is special category data under UK GDPR and is shared only with those who need it. When informing parents of a case in school, the child concerned is never identified.

7.4 Communication with parents

Parents are told about this policy on admission and whenever it is updated, and are given the exclusion periods in section 6. Parents are asked to:

- Keep their child at home for the periods set out in section 6, and tell the school the reason for absence on the first morning
- Tell the school promptly if their child is diagnosed with an infectious illness, so that the school can take any action needed
- Keep contact details up to date, and provide at least two contacts who can collect a child at short notice
- Collect their child promptly when asked to do so
- Tell the school if their child is clinically vulnerable

8. Monitoring and review

Activity	Frequency	Responsibility
Review of this policy	Annually, or sooner if UKHSA guidance changes	Governing Body Arzu Aydin- Deputy head teacher

Policy approval

Chair of Governors — signature	
Print name	
Date	
Headteacher — signature	
Print name	
Date	