



Medical Conditions and School Attendance:

Advice for Parents/Carers

May 2022

Should I send my child to school or keep them at home?

At some point in your child's school career, you will ask yourselves the question: "Should I send my child to school?" For a parent of a child with special educational needs, this question may occur more frequently.

The aim of this guide is:

*To offer advice on when you should send your child to school, or keep them at home
To give you tips that will help you to ensure your child is in school as often as possible*

To provide you with advice a clear indication is given in either

RED = Your child should NOT come to school

OR

Green = Your child should still come to school.

This booklet uses information taken from Government advice to schools on the management of infectious diseases. However, the list also includes scenarios that we have found to be a common cause of absence for pupils at Hob Moor Oaks Academy, which lie outside of this; for example, a child feeling tired, or needing to visit the doctor.

Top 5 Medical Conditions or Reasons for Absence from School

Tiredness



Tiredness is NOT a medical condition, although it may arise as a result of a medical condition. Neither does 'tiredness' feature in the government advice list as it is not an infectious disease. However, this is often the reason given by parents/carers for why their child cannot attend school.

We are very sympathetic to the various reasons that your child may be tired and, if needed, we can support you by providing the opportunity in school for your child to rest, and sleep if necessary.

Your child should still come to school. Feeling tired is not a reason to miss school.

Headache

Lots of things can cause mild headaches, from tiredness to eye-strain.

Your child should still come to school.

Paracetamol prescribed by a doctor or pharmacist can be left in school. If your child has a headache that persists, is severe, or is accompanied by other symptoms, you should consult your GP.

Sickness and Diarrhoea (Gastroenteritis)

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

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. Infection can also be spread when the affected person vomits which can spread the organism directly to others and contaminate the environment. A person will be infectious while symptoms remain.

Your child should not come to school.

Your child should stay at home 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.

Common Cold

If your child has a cough or a sore throat but no other symptoms,

Your child should still come to school.



However, if they have a raised temperature, are drowsy or get the shivers, keep them off school. Give your child 24 hours after symptoms subside before sending them back to school.

Medical Appointments

Your child may need to attend a medical appointment at some point during the school year. You should try to limit the amount of time absent from school by bringing your child to school before and after the appointment wherever possible. You must let us know about medical appointments. We need to know what the appointment is for, where the appointment is taking place and the amount of time you think your child will be absent from school.

Your child should still come to school before or after the appointment. School may ask for proof of the appointment.

Antibiotics and other medications



Your child can come to school when they are taking prescribed antibiotics as long as they are well enough to do so. If they need their antibiotic at least 4 times a day then we can give them it in school. You will just need to sign a medical consent form which you can do when you drop them off or if they come on transport we can send you one home to sign.

Your child should still come to school as long as they are well enough to do so.

Other Common Medical Conditions

Chickenpox (shingles)



Chickenpox is highly infectious. It has a sudden onset with fever, runny nose, cough and a generalised rash which 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. Cases of chickenpox are generally infectious from 2 days before the rash appears to 5 days after the onset of rash.

All lesions should be crusted over before children return to school.

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. There is often an altered sensation before the rash appears, accompanied by 'flu like' symptoms. Shingles is infectious to those who have not had chickenpox. **Children should be kept home from school if the rash is weeping and cannot be covered or until the rash is dry and crusted over.**

Your child should not come to school.

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 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. 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.

Seek medical advice and encourage your child not to rub their eyes and to wash their hands frequently and not share towels.

Your child should still come to school



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 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, vomiting, diarrhoea, stomach cramps and fever.

Your child should stay off school **until 48 hours after the diarrhoea and vomiting** has stopped and until they are well enough to return.

Your child should not come to school



Glandular fever

Glandular fever is caused by the Epstein-Barr virus.

Symptoms are severe tiredness, aching muscles, 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 is by direct contact with saliva and by indirect contact with hands or contaminated objects.

Promote hand hygiene to reduce the risk of spread and ensure used tissues are disposed of. Remember your child may feel unwell for some months. There is no specific treatment, only symptom management.

Your child should not come to school but can return to school once they feel well.

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. The child usually develops a fever, reduced appetite and generally feels 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.

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 your child is well because the virus can still be present in the faeces and saliva (spit) for a few weeks.

Your child should not come to school. They are safe to return to school 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.* Don't confuse it 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.

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. Head lice 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 needed if live lice are seen – seek advice from a pharmacist.

Your child should still come to school.

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.

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

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.

Your child should not come to school until the lesions are crusted and healed or 48 hours after commencing antibiotic treatment. Promote hand hygiene to reduce the risk of spread. Towels and facecloths or eating utensils should not be shared with others.



Measles

Measles is a highly infectious viral infection. The mumps, measles-rubella (MMR) immunisation campaign carried out in the UK in 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.

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.

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

Your child should not come to school. Cases are infectious from 4 days before onset of rash to 4 days after, so it is important to ensure your child stays off school during this period



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.

Common signs and symptoms of meningitis and septicaemia include fever, severe headache, photophobia (pain when looking at lights), neck stiffness, non-blanching rash (see glass test below), vomiting, drowsiness.

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

Your child should not come to school.

Meningococcal meningitis and meningitis septicaemia

Meningitis and septicaemia require immediate medical attention.

Your child should not come to school.

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

If your child has been treated and has recovered, they can return to school. The health protection team (Government agency) will have carried out a risk assessment and organised antibiotics for household and other close contacts.

Meningitis (viral)

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

Your child should not come to school.

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

Mumps



Mumps is a viral infection. The first symptoms of mumps are usually a raised temperature and a general feeling of being unwell. 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.

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

Your child should not come to school

You should see your GP. Infected children can return to school after 5 days, if well after the onset of swelling.



Ringworm

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. Until recently this was usually spread from infected animals but now spread between humans within families and in schools is more common.

Your child should still come to school.

Ringworm of the scalp

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.

Your child should still come to school.

Ringworm of the body

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

Your child should still come to school.



Athlete's foot

Athlete's foot affects the feet, particularly the toes, in between the toes and soles.

Your child should still come to school.

Nail ringworm

Nail ringworm is an infection of the nails often with infection of the adjacent skin. There is thickening and discolouration of the nail. It is spread by direct skin to skin contact with an infected person or animal and with athlete's foot. It is also spread by indirect contact with contaminated surfaces.

Your child should still come to school.



Rubella (German Measles)

Rubella is a viral infection. The infection is mild but can cause congenital rubella syndrome. 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.

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.

Your child should not come to school for 5 days from the appearance of the rash.



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

Your child should not come to school.

They can return after a first treatment has been completed. It is important that a second treatment is not missed, and this should be carried out 1 week after the first treatment.

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.

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 (fluid). 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 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.

Your child should not come to school; they can return to school 24 hours after commencing appropriate antibiotic treatment. If no antibiotics have been administered your child will be infectious for 2 to 3 weeks.



Slapped cheek syndrome, Parvovirus B19, Fifth's Disease

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.

Your child will begin 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.

Children are no longer infectious once the rash appears. There is no specific treatment.

Your child should still come to school. You should visit your GP.

Sepsis



Sepsis is a life-threatening condition. It happens when a person's immune system overreacts to an infection and starts to damage their body's own tissues and organs. You cannot catch sepsis from another person.

Symptoms of sepsis are:-

- Blue, pale or blotchy skin, lips or tongue
- A rash that does not fade when you roll a glass over it, the same as meningitis
- difficulty breathing (you may notice grunting noises or their stomach sucking under their ribcage), breathlessness or breathing very fast
- a weak, high-pitched cry that's not like their normal cry
- not responding like they normally do, or not interested in feeding or normal activities
- being sleepier than normal or difficult to wake

Sepsis needs treatment in hospital straight away because it can get worse quickly.

A person with sepsis should get antibiotics within 1 hour of arriving at hospital.

If sepsis is not treated early, it can turn into septic shock and cause a person's organs to fail. This is life threatening.

They may need other tests or treatments depending on their symptoms, including:

- treatment in an intensive care unit
- a machine to help them breathe (ventilator)
- surgery to remove areas of infection

They may need to stay in hospital for several weeks.

Your child should not come to school

Threadworm



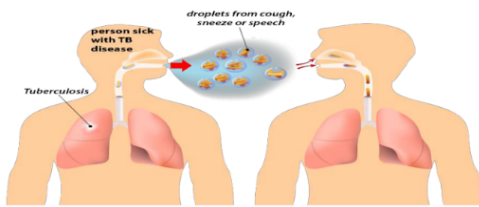
Threadworm infection is an intestinal infection and is very common childhood infection.

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.

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

Your child should still come to school. Maintain high standards of basic hygiene and consult with your GP or pharmacist. Transmission is uncommon in schools.

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.

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.

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.

Your child should not come to school; they can return to school after 2 weeks of treatment if they are well enough to do so and as long as they have responded to anti-TB therapy. A child with non-pulmonary TB can return to school as soon as they are well enough.



If your child is unwell and you are unsure of what is making them ill please seek medical advice from your doctor

A complete document advising on the management of infectious diseases in school can be found at:

<https://www.gov.uk/government/publications/health-protection-in-schools-and-other-childcare-facilities/chapter-3-public-health-management-of-specific-infectious-diseases#meningitis>

Remember

You must let us know if your child is ill and unable to come to school. You must also tell us what is wrong with your child and their anticipated return to school. Ring us on **01904 806655** or send their Class teacher a message on Tapestry Care Diary.

It's important to tell us what's wrong with your child because,

- Telling us what illness your child has can help us to protect the other children and staff and prevent the spread of some illnesses.
- Some of our children are very vulnerable and can be very susceptible to certain illnesses.
- Sometimes we have staff and/or parents that are pregnant and certain illnesses can cause problems to them and their unborn babies. Illnesses such as Chickenpox, Parvovirus and German measles can be very harmful to an unborn baby. School **MUST** be informed if your child has one of these illnesses.

If your child's attendance falls below 90% they will be identified as a "Persistent Absentee". You will be notified of this and invited to school for an attendance meeting. If your child's attendance does not improve we may then put an "Attendance Plan" in place.

