



**Medical Conditions and  
School Attendance:**  
Advice for Parents/Carers



## Should I Send My Child To School Or Keep Them At Home?

At some point in a child's school career, parents and carers will ask themselves 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 as follows:

- 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 go to school** or **green: Your child should still to go 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 students at Hazelbeck, which lie outside of this; for example, a child feeling tired, or needing to visit the doctor.

The booklet starts by listing the 'Top 5' most frequent reasons for student absence.

It is then organised in alphabetical order for ease of reference which means that more common causes of absence may not appear towards the top; simply scan the list for the situation for which you require advice, for example, Rubella (German Measles) is under 'R'.

To view the full, un-edited version of this document, please go to the website and refer to the Beckfoot Trust: Hazelbeck, Local Procedure for Attendance and Punctuality. The full list of medical conditions is included at the end and can be accessed via the link.

### **If your child is absent you must:**

Contact us by 8.30am, or as soon as possible on the first day of absence with the reason for your child's absence, in one of the following ways:

- By phone: 01274 777107 and ask for Saika Shaheen (Parental Link Worker) or Vicky Ullah (Attendance Link Worker)

- By text: 07860 002507
- By email: 3807034@capita-intouch.co.uk

## **Hazelbeck's Top 5 Medical Conditions**

### **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 for your child to rest, and sleep if necessary.

**Your child should still go to school.** Feeling tired is not a reason to miss a whole day of school.

### **Sickness and Diarrhoea (Gastroenteritis)**

Diarrhoea has numerous causes, but diarrhoea caused by an infection in the gut can be easily passed to others. *Diarrhoea is defined as 3 or more liquid or semi-liquid stools in a 24-hour period.*

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.

**Your child should not go 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, **they are probably fine to go 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.

### **Flu (Influenza)**

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.

Symptoms include headache, fever, cough, sore throat, aching muscles and joints, and tiredness. Cases are infectious from 1 day before to 3 to 5 days after symptoms appear.

Flu is spread by breathing in droplets coughed out into the air by infected people or by touching surfaces.

**Your child should not go to school** and remain at home until recovered.

Help your child to cover their nose and mouth 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.

## **Headache**

Lots of things can cause mild headaches, from tiredness to eye-strain. **Your child doesn't need to miss school because of a mild headache.** If your child has a headache that persists, is severe, or is accompanied by other symptoms, you should consult your GP.

## **Other Common Medical Conditions in Alphabetical Order**

### **Chicken pox (shingles)**

Chickenpox is highly infectious. It 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.

**Your child should not go to school.** 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.

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

### **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.

**Your child should still to go to school;** seek medical advice. Encourage your child not to rub their eyes and to wash their hands frequently and not share towels.

### **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 not go to school** and should stay off school until 48 hours after the diarrhoea and vomiting has stopped and they are well enough to return.

### **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. The incubation period is between 4 to 6 weeks.

**Your child should not go to school.** They can return once they feel well.

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.

### **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 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.

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 go 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 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. 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 needed if live lice are seen.

**Your child should still to go 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 go 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 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 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 go 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, 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 the treatment of viral meningitis, but symptoms are usually much milder.

**Your child should not go to school.**

#### **Meningococcal meningitis and meningitis septicaemia**

Meningitis and septicaemia require immediate medical attention. **Your child should not go to school.**

Symptoms include fever, severe headache, photophobia, 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 HPT 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 go to school.**

Symptoms include headache, fever, gastrointestinal or upper respiratory tract involvement 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 go to school** and you should see your GP. Infected children can return to school 5 days after the onset of swelling, if well.

### **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, 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.

**Your child should still go to school with any of the conditions below:**

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

### **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 go 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 go 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 go 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 go to school.** You should visit your GP.

### **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 to go 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 go to school;** they 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. A child with non-pulmonary TB can return to school as soon as they are well enough.

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-9-managing-specific-infectious-diseases>