



When Your Child is Unwell – School Policy

Schools are naturally busy environments where seasonal illnesses can spread quickly, particularly during the Autumn term when the change in weather/temperature can increase the circulation of common bugs.

At Sacred Heart, we are committed to maintaining a safe and healthy environment for all pupils and staff. While we understand that mild symptoms can be manageable, we must prioritise the health and safety of all our pupils and staff - particularly those in school who are vulnerable or immunocompromised.

As such, we ask families to be especially vigilant and follow our illness-related attendance policy to help minimise the impact of contagious conditions within our school community.

To inform our school policy, we put into place the following information from:

- UK Health Security Agency - [Children and young people settings: tools and resources - GOV.UK](#)
- NHS - [Is my child too ill for school? - NHS](#)

We understand it can be hard deciding whether to keep a poorly child off school. A few simple guidelines can help. Not every illness needs to keep your child from school. If you keep your child away from school, be sure to inform the school on the first day of their absence. Use common sense when deciding whether or not your child is too ill to attend school. Ask yourself the following questions:

- Is your child well enough to do the activities of the school day? If not, keep your child at home.
- Does your child have a condition that could be passed on to other children or school staff? If so, keep your child at home.
- Would you take a day off work if you had this condition? If so, keep your child at home.

Common Conditions

Cough and cold: A child with a minor cough or cold may attend school. If the cold is accompanied by a raised temperature, shivers or drowsiness, the child should stay off school, visit the GP and return to school 24 hours after they start to feel better. If your child has a more severe and long-lasting cough, consult your GP. They can give guidance on whether the child should stay off school.

Chickenpox: If your child has chickenpox, keep them off school until all the spots have crusted over. This is usually about 5 days after the spots first appeared.

Headache: A child with a minor headache doesn't usually need to be kept off school. If the headache is more severe or is accompanied by other symptoms, such as raised temperature or drowsiness, then keep the child off school and consult your GP.

Impetigo: If your child has impetigo, they'll need treatment from a pharmacist or GP, often with antibiotics.

Keep them off school until all the sores have crusted over and healed, or for 48 hours after they start antibiotic treatment. Encourage your child to wash their hands regularly and not to share things like towels and cups with other children at school.

Raised temperature: If your child has a raised temperature, they shouldn't attend school. They can return 24 hours after they start to feel better.

Rash: Rashes can be the first sign of many infectious illnesses, such as chickenpox and measles. Children with these conditions shouldn't attend school. If your child has a rash, check with your GP or practice nurse before sending them to school.

Scarlet fever: If your child has scarlet fever, they'll need treatment with antibiotics from a GP. Otherwise, they'll be infectious for 2 to 3 weeks. Your child can go back to school 24 hours after starting antibiotics.

Slapped cheek syndrome (fifth disease): You don't need to keep your child off school if they have slapped cheek syndrome because, once the rash appears, they're no longer infectious. **You must let the school know if you think your child has slapped cheek syndrome as this poses a risk to vulnerable staff and children and pregnant staff.**

Sore throat: A sore throat alone doesn't have to keep a child from school. If it's accompanied by a raised temperature, the child should stay at home.

Vomiting and diarrhoea: Children with these conditions must be kept off school. They can return 48 hours after their last bout of sickness and/or diarrhoea. Most cases of vomiting or diarrhoea get better without treatment, but if symptoms persist or your child is young, consult your GP.

Headlice and Nits: To control the spread of headlice and nits, if staff spot any live lice, we will contact parents to collect the child. Children can return once treatment has been applied (please tie hair back). It's also important to check the hair of all your family and use the appropriate treatment if you find any head lice. It is important to remember to **"ONCE A WEEK, TAKE A PEEK"** to help us manage this problem. We look for your assistance with this, as unless **EVERYBODY** checks heads regularly, we will be unable to prevent the lice spreading and causing re-infestation.



Parents can access treatment for head lice over the counter at pharmacies and supermarkets.

How to Treat Head Lice

1. Wet Combing (First-line treatment):

- Wash hair with regular shampoo
- Apply lots of conditioner
- Use a fine-toothed detection comb from root to tip
- Repeat on days 1, 5, 9, and 13
- Check again on day 17 to ensure all lice are gone

2. Medicated Lotions or Sprays:

- Use only if live lice are found
- Available from pharmacies, supermarkets, or online
- Some require a second application after 7 days
- Always follow the instructions on the product



Some treatments are not recommended because they're unlikely to work. For example:

- products containing permethrin
- head lice "repellents"
- electric combs for head lice
- plant oil treatments, such as tea tree oil, eucalyptus oil and lavender oil herbal remedies

If lice appear unaffected by the product (some lice may develop resistance to particular insecticides), or if the problem persists, seek advice from your school nurse, health visitor, pharmacist or GP.