



# **Polisi Salwch a Chadw Draw o'r Ysgol**

## ***Policy for Illness and Staying Off School***

**Diweddarwyd / Updated: 04/2024**

**Adolygiad Nesaf / Next Review: 04/2027**

**Ysgol Gymraeg Y Fenni**  
Heol Dewi Sant | St. David's Road  
Y Fenni | Abergavenny  
Sir Fynwy | Monmouthshire  
NP7 6HF

**Ffôn | Tel:** 01873 852388  
**Ebost | Email:** [ysgolgybraegyfenni@monmouthshire.gov.uk](mailto:ysgolgybraegyfenni@monmouthshire.gov.uk)  
**Gwefan | Website:** [www.ysgolgyfenni.co.uk](http://www.ysgolgyfenni.co.uk)



The table below is a guide on whether or not an individual with an infection should attend school. This is based on the level/period of infectiousness and not on whether the individual is well enough to attend. If uncertain, individuals should stay at home and seek advice from NHS Direct Wales 0845 46 47 (NHS 111 where available), their pharmacy or General Practitioner (GP). If a setting requires advice on infections and length of time an individual should be kept away from the setting (previously referred to as 'exclusion' period) then they are asked to:

1. Refer to the information table below
2. Contact their GP surgery or other relevant professionals e.g. Health Visitor or School Nurse
3. In the case of staff illness/exposure contact their own Occupational Health Team
4. Contact the **Health Protection (All Wales Acute Response) Team on 0300 00 300 32**

When there are local/national outbreaks of illness, settings will usually be informed and advised of any actions they are required to take by the Health Protection/All Wales Acute Response Team. Settings are asked to keep a register of unwell individuals and also have a register of individuals who may be considered vulnerable to infection. If there are more than two cases of an infection; or more than the usual number of a common infection, then the setting should seek advice from the Health Protection (AWARe) Team.

Rashes and skin infections	Length of Time an individual is to be kept away from Setting	Comments
<b>Unexplained rashes should be considered infectious until health advice is obtained.</b>		
Athlete's foot	None	Athletes' foot is not a serious condition. Treatment is recommended
Chickenpox	5 days from onset of rash AND until all vesicles (blisters) have crusted over	Infectious for 2 days before onset of rash. <i>SEE: Vulnerable Individuals and Pregnancy (below)</i>
Cold sores, (Herpes simplex)	None	Avoid kissing and contact with the sores. Cold sores are generally mild and self-limiting.
German measles (rubella)*	Five days from onset of rash	Preventable by vaccination and covered by the routine immunisation schedule (MMR x 2 doses). <i>SEE: Pregnancy (below)</i>
Hand, foot and mouth	None	Not to be confused with Foot and Mouth disease in animals
Impetigo	Until affected areas are crusted and healed, or 48 hours after commencing antibiotic treatment	Antibiotic treatment speeds healing and reduces the infectious period
Measles*	Four days from onset of rash	Preventable by vaccination and covered by the routine immunisation schedule (MMR x 2 doses). <i>SEE: Vulnerable individuals and Pregnancy (below)</i>
Molluscum contagiosum	None	A self-limiting condition
Ringworm	Until treatment has been commenced	Keep covered. Treatment is recommended
Scabies	Affected individual can return after 24 hours of treatment	Household and close contacts require concurrent treatment
Scarlet fever*	Individual can return 24 hours after commencing appropriate antibiotic treatment	Antibiotic treatment recommended for the affected individual.
Slapped cheek/Fifth disease/Parvovirus B19	None	<i>SEE: Vulnerable individuals and Pregnancy (below)</i>
Shingles	Individual only to be kept away from setting if rash is weeping and cannot be covered	Can cause chickenpox in those who are not immune i.e. have not had chickenpox. It is spread by very close contact and touch. If further information is required, contact the Health Protection Team. <i>SEE: Vulnerable individuals and Pregnancy (below)</i>
Warts and Verrucae	None	Verrucae should be covered in swimming pools, gymnasiums and changing rooms

Diarrhoea and vomiting illness		
Diarrhoea and/or vomiting	48 hours from last episode of diarrhoea or vomiting	If there are more than two cases in a setting please inform the Health Protection Team/Environmental Health Officer
<i>E. coli</i> O157 VTEC* Typhoid [and paratyphoid] (enteric fever)* Shigella* (dysentery)	Should be kept away from the setting for 48 hours from the last episode of Diarrhoea. Some individuals may need to be kept away from the setting until they are no longer excreting the bacteria in their faeces. Always consult with the Health Protection Team/Environmental Health Officer	Individuals aged 5 years or younger those who have difficulty in maintaining good personal hygiene, food handlers and care staff need to be kept away from the setting until there is proof that they are not carrying the bacteria (microbiological clearance).  Microbiological clearance may also be required for those in close contact with a case of disease. The Health Protection Team/Environmental Health Officer can provide advice is required.
Cryptosporidiosis	Keep away from setting for 48 hours from the last episode of diarrhoea.	Individuals should not be permitted to swim for two weeks after the last bout of diarrhoea has ended.

Respiratory illnesses		
Flu (influenza)	5 days after onset of symptoms. Can return when no longer symptomatic.	<i>SEE: Vulnerable individuals (below)</i>
Tuberculosis*	Always consult the Health Protection Team	Requires prolonged close contact for spread
Whooping cough (pertussis)*	48 hours from commencing antibiotic treatment, or 21 days from onset of illness if no antibiotic treatment	Preventable by vaccination and covered by the UK routine immunisation schedule. After treatment, non-infectious coughing may continue for many weeks.

Other infections		
Conjunctivitis	None	If an outbreak/cluster occurs, consult the Health Protection Team
Diphtheria*	Must not attend setting. Always consult the Health Protection Team	Preventable by vaccination and covered by the UK routine immunisation schedule. Family contacts must be kept away from setting until cleared to return by the Health Protection Team. The Health Protection Team will consider the risk of any contact the individual has had with others if necessary.
Eye and ear infections	None. The Health Protection Team can advise if an affected individual needs to be kept away from the setting.	As both viruses and bacteria can cause eye and ear infections, not all will require antibiotic treatment.
Glandular fever	None	Infectious for up to 7 weeks before symptoms start. Glandular fever can cause spleen swelling so avoid sports or activities that might increase risk of falling and damaging spleen.
Head lice	None	Treatment is recommended only in cases where live lice have been seen
Hepatitis A*	Individual should be kept away from the setting until seven days after onset of jaundice (or seven days after symptom onset if no jaundice)	In an outbreak of hepatitis A, the Health Protection Team will advise on necessary control measures
Hepatitis B*, C*, HIV	None	Hepatitis B and C and HIV are blood borne viruses that are not infectious through casual contact.
Meningococcal Meningitis* / septicaemia*	Until they have received the appropriate antibiotic. Always consult the Health Protection Team	Several types of meningococcal disease are preventable by vaccination. There is no reason to keep siblings or other close contacts of the individual from attending settings. In the case of an outbreak, the Health Protection Team will advise on any action needed.
Meningitis due to other bacteria*	None	Haemophilus influenzae type B (Hib) and pneumococcal meningitis are preventable by vaccination. There is no need for the Health Protection Team to identify people the individual has been in contact with. There is no reason to exclude siblings or other close contacts of the individual from settings. The Health Protection Team can advise on actions needed

Meningitis viral*	None	Milder illness. There is no need for the Health Protection Team to identify people the individual has been in contact with There is no reason to exclude siblings and other close contacts of the individual from settings.
MRSA	None	Good hygiene, in particular hand washing and environmental cleaning, are important to minimise spread.
Mumps*	Five days after onset of jaw/neck swelling	Preventable by vaccination and covered by the routine immunisation schedule (MMR x 2 doses).
Threadworms	None	Treatment is recommended for the child and household contacts
Tonsillitis	None	There are many causes, but most cases are due to viruses and do not need an antibiotic.

\*denotes a notifiable disease/organism. It is a statutory requirement that doctors report a notifiable disease to the proper officer of the local authority (usually a consultant in communicable disease control/Health Protection).

### **Vulnerable Individuals**

Some medical conditions make people vulnerable to infections that would rarely be serious in most people. These include those being treated for leukaemia or other cancers, on high doses of steroids and with conditions that seriously reduce immunity.

### **Pregnancy**

If a woman develops a rash during pregnancy or is in direct contact with someone with a rash or an infection, they should ask their GP/Midwife if they need any relevant investigations e.g. blood test. The greatest risk during pregnancy from infections comes from their own child/children, rather than the workplace.

### **Immunisation**

All individuals are encouraged to ensure they have received all the vaccines that are offered in the UK schedule. If anyone is uncertain which vaccines they have received they should contact their GP surgery. For further information about the immunisation schedule, please visit: <http://www.wales.nhs.uk/sitesplus/888/page/43510>

### **COVID-19**

In line with guidance and risk assessments for COVID-19, no child or adult should attend school should they present with any of the symptoms (e.g. high temperature, continuous cough or a loss or change to their sense of smell or taste).