Attendance policy

Woodlands Primary School

Last reviewed: May 2026

Next review: May 2028

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Contact details:

The name and contact details of the SLT Attendance Lead/Champion – the senior leader responsible for the strategic approach to attendance in our school, is:

Name: Rebecca Woode

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The name and contact details of the school staff member pupils and parents should contact about attendance on a day-to-day basis is:

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The name and contact details of the school staff member pupils and parents should contact for more individual support with attendance (Attendance Officer/Pastoral Support Worker/Head of Year etc):

Name: Lisa Devreux

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The name of our linked Governor with responsibility for monitoring attendance is: Tracey Page

Introduction and Background

Woodlands Primary School recognises that positive behaviour and good attendance are essential in order for pupils to get the most of their school experience, including their attainment, wellbeing and wider life chances.

The law entitles every child of compulsory school age to an efficient, full-time education suitable to their age, aptitude, and any special educational need they may have. It is the legal responsibility of every parent to make sure their child receives that education either by attendance at a school or by education otherwise than at a school.

Where parents decide to have their child registered at school, they have an additional legal duty to ensure their child attends that school regularly, on time. This means their child must attend every day that the school is open, except in a small number of allowable circumstances such as being too ill to attend or being given permission for an absence in advance from the school.

The Department for Education (DfE) has produced statutory guidance for maintained schools, academies, independent schools, and local authorities. It is called “Working together to improve school attendance” and it includes a National Framework in relation to absence and the use of legal sanctions. Our School Attendance Policy reflects the requirements and principles of that guidance.

This policy is written with the above guidance in mind and underpins our school ethos to:

• promote children’s welfare and safeguarding.

• ensure every pupil has access to the full-time education to which they are entitled.

• ensure that pupils succeed whilst at school.

• ensure that pupils have access to the widest possible range of opportunities at school, and when they leave school.

It has been developed in consultation with school governors, teachers, local Headteacher Associations, the Local Authority and parents and carers. It seeks to ensure that all parties involved in

the practicalities of school attendance are aware and informed of attendance matters in school and to outline the school's commitment to attendance being everyone's responsibility. It details the responsibilities of individuals and groups involved and the procedures in place to promote and monitor pupil attendance.

In addition, all schools follow the DfE's statutory safeguarding guidance, Keeping Children Safe in Education, which emphasises the importance of understanding the potential vulnerabilities of children who are missing or absent from education.

https://www.gov.uk/government/publications/keeping-children-safe-in-education--2

Our policy aims to raise and maintain levels of attendance by:

• Promoting a positive and welcoming atmosphere in which pupils feel safe, secure, and valued.

• Raising and maintaining a whole school awareness of the importance of good attendance and punctuality.

• Ensuring that attendance is monitored effectively and reasons for absences are recorded promptly and consistently.

For our children to gain the greatest benefit from their education it is vital that they attend regularly and be at school, on time, every day the school is open unless the reason for the absence is unavoidable.

HCC SAPT Statutory Attendance – Support First Model Attendance Policy September 2024

It is a rule of this school that pupils must attend every day, unless there are exceptional circumstances, and it is the headteacher/principal, not the parent, who can authorise the absence

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1. Aims

We are committed to meeting our obligations with regards to school attendance by:

- Promoting good attendance and reducing absence, including persistent absence
- Ensuring every pupil has access to full-time education to which they are entitled
- Acting early to address patterns of absence

We will also support parents to perform their legal duty to ensure their children of compulsory school age attend regularly, and will promote and support punctuality in attending lessons.

2. Legislation and guidance

This policy meets the requirements of the school attendance guidance from the Department for Education (DfE), and refers to the DfE's statutory guidance on school attendance parental responsibility measures. These documents are drawn from the following legislation setting out the legal powers and duties that govern school attendance:

- Part 6 of The Education Act 1996
- Part 3 of The Education Act 2002
- Part 7 of The Education and Inspections Act 2006
- The Education (Pupil Registration) (England) Regulations 2006 (and 2010, 2011, 2013, 2016 amendments)
- The Education (Penalty Notices) (England) (Amendment) Regulations 2013

This policy also refers to the DfE's guidance on the school census, which explains the persistent absence threshold.

3. Roles and responsibilities

3.1 The governing board

The governing board is responsible for monitoring attendance figures for the whole school on at least a termly basis. It also holds the head teacher to account for the implementation of this policy.

3.2 The Head teacher

The head teacher is responsible for:

- Implementation of this policy at the school
- Monitoring school-level absence data and reporting it to governors
- Supporting staff with monitoring the attendance of individual pupils
- Issuing fixed-penalty notices, where necessary

3.3 The attendance officer

The school attendance officer:

- Monitors attendance data across the school and at an individual pupil level
- Reports concerns about attendance to the head teacher
- Works with education welfare officers to tackle persistent absence
- Arranges calls and meetings with parents to discuss attendance issues
- Advises the head teacher when to issue fixed-penalty notices

3.4 School admin/office staff

School admin/office are responsible for recording attendance on a daily basis, using the correct codes. information to the school office.

3.5 School admin/office staff

School admin/office staff are expected to take calls from parents about absence and record it on the school system.

4. Recording attendance

4.1 Attendance register

We will keep an attendance register, and place all pupils onto this register.

We will take our attendance register at the start of the day and once after lunch. It will mark whether every pupil is:

- Present
- Attending an approved off-site educational activity
- Absent
- Unable to attend due to exceptional circumstances

Any amendment to the attendance register will include:

- The original entry
- The amended entry
- The reason for the amendment

- The date on which the amendment was made
- The name and position of the person who made the amendment

See appendix 1 for the DfE attendance codes.

We will keep every entry on the attendance register for 3 years after the date on which the entry was made.

Pupils must arrive in school by 8.50am on each school day.

The register for the first session will be taken at 9.00am and will be kept open until 9.20am. The register for the second session will be taken at 1.00pm for Reception and key stage 1 and 1.15pm for key stage 2.

4.2 Unplanned absence

The pupil's parent/carer must notify the school on the first day of an unplanned absence by 8.50am or as soon as practically possible (see also section 7).

This should be by phoning the school, leaving a message on the answerphone or by sending a message via the parent mail app.

We will mark absence due to illness as authorised unless the school has a genuine concern about the authenticity of the illness.

If the authenticity of the illness is in doubt, the school may ask the pupil's parent/carer to provide medical evidence, such as a doctor's note, prescription, appointment card or other appropriate form of evidence. We will not ask for medical evidence unnecessarily.

If the school is not satisfied about the authenticity of the illness, the absence will be recorded as unauthorised and parents/carers will be notified of this in advance.

Absence from various illnesses will be authorised based upon the HSC Public Health Agency Guidance on Infection Control in Schools and Other Childcare Settings. See Appendix 2.

Guidance on infection control in schools and other childcare settings | HSC Public Health Agency (hscni.net)

4.3 Planned absence

Attending a medical or dental appointment will be counted as authorised as long as the pupil's parent/carer notifies the school in advance of the appointment.

If you have an appointment letter or email, please ensure the office have a copy of this prior to the appointment.

However, we encourage parents/carers to make medical and dental appointments out of school hours where possible. Where this is not possible, the pupil should be out of school for the minimum amount of time necessary.

The pupil's parent/carer must also apply for other types of term-time absence as far in advance as possible of the requested absence. Go to section 5 to find out which term-time absences the school can authorise.

4.4 Lateness and punctuality

A pupil who arrives late:

- Before the register has closed will be marked as late, using the appropriate code
- After the register has closed will be marked as absent, using the appropriate code

We will monitor lateness and contact parents if this becomes a regular occurrence.

4.5 Following up absence

Where any child we expect to attend school does not attend, or stops attending, the school will:

- Follow up on their absence with their parent/carer to ascertain the reason, by phoning parents or sending a text or email using our parent mail app.
- Ensure proper safeguarding action is taken where necessary
- Identify whether the absence is approved or not

- Identify the correct attendance code to use

4.6 Reporting to parents

We will report your child's attendance in their end of year reports. We will also report, in the interim, if your child's absence is below 95 % via a letter or an email, making parents aware of their child's attendance.

5. Authorised and unauthorised absence

5.1 Approval for term-time absence

The head teacher will only grant a leave of absence to pupils during term time if they consider there to be 'exceptional circumstances'. A leave of absence is granted at the head teacher's discretion.

The school considers each application for term-time absence individually, taking into account the specific facts, circumstances and relevant context behind the request.

Valid reasons for **authorised absence** include:

- Illness and medical/dental appointments (see sections 4.2 and 4.3 for more detail)
- Religious observance – where the day is exclusively set apart for religious observance by the religious body to which the pupil's parents belong. If necessary, the school will seek advice from the parents' religious body to confirm whether the day is set apart
- Traveller pupils travelling for occupational purposes – this covers Roma, English and Welsh Gypsies, Irish and Scottish Travellers, Showmen (fairground people) and Circus people, Bargees (occupational boat dwellers) and New Travellers. Absence may be authorised only when a Traveller family is known to be travelling for occupational purposes and has agreed this with the school but it is not known whether the pupil is attending educational provision

5.2 Reducing persistent absence

The school will monitor children's attendance on a regular basis and, if necessary, will send out individual letters to those parents in order to advise them of the attendance and to ascertain whether there is any help the school can provide to help with any persistent absences. A meeting may be requested to see the head teacher, to see if the school and parent/s can work together to improve on the attendance. Posters will be issued to help parents understand the impact of persistent absence.

5.3 Local Authority Attendance Support Team

Local Authority Attendance Support Specialists work strategically by offering support to schools, to reduce persistent absence and improve overall attendance.

Parents/Carers are expected to work with the school and local authority to address any attendance concerns. Parent/Carers should proactively engage with the support offered, aiming to resolve any problems together. This is nearly always successful. If difficulties cannot be resolved in this way, the school may consider more formal support and/or refer the child to the Local Authority. If attendance does not improve, legal action may be taken which may be in the form of a Penalty Notice (see Annex B for the Hertfordshire Code of Conduct) or other legal options available to the Local Authority such as prosecution in the Magistrates Court.

5.4 School Attendance and the Law

New legislation was passed, The School Attendance (Pupil Registration) (England) Regulations 2024 which introduced a National Framework in England. By law all children of compulsory school age must receive an appropriate full-time education (Education Act 1996). Parent/Carers have a legal duty to ensure their child attends school regularly at the school at which they are registered.

Parent/Carers may be recognised differently under education law, than under family law. Section 576

of the Education Act 1996 states that a 'parent', in relation to a child or young person, includes any person who is not a parent (from which can be inferred 'biological parent') but who has parental responsibility, or who has care of the child.

A person typically has care of a child or young person if they are the person with whom the child lives, either full or part time and who looks after the child, irrespective of what their biological or legal relationship is with the child.

5.5 National Framework for Penalty Notices

There is now a single consistent national threshold for when a penalty notice must be considered by all schools in England, of 10 sessions (usually equivalent to 5 school days) of unauthorised absence within a rolling 10 school week period. The 10 sessions of absence do not have to be consecutive and can be made up of a combination of any type of unauthorised absence (G, O and/or U coded within the school's registers). The 10-school week period can span different terms, school years or education settings.

Sanctions may include issuing each parent (for each child) with a Penalty Notice for £160, reduced to £80 if paid within 21 days (for the first offence). A second Penalty Notice issued within a three-year period will result in a fine of £160 per parent, per child. If a third offence is committed the matter may be referred to the local authority for consideration of prosecution via the Magistrates Court. If prosecution is instigated for irregular school attendance, each parent/carer may receive a fine of up to £2500 and/or up to 3 months in prison. If a parent/carer is found guilty in court, they will receive a criminal conviction.

6. Strategies for promoting attendance

As a school, we encourage all children to attend regularly and on time. We promote excellent attendance by giving raffle tickets to all pupils who have 100% attendance each month. The tickets are drawn for a raffle at the end of each term. We also monitor the attendance of classes weekly and the class with the highest attendance win a prize.

We encourage and offer small incentives for children whose attendance needs to be improved and provide other means of supporting good attendance and punctuality.

We individualise attendance & support those who are persistent absentees/have low attendance (90% or lower).

Letters are sent to parents to inform them of their child's attendance if it has decreased and we are concerned about this. The head holds meetings / conversations to support parents in making sure their children are in school regularly.

7. Attendance monitoring

The attendance officer at our school monitors pupil absence on a weekly basis.

A pupil's parent/carer is expected to call the school in the morning if their child is going to be absent due to ill health (see section 4.2).

If a parent hasn’t called in, the attendance officer will call the parent on the first day of absence.

If a pupil’s absence goes above 2 days, the school will contact the parent/carer of the pupil to discuss the reasons for this. We would encourage parents to call the school for an update.

If a pupil’s absence continue to rise after contacting their parent/carer, we will consider involving an education welfare officer.

The persistent absence threshold is 10%. If a pupil's individual overall absence rate is greater than or equal to 10%, the pupil will be classified as a persistent absentee.

Pupil-level absence data will be collected each term and published at national and local authority level through the DfE's school absence national statistics releases. The underlying school-level absence data is published alongside the national statistics. The school will compare attendance data to the national average, and share this with the governing board.

Each individual is tracked per week. Any pupil whose attendance falls below 95% is monitored. Those below 90% are tracked and parents will be contacted.

Vulnerable groups are closely monitored. Currently PPG and traveller children may have lower attendance than others within the school and are closely monitored.

Our SENCO and PPG leads will monitor the attendance of these groups.

In line with the EYFS Attendance update, we will follow up on unexplained or prolonged absences promptly, monitor attendance patterns bringing early years closer to school standards and focusing on identifying potential neglect or family stress early, with referrals to social care if concerns arise.

8. Monitoring arrangements

This policy will be reviewed as guidance from the local authority or DfE is updated, and as a minimum of every two years by the attendance officer. At every review, the policy will be approved by the full governing board.

9. Links with other policies

This policy links to the following policies:

- Child protection and safeguarding policy
- Behaviour policy

Appendix 1: attendance codes

The following codes are taken from the DfE’s guidance on school attendance.

Code	Definition	Scenario
/	Present (am)	Pupil is present at morning registration
****	Present (pm)	Pupil is present at afternoon registration
L	Late arrival	Pupil arrives late before register has closed
B	Off-site educational activity	Pupil is at a supervised off-site educational activity approved by the school
D	Dual registered	Pupil is attending a session at another setting where they are also registered

J	Interview	Pupil has an interview with a prospective employer/educational establishment
P	Sporting activity	Pupil is participating in a supervised sporting activity approved by the school
V	Educational trip or visit	Pupil is on an educational visit/trip organised, or approved, by the school
W	Work experience	Pupil is on a work experience placement

Code	Definition	Scenario
Authorised absence		
C	Authorised leave of absence	Pupil has been granted a leave of absence due to exceptional circumstances
E	Excluded	Pupil has been excluded but no alternative provision has been made
I	Illness	School has been notified that a pupil will be absent due to illness
M	Medical/dental appointment	Pupil is at a medical or dental appointment
R	Religious observance	Pupil is taking part in a day of religious observance
S	Study leave	Year 11 pupil is on study leave during their public examinations
T	Gypsy, Roma and Traveller absence	Pupil from a Traveller community is travelling, as agreed with the school
Unauthorised absence		
G	Unauthorised holiday	Pupil is on a holiday that was not approved by the school
N	Reason not provided	Pupil is absent for an unknown reason (this code should be amended when the reason emerges, or replaced with code O if no reason for absence has been provided after a reasonable amount of time)

O	Unauthorised absence	School is not satisfied with reason for pupil's absence
U	Arrival after registration	Pupil arrived at school after the register closed

Code	Definition	Scenario
X	Not required to be in school	Pupil of non-compulsory school age is not required to attend
Y	Unable to attend due to exceptional circumstances	School site is closed, there is disruption to travel as a result of a local/national emergency, or pupil is in custody
Z	Pupil not on admission register	Register set up but pupil has not yet joined the school
#	Planned school closure	Whole or partial school closure due to half-term/bank holiday/INSET day

Appendix 1

Attendance at Woodlands – we are concerned about your child's attendance

There are **190** days in a school year which leaves **175** days to spend on medical appointments, family time, visits or shopping.

We understand that sometimes children are poorly but would ask you to prepare your family for the world of work where absences often go unpaid.

Parents are legally responsible for ensuring that their child attends school.

100%	98%	97%	95%	92%	90%	85%	80%	75%
190 days of education	186 days of education	>186 days of education	180 days of education	175 days of education	171 days of education	161 days of education	152 days of education	143 days of education
0 days missed Everything gained	4 days / 20 lessons missed	Over 4 days / 20 lessons	9.5 days / 45 lessons missed	15 days / 70 lessons missed	19 days / 95 lessons missed	29 days / 145 lessons missed	38 days / 190 lessons missed	47 days / 235 lessons missed
EVERY CHANCE OF OUTSTANDING SUCCESS	GREAT CHANCE OF SUCCESS	CATCH UP / ADDITIONAL WORK AND SUPPORT REQUIRED FOR LESSONS MISSED	WORRYING, CHANCE OF FALLING BEHIND IMPACTING ON SUCCESS ADDITIONAL SUPPORT NEEDED	LESS LIKELY TO SUCCEED AND HARDER TO MAKE PROGRESS	LIKELY TO HAVE A DETRIMENTAL EFFECT ON ACHIEVEMENT AND LIFE CHANCES		CHANCES OF EDUCATIONAL SUCCESS GREATLY REDUCED	
Club 100	Within expectation	Within expectation	Attendance monitored Correspondence with parents. Letters issued		Persistant Absentee. Interventions in place. Consider legal intervention. Penalty notices issued County informed		PERSISTANT ABSENTEE. Interventions in place. Possibly pursue legal intervention. Penalty notices issued County informed	

Punctuality at Woodlands – we are concerned about your child's punctuality

Running late may have more of a detrimental impact to your child than you may have realised:

Daily lateness equates to…

3 days lost	6 days lost	10 days lost
5 minutes late daily **15** learning hours lost	**10** minutes late daily **30** learning hours lost	**15** minutes late daily **50** learning hours lost

Appendix 2

Guidance on infection control in schools and other childcare settings

HSC Public Health Agency

March 2017

Prevent the spread of infections by ensuring: routine immunisation, high standards of personal hygiene and practice, particularly handwashing, and maintaining a clean environment. Please contact the Public Health Agency **Health Protection Duty Room (Duty Room) on 0300 555 0119** or visit www.publichealth.hscni.net or www.gov.uk/government/organisations/Public-health-england if you would like any further advice or information, including the latest guidance. Children with rashes should be considered infectious and assessed by their doctor.

Rashes and skin infections	Recommended period to be kept away from school, nursery or childminders	Comments
Athlete's foot	None	Athlete's foot is not a serious condition. Treatment is recommended
Chickenpox*	Until all vesicles have crusted over	See: Vulnerable children and female staff – pregnancy
Cold sores, (Herpes simplex)	None	Avoid kissing and contact with the sores. Cold sores are generally mild and self-limiting
German measles (rubella)*	Four days from onset of rash (as per "Green Book")	Preventable by immunisation (MMR x 2 doses). See: Female staff – pregnancy
Hand, foot and mouth	None	Contact the Duty Room if a large number of children are affected. Exclusion may be considered in some circumstances
Impetigo	Until lesions 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 (MMR x 2). See: Vulnerable children and female staff – pregnancy
Molluscum contagiosum	None	A self-limiting condition
Ringworm	Exclusion not usually required	Treatment is required
Roseola (infantum)	None	None
Scabies	Child can return after first treatment	Household and close contacts require treatment
Scarlet fever*	Child can return 24 hours after commencing appropriate antibiotic treatment	Antibiotic treatment recommended for the affected child. If more than one child has scarlet fever contact PHA Duty Room for further advice
Slapped cheek (fifth disease or parvovirus B19)	None once rash has developed	See: Vulnerable children and female staff – pregnancy
Shingles	Exclude only 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 Duty Room. SEE: Vulnerable Children and Female Staff – Pregnancy
Warts and verrucae	None	Verrucae should be covered in swimming pools, gymnasiums and changing rooms

Good hygiene practice

Handwashing is one of the most important ways of controlling the spread of infections, especially those that cause diarrhoea and vomiting, and respiratory disease. The recommended method is the use of liquid soap, warm water and paper towels. Always wash hands after using the toilet, before eating or handling food, and after handling animals. Cover all cuts and abrasions with waterproof dressings.

Coughing and sneezing easily spread infections. Children and adults should be encouraged to cover their mouth and nose with a tissue. Wash hands after using or disposing of tissues. Spitting should be discouraged.

Personal protective equipment (PPE). Disposable non-powdered vinyl or latex-free CE-marked gloves and disposable plastic aprons must be worn where there is a risk of splashing or contamination with blood/body fluids (for example, nappy or pad changing). Goggles should also be available for use if there is a risk of splashing to the face. Correct PPE should be used when handling cleaning chemicals.

Cleaning of the environment, including toys and equipment, should be frequent, thorough and follow national guidance. For example, use colour-coded equipment, follow Control of Substances Hazardous to Health (COSHH) regulations and correct decontamination of cleaning equipment. Monitor cleaning contracts and ensure cleaners are appropriately trained with access to PPE.

Cleaning of blood and body fluid spillages. All spillages of blood, faeces, saliva, vomit, nasal and eye discharges should be cleaned up immediately (always wear PPE). When spillages occur, clean using a product that combines both a detergent and a disinfectant. Use as per manufacturer's instructions and ensure it is effective against bacteria and viruses and suitable for use on the affected surface. Never use mops for cleaning up blood and body fluid spillages – use disposable paper towels and discard clinical waste as described below. A spillage kit should be available for blood spills.

Laundry should be dealt with in a separate dedicated facility. Soiled linen should be washed separately at the hottest wash the fabric will tolerate. Wear PPE when handling soiled linen. Children's soiled clothing should be bagged to go home, never rinsed by hand.

Clinical waste. Always segregate domestic and clinical waste, in accordance with local policy. Used nappies/pads, gloves, aprons and soiled dressings should be stored in correct clinical waste bags in foot-operated bins. All clinical waste must be removed by a registered waste contractor. All clinical waste bags should be less than two-thirds full and stored in a dedicated, secure area while awaiting collection.

Sharps, eg needles, should be discarded straight into a sharps bin conforming to BS 7320 and UN 3291 standards. Sharps bins must be kept off the floor (preferably wall-mounted) and out of reach of children.

Sharps injuries and bites

If skin is broken as a result of a used needle injury or bite, encourage the wound to bleed/wash thoroughly using soap and water. Contact GP or occupational health or go to A&E immediately. Ensure local policy is in place for staff to follow. Contact the Duty Room for advice, if unsure.

Animals

Animals may carry infections, so wash hands after handling animals. Health and Safety Executive for Northern Ireland (HSENI) guidelines for protecting the health and safety of children should be followed.

Animals in school (permanent or visiting). Ensure animals' living quarters are kept clean and away from food areas. Waste should be disposed of regularly, and litter boxes not accessible to children. Children should not play with animals unsupervised. Hand-hygiene should be supervised after contact with animals and the area where visiting animals have been kept should be thoroughly cleaned after use. Veterinary advice should be sought on animal welfare and animal health issues and the suitability of the animal as a pet. Reptiles are not suitable as pets in schools and nurseries, as all species carry salmonella.

Diarrhoea and vomiting illness	Recommended period to be kept away from school, nursery or childminders	Comments
Diarrhoea and/or vomiting	48 hours from last episode of diarrhoea or vomiting	
E. coli O157 VTEC*	Should be excluded for 48 hours from the last episode of diarrhoea	Further exclusion is required for young children under five and those who have difficulty in adhering to hygiene practices
Typhoid* [and paratyphoid*] (enteric fever)	Further exclusion may be required for some children until they are no longer excreting	Children in these categories should be excluded until there is evidence of microbiological clearance. This guidance may also apply to some contacts of cases who may require microbiological clearance
Shigella* (dysentery)		Please consult the Duty Room for further advice
Cryptosporidiosis*	Exclude for 48 hours from the last episode of diarrhoea	Exclusion from swimming is advisable for two weeks after the diarrhoea has settled

Respiratory infections	Recommended period to be kept away from school, nursery or childminders	Comments
Flu (influenza)	Until recovered	See: Vulnerable children
Tuberculosis*	Always consult the Duty Room	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. After treatment, non-infectious coughing may continue for many weeks. The Duty Room will organise any contact tracing necessary

Other infections	Recommended period to be kept away from school, nursery or childminders	Comments
Conjunctivitis	None	If an outbreak/cluster occurs, consult the Duty Room
Diphtheria *	Exclusion is essential. Always consult with the Duty Room	Family contacts must be excluded until cleared to return by the Duty Room. Preventable by vaccination. The Duty Room will organise any contact tracing necessary
Glandular fever	None	
Head lice	None	Treatment is recommended only in cases where live lice have been seen
Hepatitis A*	Exclude until seven days after onset of jaundice (or seven days after symptom onset if no jaundice)	The duty room will advise on any vaccination or other control measure that are needed for close contacts of a single case of hepatitis A and for suspected outbreaks.
Hepatitis B*, C, HIV/AIDS	None	Hepatitis B and C and HIV are bloodborne viruses that are not infectious through casual contact. For cleaning of body fluid spills. SEE: Good Hygiene Practice
Meningococcal meningitis*/ septicaemia*	Until recovered	Some forms of meningococcal disease are preventable by vaccination (see immunisation schedule). There is no reason to exclude siblings or other close contacts of a case. In case of an outbreak, it may be necessary to provide antibiotics with or without meningococcal vaccination to close contacts. The Duty Room will advise on any action needed.
Meningitis* due to other bacteria	Until recovered	Hib and pneumococcal meningitis are preventable by vaccination. There is no reason to exclude siblings or other close contacts of a case. The Duty Room will give advice on any action needed
Meningitis viral*	None	Milder illness. There is no reason to exclude siblings and other close contacts of a case. Contact tracing is not required
MRSA	None	Good hygiene, in particular handwashing and environmental cleaning, are important to minimise any danger of spread. If further information is required, contact the Duty Room
Mumps*	Exclude child for five days after onset of swelling	Preventable by vaccination (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.** It is a statutory requirement that doctors report a notifiable disease to the Director of Public Health via the Duty Room.

Outbreaks: if a school, nursery or childminder suspects an outbreak of infectious disease, they should inform the Duty Room.

Visits to farms. For more information see https://www.hseni.gov.uk/publications/preventing-or-controlling-ill-health-animal-contact-visitor-attractions

Vulnerable children

Some medical conditions make children vulnerable to infections that would rarely be serious in most children, these include those being treated for leukaemia or other cancers, on high doses of steroids and with conditions that seriously reduce immunity. Schools and nurseries and childminders will normally have been made aware of such children. These children are particularly vulnerable to chickenpox, measles and parvovirus B19 and, if exposed to either of these, the parent/carer should be informed promptly and further medical advice sought. It may be advisable for these children to have additional immunisations, for example pneumococcal and influenza. This guidance is designed to give general advice to schools and childcare settings. Some vulnerable children may need further precautions to be taken, which should be discussed with the parent or carer in conjunction with their medical team and school health.

Female staff* – pregnancy

If a pregnant woman develops a rash or is in direct contact with someone with a potentially infectious rash, this should be investigated by a doctor who can contact the duty room for further advice. The greatest risk to pregnant women from such infections comes from their own child/children, rather than the workplace.

- Chickenpox can affect the pregnancy if a woman has not already had the infection. Report exposure to midwife and GP at any stage of pregnancy. The GP and antenatal carer will arrange a blood test to check for immunity. Shingles is caused by the same virus as chickenpox, so anyone who has not had chickenpox is potentially vulnerable to the infection if they have close contact with a case of shingles.
- German measles (rubella). If a pregnant woman comes into contact with german measles she should inform her GP and antenatal carer immediately to ensure investigation. The infection may affect the developing baby if the woman is not immune and is exposed in early pregnancy.
- Slapped cheek disease (fifth disease or parvovirus B19) can occasionally affect an unborn child. If exposed early in pregnancy (before 20 weeks), inform whoever is giving antenatal care as this must be investigated promptly.
- Measles during pregnancy can result in early delivery or even loss of the baby. If a pregnant woman is exposed she should immediately inform whoever is giving antenatal care to ensure investigation.
- All female staff born after 1970 working with young children are advised to ensure they have had two doses of MMR vaccine.

*The above advice also applies to pregnant students.

Immunisations

Immunisation status should always be checked at school entry and at the time of any vaccination. Parents should be encouraged to have their child immunised and any immunisation missed or further catch-up doses organised through the child's GP.

For the most up-to-date immunisation advice and current schedule visit www.publichealth.hscni.net or the school health service can advise on the latest national immunisation schedule.

When to immunise	Diseases vaccine protects against	How it is given
2 months old	Diphtheria, tetanus, pertussis (whooping cough), polio and Hib	One injection
	Pneumococcal infection	One injection
	Rotavirus	Orally
	Meningococcal B infection	One injection
3 months old	Diphtheria, tetanus, pertussis, polio and Hib	One injection
	Rotavirus	Orally
4 months old	Diphtheria, tetanus, pertussis, polio and Hib	One injection
	Pneumococcal infection	One injection
	Meningococcal B infection	One injection
Just after the first birthday	Measles, mumps and rubella	One injection
	Pneumococcal infection	One injection
	Hib and meningococcal C infection	One injection
	Meningococcal B infection	One injection
Every year from 2 years old up to P7	Influenza	Nasal spray or injection
3 years and 4 months old	Diphtheria, tetanus, pertussis and polio	One injection
	Measles, mumps and rubella	One injection
Girls 12 to 13 years old	Cervical cancer caused by human papillomavirus types 16 and 18 and genital warts caused by types 6 and 11	Two injections over six months
14 to 18 years old	Tetanus, diphtheria and polio	One injection
	Meningococcal infection ACWY	One injection

This is the Immunisation Schedule as of July 2016. Children who present with certain risk factors may require additional immunisations. Always consult the most updated version of the "Green Book" for the latest immunisation schedule on www.gov.uk/government/collections/immunisation-against-infectious-disease-the-green-book#the-green-book

From October 2017 children will receive hepatitis B vaccine at 2, 3, and 4 months of age in combination with the diphtheria, tetanus, pertussis, polio and Hib vaccine.

Staff immunisations. All staff should undergo a full occupational health check prior to employment; this includes ensuring they are up to date with immunisations, including two doses of MMR.

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