

**St. Anne's School**

**Pupil Illness Policy**

**(2026-2027)**

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## *1. Introduction*

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St. Anne's School recognises its responsibility to promote a learning environment that is safe and healthy for all. In order to maintain a clean and healthy environment this policy provides guidance for staff and parents as to when children should or should not be in school if showing signs of sickness. We will endeavour to minimise your child's exposure to infection by excluding sick children / adults. The health and well-being of all children is of paramount importance to enable them to be successful learners in everything they do.

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## *2. Rationale*

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To ensure that sick children are appropriately and correctly identified.

To ensure sick children are cared for appropriately.

To protect children and adults from preventable infection.

To enable staff and parents to be clear about the requirements and procedures when children are unwell.

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## *3. Responsibility of Parents/Guardians*

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Parents are asked not to send their child/ren to school if any of the following apply:

- The child has symptoms of an infectious illness that is mentioned in the list of 'Common Ailments requiring Pupils to Stay at Home' at the back of this policy (Appendix 1) or in HSE Publication: 'Management of Infectious Diseases in School – 2014', Chapter 9.  
<https://www.hpsc.ie/a-z/lifestages/schoolhealth/File,14304,en.pdf>
- The child does not feel well enough to participate in curriculum activities.

- The child requires more care than the classroom team is able to provide without affecting the health, safety, wellbeing and learning activities of the other pupils.
- If antibiotics are prescribed for a contagious illness or infection, the child should not attend school until 24 hours after treatment has begun and must be showing signs of improvement.
- If head lice or ringworm is noticed, the child may not come to school until treatment has begun. See the end of Appendix 1 at the back of this policy.
- Pupils and staff with gastrointestinal illness (i.e. diarrhoea and/ or vomiting) for example, should not return to school until they are at least 48 hours symptom free.
- In the case of pupils with colds as evidenced through infected (green) mucus discharged through a phlegmy cough and/or runny nose medical advice should be sought and the child should not return to school until the discharge is clear. Returning earlier than this may spread infection to other children and staff which could re-infect your child.
- If a child has been sent to school and is clearly unwell, as described above, a parent or guardian will be asked to collect him/ her from school as soon as possible.
- Parents should not send any medication (over the counter or prescribed) into school with their child without prior arrangement with the school. As per our school Administration of Medicines policy, school personnel do not take responsibility for administering medication to pupils.

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#### *4. Pupil Absence – Informing the School*

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Parents/Guardians must contact the school office stating the reason for the child's absence.

This is very important for the following reasons:

- If a child has an illness which is recognised by HSE as an infectious disease, staff, other parents/guardians or the authorities may need to be notified. It is vital that information about an infectious disease is passed to the school as soon as possible so that we can notify any vulnerable student/staff member and any pregnant staff member.

- The Tusla Child and Family Agency requires the reason for an absence to be recorded on the school's attendance database.
- Child absences may affect how staff members are assigned during the school day.

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### *5. Returning to School*

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A pupil who has an infectious ailment, e.g. diarrhoea, vomiting, heavy cold, should remain at home until they are no longer infectious. The length of time before return will depend on the ailment and on the treatment. Guidelines in Appendix 1 at the back of this policy, or in 'Management of Infectious Diseases in School' (Chapter 9), should be followed. For some infectious diseases, the school may require a doctor's 'fitness to return' note before the child is allowed to come back to school.

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### *6. Collecting Child when Ill*

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If the school secretary, class teacher or the Principal/Deputy Principal contacts a parent/guardian to say that their child is presenting as ill and is not well enough to be at school, or travel home on school transport the parent/guardian must arrange to collect the child as soon as possible. This is primarily for the well-being of the child who is unwell. In the case of infectious diseases, it is also very important for the well-being of the other pupils and the school staff. Classroom staff will aim to keep the child as comfortable as possible while waiting for a parent/guardian to arrive.

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### *7. Responsibility of the School*

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On an ongoing basis, St. Anne's aims to promote good hygiene practices that will help prevent transmission of infection. These practices will be taught as part of the SPHE curriculum and will be consolidated throughout the school day. They will include:

- Teaching and implementing effective handwashing throughout the school, with staff leading by example
- Teaching and implementing respiratory hygiene and cough etiquette, e.g. to cough/sneeze into the elbow, sanitise hands after a cough/sneeze.
- Facilitating the Schools Immunisation Programme
- Provision of gloves, aprons, suitable sanitising cleaning products and cleaning equipment for staff who are in contact with bodily fluids when caring for a child.

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### *8. Ratification and Review*

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This policy was formally ratified by the Board of Management of St. Anne's School at its meeting held on 17<sup>th</sup> June 2026.



Signed:  
(Chairperson Board of Management) Date: 16/06/2026



Signed:  
(Principal) Date: 16/06/2026

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## *Appendix 1*

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### **Common Ailments Requiring Children to Stay at Home or to Visit GP:**

**CHICKEN POX:** The child should not attend school until all scabs are dry and crusted. This is usually 5-7 days after the appearance of rash.

**DIARRHOEA:** When your child has had diarrhoea due to infection, he/ she should only return to school once 48 hours have passed following the last loose bowel movement. For example, if your child has his/her last loose bowel movement at 11 am on Sunday morning, he/she cannot return to school until Wednesday morning.

**VOMITING:** As in the case of diarrhoea, the child should remain at home until 48 hours have passed since the last episode of vomiting due to infection.

**FEVER:** The normal body temperature is 36.5 to 37.2 C. If the child develops a temperature, she/he should remain at home until 48 hours after the fever has passed.

**HEAVY COLD SYMPTOMS OR FLU LIKE SYMPTOMS:** e.g. large amount of yellow-green nasal discharge, phlegmy cough, runny nose, sleepiness, ear pain and/or fever. Medical advice should be sought and the child should not return to school until the discharge is clear and they are able to participate in the normal school curriculum.

**MILD COLD SYMPTOMS:** If a child's mild cold symptoms would prevent him/her from participating in normal school curriculum, e.g. significant weariness at onset, streaming watery discharge from nose, persistent cough, he/she should be kept at home until they are 48 hours symptom free and are able to participate in the normal school curriculum.

**CONJUNCTIVITIS:** inflammation of the lining of the eye and eyelid, causing sore or red eyes; can be highly contagious if bacterial or viral. Children with red eye/s and a watery or sticky discharge must be evaluated by a doctor, who will advise about returning to school – at least 24 hours after start of treatment, perhaps until fully recovered.

IMPETIGO: The fluid inside the blisters is very infectious. The child should be taken to the doctor who will advise about returning to school, usually when blisters have dried and healed or a minimum of 24 hrs after commencing antibiotics.

**Common Conditions requiring Immediate Treatment:**

HEAD LICE: It is important to avoid contact between an affected child and others. If parents/guardians notice head lice, or are advised that they have been noticed in the child's hair at school, treatment must begin before the child returns to school. So long as the treatment begins before bed-time, the child may attend school the next day.

RINGWORM: A child with suspected ringworm should be taken to their GP and, if ringworm is confirmed, treatment should begin as soon as possible.

Once parents/guardians attend to this, the child may return to school.