

**ROTORUA INTERMEDIATE SCHOOL  
BOARD OF TRUSTEES  
CHILD PROTECTION POLICY AND PROCEDURES**



**Ensuring the Health and wellbeing of children**

**Rationale:**

The Board is responsible under The Vulnerable Children Act 2014 to protect and improve the wellbeing of vulnerable children at Rotorua Intermediate School. This policy and following procedures provides for the emotional, physical, sexual and neglect abuse. This policy and following procedures provides for the emotional, physical, sexual and neglect abuse situations that children may be subjected to. This policy includes self harm, please see self harm procedures.

**Board responsibilities**

- The Board will make child safety, security and welfare a priority
- The Board will provide a safe physical and emotional environment at Rotorua Intermediate School for all students, community workers, employees and volunteers.
- The Board is responsible for ensuring all employees, contractors and volunteers are safe and competent to work with and around children, and has designated this responsibility to the Principal.
- The Board will ensure support is available to any staff member on request when they have been involved in a stressful situation involving child protection.
- The Board will not employ any children's worker that has a Vulnerable Children's Act Schedule 2 offence eg. Ill-treatment -neglect, aggravated wounding or injury, murder, manslaughter, indecencies, sexual violation, abduction.

**Staff responsibilities:**

- All staff are responsible for the safety and wellbeing of children at Rotorua Intermediate School.
- All school employees will be Police vetted (and updated every 3 years).
- Staff will receive annual Child Protection Training
- All staff must act within the legal requirements of the Privacy Act, Children, Young Person's and their Families Act, Health information Act and other statutes. There are provisions within each of these acts for sharing information needed to protect children and enable other people to carry out their legitimate functions. Any sharing of information must be done in the child's best interest and not be in breach of the privacy act.
- The videoing of students can only be completed with a specific purpose as approved by the Principal / Deputy Principal and written parental permission from the parents.
- All new staff will undertake an induction programme that requires them to read and understand this policy, all related child protection procedures and any information about child abuse provided to them by the Senior Management Team.
- All staff must read and agree to the Rotorua Intermediate School's Code of Ethics. Failure to adhere to this code may result in disciplinary action

**Disclosure of abuse**

- Follow disclosure guidelines
- Inform designated people for child protection at Rotorua Intermediate
- Contact appropriate agencies such as CYF's

### **Suspected abuse**

- If a child discloses abuse, staff will follow the guide Dealing with Disclosures of Abuse.
- Any issues of suspected child abuse will be taken seriously and addressed as per Rotorua Intermediate School Child Protection Procedure.
- The Designated People for Child Protection are the Principal and Deputy Principals, and student Counsellors.
- The Principal / Deputy Principal/or Counsellors will refer all suspected situations of child abuse to Police or Child, Youth and Family.
- Staff will declare to a senior person any situation where there could be a conflict of interest, and provision made on a case-by-case basis about who will handle the process.

### **Information sharing**

- Staff may be asked to provide information to Oranga Tamariki, the Police, Court or Lawyers and Psychologists. The Board will provide any support to staff in this situation.
- Information sharing will be restricted to those who have a need to know in order to protect children.
- Any request for information by a specialist agency to staff must be managed following the Responding to Requests for Information Procedure and available in the Staff Handbook.

### **Abuse by staff**

- Any allegation of abuse against a member of staff, volunteer, or contractor will in the first instance go directly to the Principal, or Deputy Principal in his absence, who will inform the board. The Principal and board will follow their procedure for investigation of abuse
- If a staff member (or volunteer) is suspected of abuse, they will be prevented from having further unsupervised access to children during any investigation and will be informed fully of their rights.
- If the police decide to undertake a criminal investigation then the member of staff may be suspended, without prejudice, as a precautionary measure. At this stage no internal investigation will be undertaken and no evidence gathered that might prejudice the criminal investigation.
- If Rotorua Intermediate School is aware that a member of staff it has placed on precautionary suspension also works with children for another organisation, either as an employee or a volunteer, it will ensure that the other organisation is informed of the suspension and the subsequent outcome. Consultation with Oranga Tamariki or the Police will determine how this information is conveyed.
- If there is insufficient evidence to pursue a criminal prosecution, the Board reserves the rights to conduct an internal investigation if there is "reasonable cause to suspect" that abuse may have occurred. The allegation may represent inappropriate behaviour of poor practice by a member of staff which will then be considered under internal disciplinary procedures.
- The board will provide support to any staff member under allegation of abuse
- Guidelines regarding the rights of staff: see teachers collective agreement and NZEI agreement.

### **Abuse by Principal**

- Any allegations of abuse by the Principal should in the first instance be directed to the Chairperson of the Board of Trustees.
- The Chairperson will either carry out an investigation, or use an approved outside agency or suitably qualified and knowledgeable person to carry out an investigation.
- The Board of Trustees will provide support to both the principal and staff member as per NZEI agreement for staff and Principals.

### **Contractors, volunteers**

- Contractors or any organisation engaging employees who may work or have any level of contact with our students (for a minimum of a day per week) will be required to provide a Child Protection Policy to the management of Rotorua Intermediate School prior to commencing any works or engagement
- Any contractor who is engaging in work in Rotorua Intermediate will be required to provide proof of passing police vetting.

### **Before making any Employment Decisions the Rotorua Intermediate School Board of Trustees will assess all criminal histories bearing in mind the following:**

- The VCA Workforce Restriction makes it unlawful to employ people with convictions for specified offences in core children's workforce roles, unless the Work has an exemption.
- Even where the Workforce Restriction doesn't apply (or a person has an exception) the Board will collect enough information to understand the following factors and make an assessment of risk
- The relevance of the conviction to child-related work and safeguarding children. An offence against children or other vulnerable people has an obvious relationship. Patterns of fraudulent offending can also be a concern, given the importance of trust in the children's Workforce.
- The context of the role being screened for. A conviction for drink driving may be more prejudicial for a school bus driver than another role but may still give concern for working with children. \*How long ago the conviction was. Convictions followed by a long period without re-offending may indicate successful rehabilitation but doesn't guarantee it.
- The age of the children's worker at the time of the offending. Convictions occurring when the children's worker was young, followed by a sustained period of non-offending may indicate that the children's worker has successfully rehabilitated.

### **CONCLUSION:**

Rotorua Intermediate School Board of Trustees upholds the belief that no single agency alone can protect vulnerable children and thus we will work with families whanau, communities and organisations to protect our children from harm.

### **SUPPORTING DOCUMENTS/EVIDENCE:**

- [Vulnerable Childrens Act](#)
- [Schedule 2 of VCA](#)
- [education act](#)
- [Code of ethics for teachers](#)
- [State sector Act](#)
- [National Administration Guidelines](#)
- [NAG 5](#)
- [Children, young persons and their families act 1989](#)
- [Human rights act: employment](#)
- [Privacy Act: privacy Principles](#)
- [Employment relations act:2004](#)

**Terms:**

**Child** = New Zealand's legal definition of 'child' varies depending upon the legal context in which the child is being viewed (Children, Young Persons and Their Families Act 1989; Care of Children Act 2004, Domestic Violence Act 1995). The United Nations Convention on the Rights of the Child states in Article 1, that 'child' means every human being below the age of eighteen years unless under the law applicable to the child, majority is attained earlier

**Contact** = physical, oral or communication through any electronic medium including writing or visual images.

**Core Worker** = children's worker whose work / regulated service allows that when the person is present with a child or children in the course of that work, the person:

Is the only children's worker present; or Is the children's Worker who has primary responsibility for or the authority over the child or children present.

**Designated Person** = The Principal / Deputy Principal

**Personnel or Staff** = Personnel either employed by an organisation, or engaged by an organisation on a sub-contract basis, or engaged by an organisation on a voluntary or unpaid basis.

**Regular** = Non incidental work at least once each week or on at least 4 days per month.

**Work** =paid or unpaid work that is undertaken as part of an educational or vocational training course.

**PROCEDURE: Child protection**

**Ensuring the Health and Wellbeing of Children.**

**Child Abuse is defined in the Children Young Persons and their Families Act as “the harming (whether physically, emotionally, or sexually), ill-treatment, abuse, neglect or deprivation of any child or young person.”**

**Procedures:**

<b>Respond:</b>  <b>To the concern, reassure the person who has given the information</b>	<b>Record:</b>  <b>All information. Remember to distinguish between fact and opinion</b>	<b>Consult:</b>  <b>With the policy, Counsellors, and external agencies</b>	<b>Report:</b>  <b>Concerns to Oranga Tamariki The NZ Police</b>
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Volunteers are required to adhere to adult volunteers expectations.

Staff will not take still or moving video pictures of children without the permission of parents / care-givers

The Designated Persons for Child Protection (Principal / Deputy Principals/ Counsellors) are responsible for ensuring that the procedure for reporting child abuse is effective and timely

If a member of staff has a child protection concern then they must inform the Designated People as soon as possible and they will act immediately to protect the child(ren) concerned.

Counsellors or Deputy Principal will make contact with Oranga Tamariki / The NZ Police.

**Identifying Child Abuse and Neglect:**

<p><b>Emotional abuse:</b></p> <p>Occurs when a child’s emotional, psychological or social well-being and sense of worth is continually battered.</p> <p>It can include a pattern of criticising, rejecting, degrading, ignoring, isolating, corrupting, exploiting and terrorising a child. It may result from exposure to family violence or involvement in illegal or anti-social activities.</p> <p>Emotional abuse is almost always present when other forms of abuse occur.</p> <p>The effects of this form of abuse are not always immediate or visible. The long-lasting effects of emotional abuse may only become evident as a child becomes older and begins to show difficult or disturbing behaviours or symptoms.</p>	<p>There may be physical indicators that a child is being emotionally abused. Some examples of this are:</p> <ul style="list-style-type: none"> <li>Bed-wetting or bed soiling that has no medical cause</li> <li>Frequent psychosomatic complaints (eg. Headaches, nausea, abdominal pains)</li> <li>Prolonged Vomiting or diarrhoea</li> <li>Has not attained significant developmental milestones</li> <li>Dressed differently from other children in the family</li> <li>Has deprived physical living conditions compared with other children in the family</li> </ul> <p>There may also be indicators in a child's behaviour that could indicate emotional abuse. Some examples of this are:</p> <ul style="list-style-type: none"> <li>Suffers from severe developmental gaps</li> <li>Severe symptoms of depression, anxiety, withdrawal or aggression</li> <li>Severe symptoms of self destructive behaviour – self harming, Suicide attempts, engaging in drug or alcohol abuse</li> </ul>
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	<p>Overly compliant, too well-mannered; too neat and clean</p> <p>Displays attention seeking behaviours or displays extreme inhibition in play</p> <p>When at play, behaviour may model or copy negative behaviour and language used at home</p> <p>There may be indicators in adult behaviour that could indicate emotional abuse. Some examples of this are:</p> <p>Constantly calls the child names, labels the child or publicly humiliates the child</p> <p>Continually threatens the child with physical harm or forces the child to witness physical harm inflicted on a loved one</p> <p>Has unrealistic expectations of the child</p> <p>Involves the child in "adult issues", such as separation or access issues</p> <p>Keeps the child at home in a role of subservient or surrogate parent</p>
<p><b><u>Neglect:</u></b></p> <p>Is a pattern of behaviour which occurs over a period of time and results in impaired functioning or development of a child. It is the failure to provide for a child's basic needs.</p> <p>Neglect may be: Physical - failure to provide necessary basic needs of food, shelter or warmth</p> <p>Medical - failure to seek, obtain or follow through with medical care for the child</p> <p>Abandonment - leaving a child young person in any situation without arranging necessary care for them and with no intention of returning</p> <p>Neglectful supervision — failure to provide developmentally appropriate or legally required supervision</p> <p>Refusal to assume parental responsibility - unwillingness or inability to provide appropriate care for a child</p>	<p>There may be physical indicators that a child is being neglected. Some examples of this are:</p> <p>Inappropriate dress for the weather</p> <p>Extremely dirty or unbathed</p> <p>Inadequately supervised or left alone for unacceptable periods of time</p> <p>Malnourished</p> <p>There may also be indicators in a child's behaviour that could indicate neglect. Some examples of this are:</p> <p>Demonstrates severe lack of attachment to other adults</p> <p>Poor school attendance or school performance</p> <p>Poor social skills</p> <p>May steal food</p> <p>Is very demanding of affection or attention</p> <p>Has no understanding of basic hygiene</p> <p>There may be indicators in adult behaviour that could indicate neglect. Some examples of this are:</p>

	<p>Fails to provide for the child's basic needs, such as housing, nutrition, medical and psychological care</p> <p>Fails to enrol a child in school or permits truancy</p> <p>Leaves the child home alone Is overwhelmed with own problems and puts own needs ahead of the child's needs</p>
<p><b><u>Physical abuse:</u></b></p> <p>Can be caused from punching, beating, kicking, shaking, biting, burning or throwing the child. Physical abuse may also result from excessive or inappropriate discipline or violence within the family, and is considered abuse regardless of whether or not it was intended to hurt the child. Physical abuse may be the result of a single episode or of a series of episodes.</p> <p>Injuries to a child may vary in severity and range from minor bruising, burns, Welts or bite marks, major fractures of the long bones or skull, to its most extreme form, the death of a child</p>	<p>There may be physical indicators that a child is being abused. Some examples of this are:</p> <p>Unexplained bruises, Welts, Cuts, abrasions</p> <p>Unexplained burns</p> <p>Unexplained fractures or disclosures There may also be indicators in a child's behaviour that could indicate physical abuse. Some examples of this are:</p> <p>Is wary of adults or of a particular individual</p> <p>Is violent to animals or other children</p> <p>Is dressed inappropriately to hide bruises or other injuries May be extremely aggressive or extremely withdrawn Cannot recall how the injuries occurred or gives inconsistent explanations There may be indicators in adult behaviour that could indicate physical abuse. Some examples of this are:</p> <p>May be vague about the details of the cause of injury and the account of the injury may change from time to time</p> <p>May blame the accident on a sibling, friend, relative or the injured child</p> <p>Shakes an infant</p> <p>Threats or attempts to injure a child</p> <p>Is aggressive towards a child in front of others</p> <p>May delay in seeking medical attention for a child</p>
<p><b><u>Sexual abuse:</u></b></p> <p>Includes acts or behaviours where an adult, older or more powerful person uses a child for a sexual purpose.</p> <p>While it may involve a stranger, most sexual abuse is perpetrated by someone the child knows and trusts.</p>	<p>There may be physical indicators that a child is being sexually abused. Some examples of this are:</p> <p>Torn, stained or bloody underclothing</p> <p>Bruises, lacerations, redness, swelling or bleeding in genital, vaginal or anal area</p> <p>Blood in urine or faeces</p>

It includes, any touching for sexual purpose, fondling of breasts, buttocks, genitals, oral sex, sexual intercourse, an adult exposing themselves to the child, or seeking to have a child touch them for a sexual purpose. It also includes voyeurism, photographing children inappropriately, involving the child in pornographic activities or prostitution or using the internet and phone to initiate Sexual Conversations with children.

Sexually transmitted disease

Unusual or excessive itching or pain in the genital or anal area

There may also be indicators in a child's behaviour that could indicate sexual abuse.

Some examples of this in young children are:

Age-inappropriate Sexual play with toys, self, others

Bizarre, sophisticated or unusual sexual knowledge

Comments such as "I've got a secret", or "I don't like Uncle"

Fire lighting by boys

Fear of certain places e.g. bedroom or bathroom

Some examples of this in older children are:

Eating disorders

Promiscuity or prostitution

Uses younger children in Sexual acts

Tries to make self as unattractive as possible

There may be indicators in adult behaviour that could indicate sexual abuse.

Some examples of this are

: May be unusually overprotective of a child

Is jealous of a child's relationships with peers or other adults or is controlling of the child

May favour the victim over other children

Demonstrates physical contact or affection to a child which appears sexual in nature or has sexual overtones

For further information consult:

EOTC policy

Internet Agreement

Child Matters –

<http://www.childmatters.org.nz/>

Education Council of New Zealand <http://www.educationCouncil.org.nz/VC>

New Zealand Police Rotorua Police Station, 1190-1214 Fenton St, Phone (07) 3499400, Fax (07) 3431604

Reviewed June 2021

Next Review 2024

Chairperson Board of Trustees: \_\_\_\_\_

Date: \_\_\_\_\_

Oranga Tamariki, 1207 Pukuatua Street, PO Box 1845, Rotorua 3040. Phone 0508 FAMILY (0508 326 459)

## **PROCEDURE: Self-Harming**

This should be viewed in conjunction with the Rotorua Intermediate Child Protection Policy.

Staff who suspect a student is self-harming are to report to Executive Management/Counsellors immediately. Staff are not to question or attempt to counsel students

**Aim:** The overall aim is to ensure that staff are able to recognise and act swiftly and appropriately to all cases of pupil self-harm.

### **Objectives:**

- To recognise any form of self-harm or mutilation
- To understand that self-harming is almost always a symptom of some underlying emotional or psychological issue
- To put in place a framework for intervention
- To be alert to the possibility that self-harm may arise from a history of abuse

### **If a student presents with or is talking about their own self harm:**

- Inform counsellors
- Counsellors will meet and have a dialogue with student
- Counsellors will advise parents and advise of appropriate agencies available.
- Counsellors will inform appropriate health agencies
- Staff are not to counsel students in relation to self-harm - it must be reported

### **What is self-harm?**

Self-harm is any deliberate behaviour that inflicts physical harm on someone's own body and is aimed at relieving emotional distress.

Self-harm can include: cutting self, scratching themselves, burning or scalding their body, banging and bruising themselves, scrubbing or scouring their body, deliberate bone-breaking, punching themselves, sticking things into their body, swallowing inappropriate objects or liquids, taking too many tablets (overdose), biting themselves, pulling their hair or eyelashes out.

Less obvious self-harm behaviours also include: controlled eating patterns – anorexia, bulimia, over-eating indulging in risky behaviour, destructive use of drugs or alcohol, an unhealthy lifestyle, getting into fights

Warning signs Self-harm may present as visible or invisible signs. The latter can include ingested materials or cuts/ bruises under the clothing. Staff, parents and fellow students may become aware of warning signs that might indicate that a student is experiencing difficulties that may lead to self-harm.

These warning signs should always be taken seriously and anyone observing any of these should seek further advice from the school counsellors.

*Warning signs may include:* visible signs of injury (e.g. scarring), a change in dress habit that may be intended to disguise injuries (e.g. an unexpected / sudden change to wearing long sleeved tops), refusing to remove long sleeved tops, bandaged or excessive use of band aides, changes in eating or sleeping habits, increased isolation from friends or family; becoming socially withdrawn, changes in activity or mood (e.g. becoming more introverted or withdrawn), lowering of academic achievement, talking or joking about self-harm, abusing drugs or alcohol, expressing feelings of failure, uselessness or loss of hope.

Links to emotional distress (including abuse) Those who self-harm are usually suffering emotional or psychological distress and it is vital that all such distress is taken seriously to assist in alleviating that distress or to minimise the risk of increasing distress and potentially suicide. Any young person who suggests they are experiencing suicidal feelings must be taken extremely seriously and safeguarding

Reviewed June 2021

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procedures put in place immediately; a young person showing this level of distress must NOT be left unattended.

## **PROCEDURE: Drug & Alcohol**

### **Definitions**

**Drugs:** A wide variety of substances may be considered to be drugs, including tobacco, vaping, alcohol, prescribed and over the counter medicines and prohibited substances such as cannabis, LSD, heroin, cocaine and amphetamines. Even solvents, petrol, adhesives and other chemical agents may be misused to alter bodily or mental functions. The context in which the substance is used determines whether a substance should be considered a drug or not.

**Dealing:** Selling, donating, swapping, supplying, distributing, trading or any form of exchange of prescribed medicines and prohibited substances such as cannabis, amphetamine, is viewed as dealing.

**Position Statement:** Rotorua Intermediate School does not condone the inappropriate use of drugs. All members of the school community (pupils, parents, staff and governors) should convey this value by their action and teachings.

### **Students are not permitted:**

- the smoking of tobacco and prohibited substances including e cigarettes and vaping devices
- the use of drugs
- the consumption of alcohol
- the inappropriate use of medicines
- the inappropriate use of solvents, inhalants and/or other chemical agents,
- to be under the influence of alcohol and/or other drugs,
- the possession of drug related paraphernalia such as cigarette papers, pipes etc.

### **Suspicion of drugs or alcohol:**

“In a school situation a student does not need to be caught red handed before staff take action in response to behaviour or suspected presence of illegal items” *Guidelines for the surrender and retention of property and searches, Ministry of Education, 2014*

### **Procedure:**

**Only Counsellors or Executive Team are permitted to search students or their personal property.**

- Inform counsellors - or Principal, Deputy Principals if counsellors are not available.
- Counsellors, Principal, or Deputy Principals with engage in dialogue with student/s involved
- Request to surrender items
- If request is refused and Principal, Deputy Principal, or Counsellors feel from the information received that items are being held by student, they may then perform a search as per Ministry guidelines
- Searches must be carried out by 2 people, one person must be the same gender as the child being searched.
- Searches must be done in private, not in the view of any persons other than the searchers and the student involved
- Staff members are not permitted to use physical force against a student, unless there is a danger of physical harm to other students or staff members.

**If a student is found in possession of or using drugs or alcohol:**

- Items will be immediately and permanently confiscated
- Parents will be informed
- Consequences appropriate to the class of unapproved substance will be enforced, this may include stand down or suspension
- The school may require a contract with the student and parent/caregiver, which could include treatment and or counselling options agreed upon by all relevant parties
- Board may suspend students, if this occurs, the board may impose conditions to students return to school, and this may include a requirement to participate in a treatment programme, which may or may not include testing for drugs.
- External agencies may be contacted if a student is in possession of an illegal substance

## **PROCEDURE: Bullying**

### **Definition of bullying:**

Bullying is unwanted, aggressive behaviour among school aged children that involves a real or perceived power imbalance. The behaviour is repeated, or has the potential to be repeated, over time.

**Rotorua Intermediate has no tolerance for bullying behaviour.**

### **In order to be considered bullying, the behaviour must be aggressive and include:**

- An Imbalance of Power: Kids who bully use their power—such as physical strength, access to embarrassing information, or popularity—to control or harm others. Power imbalances can change over time and in different situations, even if they involve the same people.
- Repetition: Bullying behaviours happen more than once or have the potential to happen more than once.

Bullying includes actions such as making threats, spreading rumours, attacking someone physically or verbally, and excluding someone from a group on purpose.

### **Types of Bullying**

There are three types of bullying:

- Verbal bullying is saying or writing mean things. Verbal bullying includes:
  - Teasing
  - Name-calling
  - Inappropriate sexual comments
  - Taunting
  - Threatening to cause harm
- Social bullying, sometimes referred to as relational bullying, involves hurting someone's reputation or relationships. Social bullying includes:
  - Leaving someone out on purpose
  - Telling other children not to be friends with someone
  - Spreading rumours about someone
  - Embarrassing someone in public
- Physical bullying involves hurting a person's body or possessions. Physical bullying includes:
  - Hitting/kicking/pinching
  - Spitting
  - Tripping/pushing
  - Taking or breaking someone's things
  - Making mean or rude hand gestures

### **Cyber Bullying**

#### **What is Cyberbullying:**

Cyberbullying is [bullying](#) that takes place using electronic technology. Electronic technology includes devices and equipment such as cell phones, computers, and tablets as well as communication tools including social media sites, text messages, chat, and websites.

Examples of cyberbullying include mean text messages or emails, rumours sent by email or posted on social networking sites, and embarrassing pictures, videos, websites, or fake profiles.

**Refer to Manaakitanga procedure manual for procedures to respond to instances or complaints of bullying**

<https://drive.google.com/drive/u/0/folders/0B1RHCfRqS4yQfkNtU3lvWINocks3V0QwTW1lcTBQb0h0OEhDdGhVblhoVnhyNWU2QUcxREk> defining bullying

**PROCEDURE: Contagious Illness and Conditions**

**Rationale:**

Students and staff have the right to study and work in a safe, healthy environment without discrimination in line with our General Goals, Health and Safety Policy and Equal Employment Opportunity Statement.

- Infectious diseases can spread easily among students and teachers in a school setting. In some cases students and teachers may be asked to stay away to prevent spreading of the disease.
- There shall be no discrimination against infected students in terms of enrolment or staff in terms of employment.
- People with HIV/AIDS or infectious diseases are entitled to the same rights and considerations as any other person with a health problem.
- Some infectious illnesses are also notifiable diseases under the Health Act 1956. Students or teachers with an infectious disease must be excluded as described below. New diseases will be added to the list upon notification from either the Ministry of Education or the Ministry of Health
- Strict confidentiality of a student's or employee's medical information will be maintained and will not be disclosed to others without their permission. The identity of students with blood-borne viruses is to be disclosed to only the Principal, Board Chair, and Guidance Counsellor. It is not necessary to disclose the specific type of virus.
- DP in charge of sickness at work is responsible for making sure staff and students go home as soon as possible and isolating them if needed. Dissemination of information about diseases is the best way of overcoming unwarranted fears and misconceptions. Appropriate information, education programmes and counselling services shall therefore be available to students, parents and staff.
- In dealing with any injury, all people should be treated as if they have a blood borne virus.

Many illnesses are infectious, meaning they can be spread easily from one person to another

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When your child catches an illness, there will be an **incubation period** before they show symptoms. Some illnesses are infectious before symptoms show; some are infectious even after symptoms have disappeared.

To stop sickness from spreading, it is important for you to keep your child at home when they are ill, and not let them go to school. How long they should be home depends on what sickness they have.

**Campylobacter**

Reviewed June 2021

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- **Symptoms appear after** 1–10 days
- **Infectious** until well – possibly 2–7 weeks if not treated with antibiotics
- **Keep child home** until well and for 48 hours after the last episode of diarrhoea or vomiting

### Colds and influenza

- **Symptoms appear after** 1-2 days
- **Infectious** one day prior to the start of symptoms until five to seven days after symptoms start. In some cases, you can still be contagious for up to two weeks after onset of symptoms.”
- **Keep child home** until symptoms have stopped

### Chickenpox

- **Symptoms appear after** 2–3 weeks (usually 14–16 days)
- **Infectious** from 5 days (most infectious in the last two days) before the first lot of blisters until all spots are crusted – usually 5 days after they appear
- **Keep child home** for at least 5 days and until all the spots are crusted over

### Conjunctivitis (viral/bacterial)

- **Symptoms appear after** 2–10 days
- **Infectious** while there is a discharge from the eyes
- **Keep child home** while there is a discharge from the eye and/or until 24 hours of treatment

### Cryptosporidium

- **Symptoms appear after** 1–12 days
- **Infectious** until well and usually several weeks after
- **Keep child home** until well and for 48 hours from the last episode of diarrhoea or vomiting
- Do not use a public pool for 2 weeks after symptoms have resolved

### Gastroenteritis (viral)

- **Symptoms appear after** 1–3 days
- **Infectious** while vomiting and diarrhoea last, and up to 48 hours after the last episode of diarrhoea or vomiting
- **Keep child home** until well and for 48 hours after the last episode of diarrhoea or vomiting

### Giardia

- **Symptoms appear after** 3–25 days
- **Infectious** for usually 4–6 weeks but can be many months if not treated
- **Keep child home** until well and for 48 hours after the last episode of diarrhoea or vomiting

### Glandular fever

- **Symptoms appear** after 4–6 weeks
- **Infectious** for up to 1 year or more
- **Keep child home** – no official recommendation, but should wait until well enough to return to school/preschool

### Hand, foot and mouth

- **Symptoms appear** after 3–5 days

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- **Infectious** while the child is unwell and possibly longer because the virus is present in faeces ('poos') for weeks after
- **Keep child home** if unwell or with blisters in or around mouth, especially for children under 2 years who may dribble. Children over 2 years with only 1 or 2 blisters on their hands or feet that can be covered can attend school/preschool

### Hepatitis A

- **Symptoms appear after** 15–50 days, usually 28–30 days
- **Infectious** from 2 weeks before signs appear until 1 week after jaundice (skin yellowing) starts
- **Keep child home** for 7 days from the start of jaundice

### Hepatitis B

- **Symptoms appear after** 6 weeks to 6 months, often 2–3 months
- **Infectious** for several weeks before signs appear until weeks or months later; some people are infectious for years
- **Keep child home** until well or as advised by doctor

### Impetigo (school sores)

- **Symptoms appear after** 7–10 days
- **Infectious** until 24 hours after treatment with antibiotics or until sores have healed
- **Keep child home** until 24 hours after treatment has started or as advised by doctor or public health nurse

### Head lice

Head lice are extremely contagious

Students parents or caregivers need to be informed and the rest of the class by way of a notice going home to all parents and caregivers

Students may return to school once their hair has been treated

### Measles

#### Symptoms

- A fever
- A cough
- A runny nose
- Sore and watery 'pink' eyes
- Sometimes small white spots on the back inner cheek of your mouth.

#### Day 3-7

A blotchy rash which tends to start on your face, behind the ears, before moving over your head and down your body. The rash lasts for up to a week

## Contagious period

**5 days before rash onset and 5 days afterwards** - counting the day of rash onset as day 1 – students will be unable to return to school until 5 days after rash has gone.

Measles is a highly infectious airborne virus which affects both children and adults if you are feeling sick, you should stay away from work, school or public places, to help prevent putting other people at risk.

This also applies if you or a family member are not fully immunised and may have been in contact with someone with measles.

By isolating yourself you will help protect vulnerable people including babies, pregnant women, cancer patients and others who are unable to be immunised and for whom the impact of the disease can be devastating.

Measles can also lead to other complications, including:

- ear infections (which can cause permanent hearing loss)
- diarrhoea
- pneumonia
- seizures
- swelling of the brain – this is rare, but can cause permanent brain damage or death.

### **Effectiveness Review:**

*The review process involved gathering information for making judgments about the extent to which objectives have been achieved, then deciding any further action needed to the revealed successes and weaknesses.*

1. *Identify who will be responsible for leading the review, and those to be involved*
2. *Decide a timeframe for the review*
3. *Gather and consider information related to the policy objectives*
4. *Make judgments about achievement and effectiveness of the objectives*
5. *Recommend future actions*
6. *Report*

Reviewed June 2021

Next Review 2024

Chairperson Board of Trustees: \_\_\_\_\_

Date: \_\_\_\_\_