

PEPONI SCHOOLS

Supporting Pupils with Medical Conditions and ill health procedures Policy

To be reviewed by:	Deputy Head Pastoral / Nurses
Date of Policy:	September 2026
Review Frequency:	Annually
Review Date:	September 2027

Aims of the Policy

This policy applies to all the pupils of Peponi schools including those who are boarders.

The school aims to ensure that all pupils with medical conditions are properly supported in school so that they can play a full and active role in school life, remain healthy and achieve their academic potential. We work with relevant healthcare professionals, parents and pupils to ensure that children with medical conditions receive a full education and can access the same opportunities in school as other children.

Notification of a medical condition

Parents are asked to complete a Medical Information and Consent Form prior to their son/daughter joining the school. If we are notified of a medical condition, we will liaise with parents and healthcare professionals as appropriate to ensure that arrangements are in place to support the pupil before he/she joins the school. If a child who is already a pupil at the school receives a new diagnosis, or if a known medical condition deteriorates, parents are asked to inform the school as soon as possible. Arrangements will be made to support the child's needs in school as soon as is reasonably and safely possible.

Individual Healthcare Plans

Individual Healthcare Plans can help to ensure that the school supports pupils with medical conditions effectively, by providing clarity about what needs to be done, when and by whom. They are essential when conditions fluctuate or when there is a high risk that emergency intervention will be needed and are helpful in other cases. However, not all children with medical needs require one.

Individual Healthcare Plans aims to capture the key information and actions that are required to support the child effectively. The level of detail within a Plan will depend on the complexity of the child's condition and the degree of support needed. It should capture the steps needed to help the child manage his/her condition and overcome any potential barriers to getting the most from his/her education.

Individual Healthcare Plans (and their review) may be initiated, in consultation with the parent and the healthcare professional involved in providing care to the child. The Plan is drawn up in partnership between the school, parents and relevant healthcare professionals who can best advise on the particular needs of the child. Pupils are also involved whenever appropriate.

Individual Healthcare Plans are reviewed at least annually or earlier if the child's needs have changed. They are developed with the child's best interests in mind to ensure that the school assesses and manages risks to the child's education, health and social wellbeing, and minimises disruption.

Roles and Responsibilities

Supporting a child with a medical condition in school is not the sole responsibility of one person. The school's ability to provide support depends to an appreciable extent on effective liaison between school staff, healthcare professionals, parents and pupils.

Head of School

The Heads of Peponi Schools, make arrangements, with parents and healthcare professionals, to support pupils with medical conditions in school, including ensuring the implementation of this policy. They make arrangements to ensure that all staff within their setting are aware of this policy and understand their role in its implementation. They make arrangements to ensure that all relevant staff are aware of a child's condition and that staff who support pupils with medical needs receive suitable training, support and access to information as needed to implement this policy and the Individual Healthcare Plan, including in emergency situations. This includes cover arrangements in the event of staff absence, late stay, clubs and on school trips. The Head of School, has overall responsibility for the arrangements for development, implementation and monitoring of individual healthcare plans as above.

School Nurse
The School Nurse supports the Heads of School and other staff with implementing a child's Healthcare Plan. They provide advice (e.g. staff training) and liaise with other healthcare professionals as appropriate.

School Staff
Any member of school staff may be asked to provide support to pupils with medical conditions, including administering medicines, although they cannot be required to do so. Although administering medicines is not part of teachers' professional duties, they should take into account the needs of pupils with medical conditions that they teach. School staff should receive sufficient and suitable training before they take on responsibility to support children with medical conditions. Any member of school staff should know what to do and respond accordingly when they become aware that a pupil with a medical condition needs help.

Parents
It is the responsibility of parents to provide the school with full up-to-date information about their child's medical needs. They are involved in the development and review of their child's Individual Healthcare Plan and are asked to carry out any action included, such as providing up-to-date medicines/equipment. They are also asked to notify the school if their child's medical condition changes or if they no longer have a medical condition.

Pupils
Pupils are often best placed to provide information about how their medical condition affects them in school. As far as is appropriate, they are involved in discussions about their medical support needs and contribute as much as possible to the development of their Individual Healthcare Plan.

Medicines in school

Procedures for the administration of medicines, record keeping and emergency procedures are contained within the school's Medicine Policy and associated procedures.

Emergency Procedures
Should the need arise for the administration of adrenaline, salbutamol, or emergency intervention for a pupil requiring medical support, the teacher should stay with the pupil and either telephone the School Nurse directly or send someone to the School Nurse to obtain help.

Arrangements for dealing with emergencies on school trips within and outside Nairobi, including sporting fixtures off the main school sites, are detailed within the individual risk assessments for each event.

Where a child has an Individual Healthcare Plan, this should clearly define what constitutes an emergency and explain what to do, including ensuring that all relevant staff are aware of emergency symptoms and procedures. Other pupils in the school should know what to do in general terms, such as informing a teacher immediately if they think help is needed.

If a child needs to be taken to hospital, a member of staff/ school nurse should stay with the child until the parent arrives, or accompany a child taken to hospital by ambulance. The School will ensure they understand the local emergency services' cover arrangements.

In the event that use of an emergency adrenaline auto injector (AAI) or emergency salbutamol inhaler are required (either the student's own or one of the school's emergency AAIs or inhalers), the protocols respectively should be followed.

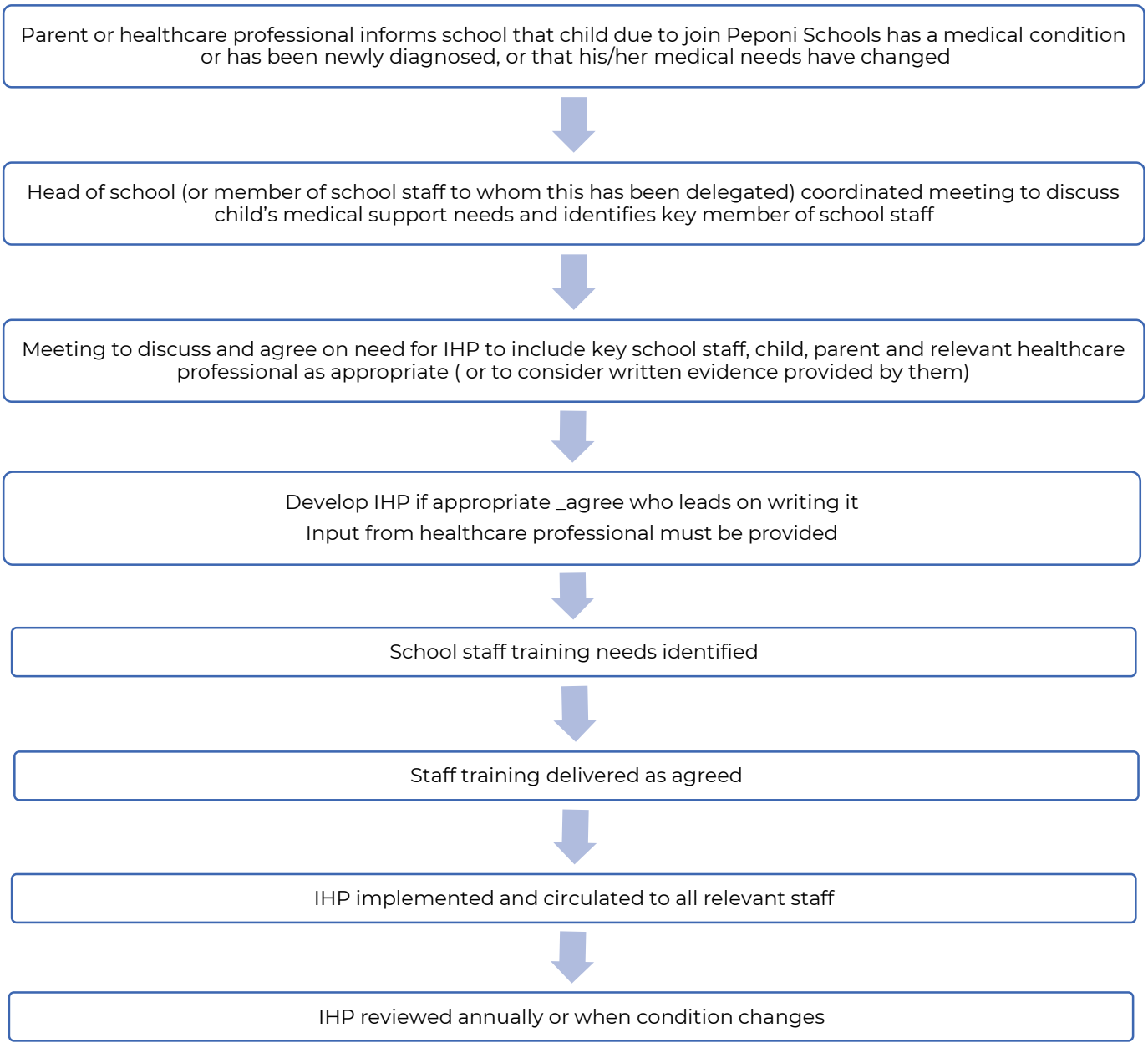
Day trips, residential visits and sporting activities

The school recognises the need to actively support pupils with medical conditions to participate in school trips and visits, or in sporting activities, and in events and not prevent them from doing so.

Teachers and members of staff (as appropriate) are made aware of how a child's medical condition will impact on their participation through the sharing of the Individual Healthcare Plan and reasonable adjustments are made to ensure enough flexibility for all children to participate according to their own abilities. The School make arrangements for the inclusion of pupils in such activities with any reasonable adjustments as required unless evidence from a clinician such as a GP states that this is not possible.

Risk assessments carried out in the planning arrangements take account of any steps needed to ensure that pupils with medical conditions are included. This may require additional consultation with parents and pupils and advice from relevant healthcare professionals to ensure that pupils can participate safely.

Procedures to be followed on notification of a child's medical condition



There is not always a need for a meeting to take place to discuss the Individual Healthcare Plan, providing parents inform us of a change. If parents are happy to complete a form at the start of each academic year and complete what medications are used and when then a meeting is not needed. Some cases may be more complex and require a meeting.

Individual Healthcare Plans

In deciding what information should be recorded on Individual Healthcare Plans, the following points are considered:

- the medical condition, its triggers, signs, symptoms and treatments;
- the pupil's resulting needs, including medication (dose, side effects and storage) and other treatments, time, facilities, equipment, testing, access to food and drink where this is used to manage their condition, dietary requirements and environmental issues (e.g. crowded corridors, travel time between lessons);
- specific support for the pupil's educational, social and emotional needs (e.g. how absences will be managed including reintegration, requirements for extra time to complete exams, use of rest periods or additional support in catching up with lessons, counselling sessions);
- the level of support needed.
- who will provide this support, their training needs, expectations of their role and cover arrangements for when they are unavailable;
- who in the School needs to be aware of the child's condition and the support required;
- arrangements for written permission from parents, the Head of School, where appropriate, for medication to be administered by a member of staff / school health practitioner.
- separate arrangements or procedures required for school trips or other school activities outside the normal school timetable and any additional events and activities that will ensure the child can participate (e.g. risk assessments)
- what to do in an emergency, including symptoms, whom to contact and contingency arrangements.

Emergency Adrenaline Auto-Injectors Protocol Introduction

The School's emergency AAI should only be used on pupils known to be at risk of anaphylaxis, for whom both medical authorisation and written parental consent for use of the spare AAI has been provided. The School's emergency AAI can be administered to a pupil whose own prescribed AAI cannot be administered correctly without delay.

Location of the emergency AAIs

The School has emergency adrenaline auto injectors (AAIs) at the following school sites which are located as follows:

At Peponi House Preparatory School extra AAI are kept in:

- Medical Room [Ext 116, Ext 141]
- Deputy Head Office [Ext 106]
- Kitchen [117]

- Sr. Beatrice Mwangi Mobile number 0721 442960
- Sr Maryanne Muthee Mobile number 0726 400700

At Peponi School extra AAI are kept in:

- Sedge House Medical Room
- Boys Boarding Medical Room
- Girls Boarding Medical Room
- Sr Agnes Kangethe Ext 110 Mobile number 0722 327989
- Sr Sarah Thuo Ext 111 Mobile number 0720 385420
- Sr Christine Karigicha Ext 231 Mobile number 0720 385048

The emergency anaphylaxis kit

The school's emergency AAIs are stored as part of an emergency anaphylaxis kit which includes:

- The AAI, clearly labelled;
- Instructions on how to use the AAI;
- Instructions on storage of the AAI;
- Manufacturer's information;
- A checklist of all the School's emergency AAIs, identified by their batch number and expiry date with monthly checks recorded;
- A note of the arrangements for replacing the AAIs;
- A list of pupils to whom the AAI can be administered; and
- An administration record.

Staff with responsibility for helping to administer an emergency AAI

All staff in the school are offered training on anaphylaxis and the administration of AAIs. Those staff who have undergone the training are designated staff in the event of an anaphylactic reaction and are responsible for helping administer an AAI if the School nurse is not available.

Designated members of staff should be trained in:

- recognising the range of signs and symptoms of severe allergic reactions;
- responding appropriately to a request for help from another member of staff;
- checking the allergy register;
- recognising when emergency action is necessary;
- administering AAIs according to the manufacturer's instructions;
- making appropriate records of allergic reactions.

Storage and care of the AAI

The School nurse have responsibility for maintaining the emergency anaphylaxis kits and shall:

- Complete a monthly check to ensure the AAIs are present and in date; and
- Ensure that replacement AAIs are obtained when the expiry dates approach.

Mild-moderate allergic reaction:

- Swollen lips, face or eyes
- Itchy/tingling mouth
- Hives or itchy skin rash
- Abdominal pain or vomiting
- Sudden change in behaviour

Action:

- Stay with the child, call for help if necessary
- Locate adrenaline auto injector(s)
- Give antihistamine according to the child's allergy treatment plan
- Phone parent/emergency contact

The AAIs should be stored at room temperature (in line with the manufacturer's guidelines), protected from direct sunlight and extremes of temperature.

Pupils who have been prescribed an AAI should bring two of their own AAIs, if possible, to be stored at school during term time. Pupils are required to take their own prescribed AAIs home before school holidays (including half-term breaks) to ensure that they remain in date and have not expired.

In the event of a possible severe allergic reaction in a pupil who does not meet these criteria, emergency services should be contacted and advice sought from them as to whether administration of the emergency AAI is appropriate.

The School's emergency AAI can be used instead of a pupil's own prescribed AAI(s), if these cannot be administered correctly, without delay.

This information should be recorded in a pupil's individual healthcare plan.

All pupils with a diagnosis of an allergy and at risk of anaphylaxis should have a written Allergy Management Plan. These details must be recorded in an allergy register and for each student, the following shall be recorded:

- Known allergens and risk factors for anaphylaxis.
- Whether a pupil has been prescribed AAI(s) (and if so what type and dose).
- Where a pupil has been prescribed an AAI whether parental consent has been given for use of the
- emergency AAI which may be different to the personal AAI prescribed for the pupil.
- A photograph of each pupil to allow a visual check to be made.

Mild-moderate symptoms are usually responsive to an antihistamine. The pupil does not normally need to be sent home from school, or require urgent medical attention. However, mild reactions can develop into anaphylaxis: pupils having a mild-moderate (non-anaphylactic) reaction should therefore be monitored for any progression in symptoms.

The signs and symptoms of an allergic reaction include:



Watch for signs of ANAPHYLAXIS
(life-threatening allergic reaction):

Airway:	Persistent cough
	Difficulty swallowing, swollen tongue
	Hoarse voice
	Difficult or noisy breathing
Breathing:	Wheeze or persistent cough

Consciousness	Persistent dizziness Becoming pale or floppy Suddenly sleepy, collapse, unconscious

IF ANY ONE (or more) of these signs are present:

1. Lie child flat with legs raised: (if breathing is difficult, allow child to sit)
2. **Use Adrenaline auto injector* without delay**
3. Call 0725-225-225 or 0700-395-395 to request ambulance and say ANAPHYLAXIS
   *** IF IN DOUBT, GIVE ADRENALINE***

After giving Adrenaline:

1. Stay with child until ambulance arrives, do NOT stand child up
2. Commence CPR if there are no signs of life
3. Phone parent/emergency contact
4. If no improvement **after 5 minutes, give a further dose of adrenaline** using another auto injector device, if available.

Anaphylaxis may occur without initial mild signs: **ALWAYS use adrenaline auto injector FIRST in someone with known food allergy who has SUDDEN BREATHING DIFFICULTY** (Persistent cough, hoarse voice, wheeze)- even if no skin symptoms are present.

What to do if any symptoms of anaphylaxis are present

Anaphylaxis commonly occurs together with mild symptoms or signs of allergy, such as an itchy mouth or skin rash. Anaphylaxis can also occur on its own without any mild-moderate signs. In the presence of any of the severe symptoms listed in the red box above, it is vital that an AAI is administered without delay, regardless of what other symptoms or signs may be present.

Call or send for the school nurse. The school nurse should check the allergy register, collect the emergency AAI and administer the AAI if required. Always give an AAI if there are ANY signs of anaphylaxis present.

The pupil's own AAI should be administered if available. If not, the School's emergency AAI should be used. The AAI can be administered through clothes and should be injected into the upper outer thigh in line with the instructions issued for each brand of injector.

IF IN DOUBT, GIVE ADRENALINE

After giving adrenaline, **do NOT** move the pupil. Standing someone up with anaphylaxis can trigger cardiac arrest. Provide reassurance. The pupil should lie down with their legs raised. If breathing is difficult, allow the pupil to sit.

If someone appears to be having a severe allergic reaction, it is vital to call the emergency services without delay – even if they have already self-administered their own AAI and this has made them better. A person receiving an AAI should always be taken to hospital for monitoring afterwards.
If the pupil's condition does not improve 5 to 10 minutes after the initial injection, a second dose should be administered. If this is done, make a second call to the emergency services to confirm that an ambulance has been dispatched.

ALWAYS DIAL 0725 225225 / 0734 225 225 AND REQUEST AN AMBULANCE IF AN AAI IS USED.

Recording use of the AAI and informing parents

The school nurse / designated member of staff should record the use of any AAI device. This should include:

- Where and when the REACTION took place (e.g. PE lesson, playground, classroom).
- How much medication was given, and by whom.
- Any person who has been given an AAI must be transferred to hospital for further monitoring.

The pupil's parents should be contacted at the earliest opportunity. The hospital discharge documentation will be sent to the pupil's GP informing them of the reaction.

Emergency Asthma Inhaler Protocol

Introduction

The emergency salbutamol inhaler should only be used by children:

- for whom written parental consent for use of the emergency inhaler has been given; and
- who have either been diagnosed with asthma and prescribed an inhaler, or who have been prescribed
- an inhaler as reliever medication; and
- whose prescribed inhaler is not available (for example, because it is broken, left at home or empty).

A list of all children who fulfil the above criteria is maintained by the School Nurse

Location of the emergency inhalers

The School has emergency salbutamol inhalers at the following School sites which are located as follows:

Peponi House Preparatory School

- Main Reception
- Swimming Area
- Medical Room
- The Sports office
- Deputy Head Office Ground Supervisor Office.
- Kitchen Area

Sr Beatrice Mwangi	Ext 116	Mobile number 0721 442960
Sr Maryanne Muthee	Ext 142	Mobile number 0726 400700

At Peponi School extra salbutamol inhalers are located in

- Art Room.
- Austin block.
- Music block.
- Boarding house offices. All Buses.
- Staff room. ICT lab Science Labs.

Sr Agnes Kangethe	Ext 110	Mobile number 0722 327989
Sr Sarah Thuo	Ext 111	Mobile number 0720 385420
Sr Christine Kirigicha	Ext 231	Mobile number 0720 385048

The emergency asthma kit

The School's emergency inhalers are stored as part of an emergency asthma kit which includes:

- A salbutamol metered dose inhaler;
- Two single-use plastic spacers (Volumatic®) compatible with the inhaler;
- Instructions on using the inhaler and spacer/plastic chamber;
- Manufacturer's information (product information leaflets will be supplied for the salbutamol inhaler and spacer devices);
- An emergency inhaler kit-monitoring log:
    - This will record all checks and any usage that may have occurred.
    - The log will also include the expiry date and batch number of the salbutamol inhaler.
- A list of children permitted to use the emergency inhaler as detailed in their individual healthcare plans; and
- A record of administration (i.e. when the inhaler has been used).

Arrangements for supply, storage, care and disposal of the inhaler

- The School Nurse will check the maintenance of the equipment. They will ensure new spacers and inhalers are replaced when required. On a termly basis, the school nurse must ensure the inhaler and spacers are present and in working order and the inhaler has sufficient number of doses available.

- The inhaler should be regularly primed (every 3 months) by spraying two puffs.

- Replacement Volumatic® spacers must be ordered following use. To avoid possible risk of cross infection, the plastic spacer should not be reused.

- It can be given to the child to take home for future personal use. Do not wash and put back into the emergency kit. The plastic inhaler housing (which holds the canister) must be cleaned, dried and returned to storage following use. However, if there is any risk of contamination i.e. the inhaler has been used without the spacer it should not be reused and disposed of as per guidance, returned to the pharmacy to be recycled.

Staff and Training

The School must ensure staff have appropriate training and support, relevant to their level of responsibility. All staff should have compulsory training and/or be provided with information about asthma once a year, covering the following:

- how to recognise the symptoms of an asthma attack and how to distinguish them from other conditions with similar symptoms;
- how to check if a child may use the emergency inhaler;
- how to access the inhaler;
- who the appointed persons are, and how to access their help.

Illness in school

If a pupil feels unwell at either Peponi Kindergarten or Peponi House, it is the responsibility of the class teacher or member of staff on duty in the first instance to try to establish the cause. The member of staff (or a pupil if deemed appropriate) should escort the pupil to the medical room if safe to do so and seek the assistance of a nurse. Older children may be able to visit the nurse unaided or with a friend, at the teacher's discretion. The nurse will decide whether to contact the child's parents and send the child home.

At Peponi School, If the pupil is unwell in class the teacher will send the pupil to the clinic with a Medical Absence Form and after the Nurse has attended to the pupil She may send the pupil back to class with completed Form or decide to observe the pupil in the sick bay for some time or will decide if the pupil needs to be taken to the hospital. Medical Absence Forms from class teachers are collected centrally every day. Parents will be informed and an email sent to the common room advising of the pupils absence from class/school, as appropriate.

The Nurse will also enter all the details in the daily log.

Spillage of Bodily Fluids

For any spillage of bodily fluids (eg bleeding, vomiting or other), the Cleaning Department is to be contacted immediately. They will arrange for the spillage to be cleaned up. Disposable gloves must be worn when dealing with such spillages.

Managing specific infectious diseases including diarrhoea and vomiting

If a child has been unwell at home with sickness and/or diarrhoea, they should be kept off school/nursery for 48 hours following the last episode of illness.

● If a child vomits and /or has had diarrhoea at school, the School will contact the parents/carers to collect them as soon as possible. It is useful to make a pre-call after 2 loose stools. The parents/carers will be required to collect the child and they should then remain off school for a minimum 48 hour period following the last episode of illness.

● When the child returns to school, the School asks that they are well enough to be eating normally and partaking in normal school activities and that their temperature is within normal limits.

● Children with a temperature above 38 degrees should not be sent into school.

● Children should remain at home until they have been 24 hours without a temperature to stop the spread of infection.

● For those attending Kindergarten, if a child has been prescribed antibiotics for the first time they should remain at home for 24 hours after starting the antibiotics and ensure they do not have any reaction to the medicine before returning to the Nursery

● The Nurseries will keep parents informed of any confirmed case of infectious disease present in a class and update parents as to the measures being taken to control the spread of the infection.

● For children boarding at Peponi School, they will follow the above protocol in the boarding houses.

Rashes and Skin Infections	Recommended period to be kept away from school	Comments
Athlete's foot	None	Athlete's foot is not a serious condition, treatment is recommended. Children should not be barefoot at their setting (for example in changing areas) and should not share towels, socks or shoes with others

Chicken Pox	At least 5 days from onset of rash and until all vesicles have crusted over.	Pregnant staff should consult their GP or midwife
Cold sore (herpes simplex)	None	Avoid kissing and contact with sores. They are mild and self-limiting.
German Measles (Rubella)	Four days from onset of rash	Preventable by immunization (MMR 2 doses)
Hand Foot and Mouth	None	If a large number of pupils are affected exclusion maybe considered.
Impetigo	Until the lesions have crusted and healed or after 48hrs after commencing treatment	Antibiotic treatment speeds healing and reduces the infectious period.
Measles	4 days from onset of rash	Preventable by vaccination(MMR 2 doses)
Molluscum Contagiosum	None	A self-limiting condition
Ringworm	None	Treatment is required
Scabies	Child can return after first treatment	Household and close contact require treatment
Scarlet Fever	Child can return 24 hours after commencing appropriate antibiotic treatment	Antibiotic recommended for affected child.
Slapped cheek (Fifth disease or Parvovirus B19)	None (once rash has developed)	Pregnant contacts of case should consult with their GP or midwife.
Shingles	Exclude only if the rash is weeping and cannot be covered	Can cause Chicken pox in those who are not immune. i.e. have not had Chicken pox. It is spread by very close contact and touch
Wart and Verrucae	None	Verrucae should be covered in swimming pools, gymnasiums and changing rooms.
Diarrhea and Vomiting Illness	**Recommended period to be kept away from school**	**Comments**
Diarrhea and/or vomiting	48 hours from the last episode of diarrhea or vomiting	Identify the cause of diarrhea and/or vomiting and treat per doctor's advice
E.colio157 VTEC Typhoid { and paratyphoid } (enteric fever)	Should be excluded for 48 hours from the last episode of diarrhea Further exclusion may be required for some children	Further exclusion is required for young children under five and those who have difficulty in adhering to hygiene practice

Shigella (dysentery)	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.
Cryptosporidios	Exclude for 48 hours from the last episode of diarrhea	Exclusion from swimming is advisable for two weeks after the diarrhea has settled.
Respiratory Infections	**Recommended time period to be kept away from school**	**Comments**
Flu (influenza)	Until recovered	
Tuberculosis	Until at least 2 weeks after the start of effective antibiotic treatment (if pulmonary TB.) Exclusion not required for non-pulmonary or latent TB infection	Only pulmonary (lung) TB is infectious to others, needs close, prolonged contact to spread
COVID 19	Child can return after symptoms of high fever and feeling unwell have gone. If tested positive, they should isolate for 3 days (if under 18 year) or 5 days (if above 18 years)	Preventable by vaccination, wearing of face mask to prevent spreading and proper hygiene practices
Whooping Cough (pertussis)	48 hours after 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.
Other Infections	**Recommended period to be kept away from school**	**Comments**
Conjunctivitis	None	If an outbreak or cluster occurs, consult your doctor
Diptheria	Exclusion is essential. Always contact your doctor	Family contacts must be excluded until cleared to return by the doctor Preventable by vaccination
Glandular fever	None	
Fever	48 hours from onset	Fever is a temporary increase in body temperature reading 37.6C and above.

Head lice	None	Treatment is recommended
Hepatitis A	Exclude until seven days after onset of jaundice(or seven days after symptoms onset if no jaundice)	The doctor will advise on any vaccination or other control measures that are needed for close contact of a single case of Hepatitis A and for suspected outbreaks
Meningococcal Meningitis/ septicaemia	Until recovered	Some forms of meningococcal disease are preventable by vaccination. 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 doctor 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 school doctor
Mumps	Exclude child for five days after onset of swelling	Preventable by vaccination MMR 2 DOSES
Threadworms	None	Treatment recommended for the child and household contact
Tonsillitis	None	There are many causes, but most cases are due to viruses and do not need or respond an antibiotic
Ebola	Learners and staff identified as contacts or reporting significant	Ebola is not spread through air in the same way as other illnesses

	possible exposure should not attend school and must seek Ministry of Health guidance. Anyone developing compatible symptoms following relevant travel or exposure should stay away from school and immediately seek public-health guidance.	such as influenza. Transmission occurs primarily through direct contact with the blood or other body fluids of a person who is sick with Ebola. A significant fever which could be an indicator of Ebola is ≥ 38°C.