



EDUCATION
LEARNING
TRUST

COLLABORATE - EMPOWER - ACHIEVE

Infection Control Policy 2023-24

Signed by:

Michelle Murray, Executive
Principal / CEO

Date: dd.mm.yy

Signed by:

Helen White , Chair of
Trustees

Date: dd.mm.yy

Revision History

Date	Document Version	Document Revision History	Document Author / Reviser	Document Approver
June 2020	1.0	Trust level policy developed for ratification by Trust Board. Policy amended to enhance the monitoring section & note Covid19 symptoms following review by Trustees. Circulated to academies for staff 14/07/20	Model Policy provided by The School Bus. R Cole-Galley, H Fitzsimmons, Y Wilson & S Goodall. J Jones - ELT Primary School Business Manager	Trust Board 09/07/20
March 2023	2.0	Adapted by the trust primary schools	Y Wilson, C Tisdall & A Salt	AGB 31/03/23
May 2024	3.0	Updated re: vulnerable children	Y Wilson	

Contents

Legal Framework.....	4
Preventative Measures & Communications with home	5
Cleaning Contractors.....	6
Toys and Equipment.....	5
Bites	6
Needles (sharps).....	6
Immunisations	6
School Activities.....	7
In the event of infection.....	7
Preventing the spread of infection.....	7
Vulnerable Children	7
Procedures for unwell pupils/staff.....	7
Outbreaks of infectious diseases.....	8
Pregnant staff members.....	9
Staff handling food	8
Managing specific infectious diseases.....	10
Monitoring and review.....	10
Appendices.....	11

- Appendix 1 - Managing Specific Infectious Diseases
- Appendix 2 - Infection Absence Periods
- Appendix 3 - Diarrhoea and Vomiting Outbreak Action Checklist
- Appendix 4 - List of Notifiable Diseases

Aims

The policy aims to help school staff prevent and manage infections in school, it is not intended as a diagnostic tool. Taking into account legal frameworks, preventative measures and procedures informing staff what steps to take to prevent infection and actions to take when infection occurs.

Infections can easily spread in a school due to:

- Pupils' immature immune systems.
- The close-contact nature of the environment.
- Some pupils having not yet received full vaccinations.
- Pupils' poor understanding of good hygiene practices.

Infections commonly spread in the following ways:

- **Respiratory spread** - contact with coughs or other secretions from an infected person.
- **Direct contact spread** - direct contact with the infecting organism, e.g., skin-on-skin contact during sports.
- **Gastrointestinal spread** - contact with contaminated food or water, or contact with infected faeces or unwashed hands.
- **Blood borne virus spread** - contact with infected blood or bodily fluids, e.g., via bites or used needles.

We actively prevent the spread of infection via the following measures:

- Maintaining high standards of personal hygiene and practice
- Maintaining a clean environment
- Supporting routine immunisations
- Taking appropriate action when infection occurs

Legal Framework

This policy has due regard to legislation including, but not limited to, the following:

- Control of Substances Hazardous to Health Regulations 2002 (as amended 2004)
- Health and Safety at Work etc. Act 1974
- The Management of Health and Safety at Work Regulations 1999
- The Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013
- The Health Protection (Notification) Regulations 2010

This policy has due regard to statutory guidance including, but not limited to, the following:

- Public Health England (2019) 'Health protection in schools and other childcare facilities'

- DfE (2015) 'Supporting pupils at school with medical conditions'

This policy operation in conjunctions with the following school policies

- Health and Safety Policy
- Medicines and First Aid Policy
- School Risk Assessments
- Intimate Hygiene Policy

Preventative Measures & Communications with home

Ensuring a clean environment

- Wall mounted soap dispensers are used in all toilets
- Waste paper bin is always made available for where disposable paper towel are used
- Toilet paper is always available in cubicles
- Suitable sanitary disposal facilities are provided where necessary according to age range
- (EYFS) Nappy changing area away from food and drink areas
- Designated Nappy / Soiled clothing changing area, including gloves / gowns / wipes and bags for soiled items as well as hand washing facilities
- Children with continence difficulties to be encouraged to be as independent as possible, clothing changing areas, to have gloves / gowns / wipes and bags for soiled items as well as hand washing facilities
- Two onsite laundry facilities available. Soiled laundry to be washed separately
- The provision of nursery snack and milk in EYFS takes place away from changing area; children are encouraged to wash hands before and after and correct cleaning equipment / colour coded cloths used for clean up
- Children are encouraged in good hygiene practices and wash their hands before and after lunch and snack time
- Kitchen floor / dining area floors and tables are cleaned regularly
- Mops and cleaning cloths / tea towels are washed daily

In the event of a child presenting with (or having suffered from) vomiting or diarrhoea, the school will advise parents of any observed symptoms and, in accordance with the NHS information in Appendix 2 Infection Absence Periods, parents will be advised of any periods of absence required. This is to prevent further spread and also for the

wellbeing of the symptomatic child, to ensure that they fully recover before returning to school.

Cleaning Contractors

We have a team of onsite cleaning staff who maintain high standards of cleanliness around school using PPE as required. The Premises and Facilities Manager is responsible for Health and Safety in school and is responsible for monitoring cleaning standards, raising concerns to the SLT. Holiday cleaning is scheduled as necessary.

Toys and Equipment

There is not a written schedule in place however staff ensure that all toys and equipment are cleaned regularly. Toys in Reception and Nursery are often used infrequently and stored in clean boxes between uses.

Outside sand is covered and the water tray is emptied at the end of each day. All cushions and soft toys are washed as necessary.

Bites

If a bite does not break the skin, the affected area is cleaned with soap and water.

If a bite breaks the skin, the affected area is cleaned with soap and running water, the incident is recorded in the accident/incident books, parents informed and medical advice is sought immediately.

Needles (sharps)

For children in school who require medication via needles (Diabetes / Epidermolysis bullosa) they will each have a sharps box in the classroom, each child where possible will be encouraged to be as independent with this process as possible to limit the risk to staff. Staff training will be given by medical professionals where required. When sharps boxes are two thirds full, parents will be notified to order a new box.

Immunisations

Pupil - The school keeps up-to-date with national and local immunisation scheduling and advice via www.nhs.uk/conditions/vaccinations/

Whilst the school encourages parents to have their children immunised, parental consent will always be sought before a vaccination is given. The school will ensure that any pupils with existing medical conditions are medically cleared to be given the vaccine in questions. Any pupil who becomes unwell will be treated by the healthcare team that administered the vaccine.

All pupils in school will be offered nasal flu vaccinations annually.

Staff will accompany their class to ensure the atmosphere is calm and relaxed, pupils will be observed following the vaccine for possible side effects.

Staff - Are offered the annual flu vaccine.

School Activities

All school activities are Risk Assessed Please refer to the Educational Visits and Journeys policy

Activities include but not limited to: Water based activities / School trips / Animals on site

In the event of infection

Preventing the spread of infection

Parents will not bring their child to school in the following circumstances:

- The child shows signs of being poorly and needing one-to-one care
- The child has untreated conjunctivitis
- The child has a high temperature/fever
- The child has been vomiting and/or had diarrhoea within the last 48 hours
- The child has an infection and the [minimum recommended exclusion period](#) has not yet passed

Vulnerable Children

Pupils with impaired immune defence mechanisms (known as immune compromised) or pupils undergoing treatment, such as chemotherapy are more likely to acquire infections.

The school nursing team will be aware of and if required monitor vulnerable children.

Vulnerable children are at higher risk of serious problems if exposed to certain viruses and conditions, which include (but are not limited to) measles, chicken pox and shingles.

Parents are responsible for notifying school in a timely manner of any health conditions (and changes to current conditions) for their child that may impact the health of a vulnerable child.

Procedures for unwell pupils/staff

Staff are required to know warning signs of pupils becoming unwell, including but not limited to the following:

- Not being themselves
- Not eating snack / lunch

- Requiring more attention / falling asleep
- Displaying physical signs of being unwell e.g. watery eyes, flushed face, clammy skin or temperature

Where a member of staff identifies a child who is unwell, permission is obtained from a member of the SLT to phone home. Pupils may be offered a drink, if hot jumpers/cardigans may be removed, in some instances permission may be obtained from the parent/carer to administer Calpol or similar.

Children and staff who have diarrhoea or sickness must remain absent from school for 48hrs. Any contaminated clothing should be bagged and sent home with the child.

If more than two children from one classroom reports sickness or diarrhoea, the site cleaning team are informed in order to specifically target the area(s) with a deeper clean. Cleaning staff have access to a specific biohazard kit for cleaning bodily fluids. Carpet cleaning is as required.

Outbreaks of infectious diseases

An incident is classed as an 'outbreak' where:

- (For serious or notifiable diseases according to HPT/NHS England) two or more people experiencing a similar illness are linked in time or place.
- A greater than expected rate of infection is present compared with the usual background rate, e.g.:
 - A 'cluster' of two or more pupils in the same classroom are suffering from vomiting and diarrhoea with connected circumstance
 - A greater number of pupils than usual are diagnosed with scarlet fever
 - There are two or more cases of measles at the school. N.B. Additional information from NHS England (March 2024) required notification of PHE of any case, and a set exclusion period for unvaccinated child/staff contacts of a confirmed case. See Appendix 1 for more details.

Suspected outbreaks of any of the diseases listed on the [List of Notifiable Diseases](#) will always be reported.

As soon as an outbreak is suspected (even if it cannot be confirmed), a member of the SLT or the Pastoral and Safeguarding Manager will contact the Health Prevention Team (HPT) to discuss the situation and agree if any actions are needed.

The following information will be shared:

- The number of staff and children affected
- The symptoms present
- The date(s) the symptoms first appeared
- The number of classes affected

The HPT will treat any information in line with GDPR and will provide school with draft letters and factsheets to distribute to families.

If a child is identified as having a notifiable disease, as outlined in the guide to Infection Absence Periods, the school will inform the parents, who should inform their child's GP. It is a statutory requirement for doctors to then notify their local Public Health England centre.

If a parent informs the school that their child carries an infectious disease, other pupils will be observed for similar symptoms by their teachers.

Pregnant staff members

If a pregnant staff member develops a rash, or is in direct contact with someone who has a potentially contagious rash, we will strongly encourage her to speak to her doctor or midwife.

Chickenpox: If a pregnant staff member has not already had chickenpox or shingles, becoming infected can affect the pregnancy. If a pregnant staff member believes they have been exposed to chickenpox or shingles and have not had either infection previously, she will speak to her midwife or GP as soon as possible. If a pregnant staff member is unsure whether they are immune, we encourage them to take a blood test.

Measles: If a pregnant staff member is exposed to measles, she will inform her midwife immediately.

Rubella (German measles): If a pregnant staff member is exposed to rubella, she will inform her midwife immediately.

Slapped cheek disease (Parvovirus B19): If a pregnant staff member is exposed to slapped cheek disease, she will inform her midwife promptly.

Staff handling food

Food handling staff suffering from transmittable diseases will be excluded from all food handling activity until advised by the local Environmental Health Officer that they are clear to return to work. Both food handling staff and midday assistants are not permitted to attend work if they are suffering from diarrhoea and/or vomiting. They are not permitted to return to work until 48 hours have passed since diarrhoea and/or vomiting occurred, or until advised by the local environmental health officer that they are allowed to return to work.

The school will notify the local Environmental Health Department as soon as we are notified that a staff member engaged in the handling of food has become aware that they are suffering from, or likely to be carrying, an infection that may cause food poisoning.

Food handlers are required by law to inform the school if they are suffering from any of the following:

- Typhoid fever
- Paratyphoid fever
- Other salmonella infections
- Dysentery
- Shigellosis
- Diarrhoea (where the cause of which has not been established)
- Infective jaundice
- Staphylococcal infections likely to cause food poisoning like impetigo, septic skin lesions, exposed infected wounds, boils
- E. coli VTEC infection

'Formal' exclusions will be issued where necessary, but employees are expected to provide voluntary 'off work' certificates from their GP.

Managing specific infectious diseases

When an infectious disease occurs in the school, we will follow the appropriate procedures set out in the [Managing Specific Infectious Diseases](#) appendix.

Monitoring and review

All members of staff are required to familiarise themselves with this policy as part of their induction programme.

The Pastoral and Safeguarding Manager will review this policy on an annual basis and will make any changes necessary, taking into account the current effectiveness of infection control and prevention.

Site managers and the cleaning teams have their own internal controls that can be inspected by the head teacher at any time. Schools buy independent services to carry out Health and Safety inspections, such as legionella and water temperature checks. Hygiene companies maintain nappy and sanitary bins. Facilities and Premises Managers are responsible for health and safety in school and play an active role in the annual health, safety and wellbeing audit. The resulting inspection report details how the school scores for all the relevant health, safety and welfare criteria and outlines any action points to be completed. The report and action plan is presented annually to the academy governing body. Facilities and Premises Managers are responsible for monitoring the cleaning standards of their teams and ensuring the correct equipment and cleaning products are in stock and available, including antibacterial items.

Phase leaders are responsible for checking that toys & other educational equipment and supplies are being cleaned and/or renewed within their phases.

Staff training for medical procedures e.g. injections and EpiPens or defibrillator use are recorded in the school's staff training record & certificates kept in school. When these procedures are in operation in school, they are recorded on the child's medication record and witnessed by two staff members. In an emergency situation, urgent/life-saving medication will be administered as soon as possible, concurrently with contact being made with parents/carers.

Illnesses and absences are all documented on SIMS (school information management system) for adults and children, phone calls made to families and staff are logged, staff have return to work meetings, recorded on SIMS and in their personnel files. The pastoral and safeguarding managers / admin managers ensure the head teacher is informed of any infectious/notifiable diseases or accidents.

Accidents are recorded in accident books and to RIDDOR when appropriate and schools have a medicine & first aid policy.

When needed, a risk assessment is carried out to deal with more serious situations, for example during the coronavirus outbreak when a risk assessment and recovery plan were created by senior leaders.

Appendices

- Appendix 1 - Managing Specific Infectious Diseases
- Appendix 2 - Infection Absence Periods
- Appendix 3 - Diarrhoea and Vomiting Outbreak Action Checklist
- Appendix 4 - List of Notifiable Diseases

Appendix 1 -Managing Specific Infectious Diseases

Disease	Symptoms	Considerations	Exclusion period
Athlete's foot	Scaling or cracking of the skin, particularly between the toes, or blisters containing fluid. The infection may be itchy.	Cases are advised to see their GP for advice and treatment.	Exclusion is not necessary.
Chicken pox	Sudden onset of fever with a runny nose, cough and generalised rash. The rash then blisters and scabs over. Several blisters may develop at once, so there may be scabs in various stages of development. Some mild infections may not present symptoms.	Cases are advised to consult their GP. Some people are at higher risk of serious problems if exposed to chicken pox, including: pregnant women, newborn babies and those with a weakened immune system - they should seek urgent medical advice if they come into contact with chicken pox.	Chickenpox is infectious from 48 hours prior to a rash appearing up to five days after the onset of a rash. Cases will be excluded from school for five days from the onset of a rash. It is not necessary for all the spots to have healed before the case returns to school.
Cold sores	The first signs of cold sores are tingling, burning or itching in the affected area. Around 24 hours after the first signs appear the area will redden and swell, resulting in a fluid-filled blister. After blistering, they break down to form ulcers then dry up and crust over.	Cases are advised not to touch the cold sore, or to break or pick the blisters. Sufferers of cold sores should avoid kissing people and should not share items such as cups, towels and facecloths.	Exclusion is not necessary.
Conjunctivitis	The eye(s) become reddened and swollen, and there may be a yellow or green discharge. Eyes may feel itchy and 'gritty'.	Cases are encouraged to seek advice, wash their hands frequently and not to rub their eyes. The HPT will be contacted if an outbreak occurs.	Exclusion is not necessary.

Disease	Symptoms	Considerations	Exclusion period
Coronavirus	A new, continuous cough and a high temperature are the main symptoms of coronavirus.	Cases will be sent home and advised to contact 111 for advice, or 999 if they become seriously ill or believe their life is at risk. The school follows current Government guidance on gov.uk in the management of this illness in school.	Covid-19 is no longer a notifiable disease. Current NHS England advice requires those who test positive to remain at home for 3 days for cases under 18 years of age (5 days for adults).
Food poisoning	Symptoms normally appear within one to two days of contaminated food being consumed, although they may start at any point between a few hours and several weeks later. The main symptoms are likely to be nausea, vomiting, diarrhoea, stomach cramps and fever.	Cases will be sent home. The HPT will be contacted where two or more cases with similar symptoms are reported. The cause of a food poisoning outbreak will always be investigated.	Cases will be excluded until 48 hours have passed since symptoms were present. For some infections, longer exclusion periods may be required. The HPT will advise in such cases.
Giardia	Symptoms include abdominal pain, bloating, fatigue and pale, loose stools.	Cases will be sent home. The HPT will be contacted where two or more cases with similar symptoms are reported.	Cases will be excluded until 48 hours have passed since symptoms were present.
Salmonella	Symptoms include diarrhoea, headache, fever and, in some cases, vomiting.	Cases will be sent home. The HPT will be contacted where two or more cases with similar symptoms are reported.	Cases will be excluded until 48 hours have passed since symptoms were present.
Typhoid and paratyphoid fever	Symptoms include tiredness, fever and constipation. The symptoms or	All cases will be immediately reported to the HPT.	Cases will be excluded whilst symptomatic and for

Disease	Symptoms	Considerations	Exclusion period
	paratyphoid fever include fever, diarrhoea and vomiting.		48 hours after symptoms have resolved. Environmental health officers or the HPT may advise the school to issue a lengthened exclusion period.
E. coli (verocytotoxigenic or VTEC)	Symptoms vary but include diarrhoea, abdominal cramps, headaches and bloody diarrhoea.	Cases will immediately be sent home and advised to speak to their GP.	Cases will be excluded whilst symptomatic and for 48 hours after symptoms have resolved. Where the sufferer poses an increased risk, for example, food handlers, they will be excluded until a negative stool sample has been confirmed. The HPT will be consulted in all cases.
Gastroenteritis	Symptoms include three or more liquid or semi-liquid stools in a 24-hour period.	The HPT will be contacted where there are more cases than usual.	Cases will be excluded until 48 hours have passed since symptoms were present. If medication is prescribed, the full course must be completed and there must be no further symptoms displayed for 48 hours following completion of the course before the cases may return to school. Cases will be excluded from swimming for two weeks

Disease	Symptoms	Considerations	Exclusion period
			following their last episode of diarrhoea.
Bacillary dysentery (Shigella)	Symptoms include bloody diarrhoea, vomiting, abdominal pain and fever. It lasts four to seven days on average, but potentially several weeks.	The school will contact the HPT.	Microbiological clearance is required for some types of shigella. The HPT will advise.
Campylobacter	Symptoms include diarrhoea, headache, fever and, in some cases, vomiting.		Cases will be excluded until 48 hours have passed since symptoms were present.
Cryptosporidiosis	Symptoms include abdominal pain, diarrhoea and occasional vomiting.		Cases will be excluded until 48 hours have passed since symptoms were present.
Glandular fever	Symptoms include severe tiredness, aching muscles, sore throat, fever, swollen glands and occasionally jaundice.	The sufferer may feel unwell for several months and the school will provide reasonable adjustments where necessary.	Exclusion is not necessary, and cases can return to school as soon as they feel well.
Hand, foot and mouth disease	Symptoms include a fever, reduced appetite and generally feeling unwell. One or two days later, a rash with blisters will develop on cheeks, hands and feet. Not all cases will have symptoms.		Exclusion is not necessary, and cases can return to school as soon as they feel well.
Head lice	Other than the detection of live lice or nits, there are no immediate symptoms until two to three weeks after infection, where itching and scratching of the scalp occurs.	Treatment is only necessary when live lice are seen. Staff are not permitted to inspect any pupil's hair for head lice. If a staff member incidentally notices head lice in a pupil's hair, they will inform the pupil's	Exclusion is not necessary.

Disease	Symptoms	Considerations	Exclusion period
		<p>parents and advise them to treat their child's hair.</p> <p>When a pupil has been identified as having a case of head lice, a letter will be sent home to all parents notifying them that a case of head lice has been reported and asking all parents to check their children's hair.</p>	
Hepatitis A	Symptoms include abdominal pain, loss of appetite, nausea, fever and tiredness, followed by jaundice, dark urine and pale faeces.	The illness in children usually lasts one to two weeks, but can last longer and be more severe in adults.	<p>Cases are excluded while unwell and for seven days after the onset of jaundice (or the onset of symptoms if no jaundice presents), the case is under five years of age or where hygiene is poor.</p> <p>There is no need to exclude older children with good hygiene.</p>
Hepatitis B	Symptoms include general tiredness, nausea, vomiting, loss of appetite, fever and dark urine, and older cases may develop jaundice.	<p>The HPT will be contacted where advice is required.</p> <p>The procedures for dealing with blood and other bodily fluids will always be followed.</p> <p>The accident book will always be completed with details of injuries or adverse events related to cases.</p>	<p>Acute cases will be too ill to attend school and their doctor will advise when they are fit to return.</p> <p>Chronic cases will not be excluded or have their activities restricted.</p> <p>Staff with chronic hepatitis B infections will not be excluded.</p>

Disease	Symptoms	Considerations	Exclusion period
Hepatitis C	Symptoms are often vague but may include loss of appetite, fatigue, nausea and abdominal pain. Less commonly, jaundice may occur.	<p>The procedures for dealing with blood and other bodily fluids will always be followed.</p> <p>The accident book will always be completed with details of injuries or adverse events related to cases.</p>	Cases will not be excluded or have their activities restricted.
Impetigo	Symptoms include lesions on the face, flexures and limbs.	<p>Towels, facecloths and eating utensils will not be shared by pupils.</p> <p>Toys and play equipment will be cleaned thoroughly.</p>	Cases will be excluded until lesions have healed and crusted or 48 hours after commencing antibiotic treatment.
Influenza	Symptoms include headache, fever, cough, sore throat, aching muscles and joints, and tiredness.	<p>Those in risk groups will be encouraged to have the influenza vaccine.</p> <p>Anyone with flu-like symptoms will stay home until they have recovered.</p> <p>Pupils under 16 will not be given aspirin.</p>	Cases will remain home until they have fully recovered.
Measles	Symptoms include a runny nose, cough, conjunctivitis, high fever and small white spots around the cheeks. Around the third day, a rash of flat red or brown blotches may appear on the face then spread around the body.	<p>All pupils are encouraged to have MMR immunisations in line with the national schedule. Offer of vaccinations in school.</p> <p>Staff members should be up-to-date with their MMR vaccinations.</p> <p>Pregnant staff members and those with weak immune</p>	<p>Confirmed cases are excluded for four days after the onset of a rash.</p> <p>New advice from Public Health England (March 2024) - parents and staff to be made aware that if they/their child is a contact of a confirmed case of Measles (and are unvaccinated) there is a</p>

Disease	Symptoms	Considerations	Exclusion period
		systems will be encouraged to contact their GP immediately for advice if they come into contact with measles.	recommended exclusion period of 21-23 days. Notifiable disease.
Meningitis	Symptoms include fever, severe headaches, photophobia, stiff neck, non-blanching rash, vomiting and drowsiness.	Meningitis is a notifiable disease.	Once a case has received any necessary treatment, they can return to school.
Meningococcal meningitis and meningitis septicaemia	Symptoms include fever, severe headaches, photophobia, stiff neck and a non-blanching rash.	<p>Medical advice will be sought immediately.</p> <p>The confidentiality of the case will always be respected.</p> <p>The HPT and school health advisor will be notified of a case of meningococcal disease in the school. The HPT will conduct a risk assessment and organise antibiotics for household and close contacts.</p> <p>The HPT will be notified if two cases of meningococcal disease occur in the school within four weeks.</p>	<p>When the case has been treated and recovered, they can return to school.</p> <p>Exclusion is not necessary for household or close contacts unless they have symptoms suggestive of meningococcal infection.</p>
Meningitis (viral)	Symptoms include headache, fever, gastrointestinal or upper respiratory tract involvement and, in some cases, a rash.	<p>The case will be encouraged to consult their GP.</p> <p>If more than once case occurs, the HPT will be consulted.</p>	No exclusion is required.
Meticillin resistant	Symptoms are rare but include skin infections and boils.	All infected wounds will be covered.	No exclusion is required.

Disease	Symptoms	Considerations	Exclusion period
staphylococcus aureus (MRSA)			
Mumps	Symptoms include a raised temperature and general malaise. Then, stiffness or pain in the jaws and neck is common. Following this, the glands in the cheeks and under the jaw swell up and cause pain (this can be on one or both sides). Mumps may also cause swelling of the testicles.	The case will be encouraged to consult their GP. Parents are encouraged to immunise their children against mumps.	Cases can return to school five days after the onset of swelling if they feel able to do so.
Ringworm	Symptoms vary depending on the area of the body affected.	Pupils with ringworm of the feet will wear socks and trainers at all times and cover their feet during physical education.	No exclusion is usually necessary. For infections of the skin and scalp, cases can return to school once they have received treatment.
Rotavirus	Symptoms include severe diarrhoea, stomach cramps, vomiting, dehydration and mild fever.	Cases will be sent home if unwell and encouraged to speak to their GP.	Cases will be excluded until 48 hours have passed since symptoms were present.
Rubella (German Measles)	Symptoms are usually mild, with a rash being the first indication. There may also be mild catarrh, headaches or vomiting. There may be a slight fever and some tenderness in the neck, armpits or groin, and there may be joint pains.	MMR vaccines are promoted to all pupils.	Cases will be excluded for six days from the appearance of the rash.
Scabies	Symptoms include tiny pimples and nodules on a rash, with burrows commonly seen on the wrists, palms, elbows, genitalia and buttocks.	All household contacts and any other very close contacts should have one treatment at the same time as the second treatment of the case. The second treatment must not be missed and should be	Cases will be excluded until after the first treatment has been carried out.

Disease	Symptoms	Considerations	Exclusion period
		carried out one week after the first treatment.	
Scarlet Fever	Symptoms include acute inflammation of the pharynx or tonsils, with tonsils reddening in colour and becoming partially covered with a thick, yellowish exudate. In severe cases, there may be a high fever, difficulty swallowing and tender, enlarged lymph nodes. A rash develops on the first day of fever and is red, generalised, pinhead in size and gives the skin a sandpaper-like texture, with the tongue developing a strawberry-like appearance.	Antibiotic treatment is recommended, as a person is infectious for two to three weeks if antibiotics are not administered. If two or more cases occur, the HPT will be contacted.	Cases are excluded for 24 hours following appropriate antibiotic treatment.
Shingles	Shingles is caused by the chicken pox virus, which remains in the body. It can be reactivated later and cause shingles if the patient's immune system is lowered. Shingles presents as a blistering rash in the area supplied by the affected nerve, usually on one side of the body. It can be very painful. There is often altered sensation before the rash appears, accompanied with 'flu like' symptoms.	Cases are advised to consult their GP. Some people are at higher risk of serious problems if exposed to shingles including: pregnant women, newborn babies and those with a weakened immune system - they should seek urgent medical advice if they come into contact with shingles.	Cases will be excluded while the rash is still oozing fluid, or until the rash has dried out.
Slapped cheek syndrome, Parvovirus B19, Fifth's Disease	Where symptoms develop, they include a rose-red rash making the cheeks appear bright red.	Cases will be encouraged to visit their GP.	Exclusion is not required.
Threadworm	Symptoms include itching around the anus, particularly at night.	Cases will be encouraged to visit their GP.	Exclusion is not required.
Tuberculosis (TB)	Symptoms include cough, loss of appetite, weight loss, fever,	Advice will be sought from the HPT before taking any	Cases with infectious TB can return to school after two

Disease	Symptoms	Considerations	Exclusion period
	sweating (particularly at night), breathlessness and pains in the chest. TB in parts of the body other than the lungs may produce a painful lump or swelling.	action, and regarding exclusion periods.	<p>weeks of treatment if well enough to do so, and as long as they have responded to anti-TB therapy.</p> <p>Cases with non-pulmonary TB, and cases with pulmonary TB who have effectively completed two weeks of treatment as confirmed by TB nurses, will not be excluded.</p>
Whooping cough (pertussis)	Symptoms include a heavy cold with a persistent cough. The cough generally worsens and develops the characteristic 'whoop'. Coughing spasms may be worse at night and may be associated with vomiting.	Cases will be advised to see their GP. Parents are advised to have their children immunised against whooping cough.	<p>Cases will not return to school until they have had 48 hours of appropriate treatment with antibiotics and feel well enough to do so, or 21 days from the onset of illness if no antibiotic treatment is given.</p> <p>Cases will be allowed to return in the above circumstances, even if they are still coughing.</p>

Appendix 2 - Infection Absence Periods

This table details the minimum required period for staff and pupils to stay away from school following an infection, as recommended by Public Health England.

*Identifies a notifiable disease. It is a statutory requirement that doctors report these diseases to their local Public Health England centre.

Infection	Recommended minimum period to stay away from school	Comments
Athlete's foot	None	Treatment is recommended; however, this is not a serious condition.
Chicken pox	Until all vesicles have crusted over	Follow procedures for vulnerable children and pregnant staff.
Cold sores	None	Avoid contact with the sores.
Conjunctivitis	None	If an outbreak occurs, consult the HPT.
Coronavirus	Until well - for cases under 18 years of age there is a recommendation of 3 days at home (rising to 5 days for adults)	As of March 2022, Covid-19 is no longer a notifiable disease; UK HSA advice is to manage in a similar way to other respiratory diseases and conditions, e.g. flu.
Diarrhoea and/or vomiting	Whilst symptomatic and 48 hours from the last episode	GPs should be contacted if diarrhoea or vomiting occur after taking part in water-based activities.
Diphtheria*	Exclusion is essential.	Family contacts must be excluded until cleared by the HPT and the HPT must always be consulted.

Infection	Recommended minimum period to stay away from school	Comments
Flu (influenza)	Until recovered	Report outbreaks to the HPT.
Glandular fever	None	Seek advice from GP.
Hand foot and mouth	None	Contact the HPT if a large number of children are affected. Exclusion may be considered in some circumstances.
Head lice	None	Treatment recommended only when live lice seen.
Hepatitis A*	Seven days after onset of jaundice or other symptoms	If it is an outbreak, the HPT will advise on control measures.
Hepatitis B*, C* and HIV	None	Not infectious through casual contact. Procedures for bodily fluid spills must be followed.
Impetigo	48 hours after commencing antibiotic treatment, or when lesions are crusted and healed	Antibiotic treatment is recommended to speed healing and reduce the infectious period.
Measles*	Four days from onset of rash	Preventable by vaccination (MMR). Follow procedures for vulnerable children and pregnant staff.
Meningococcal meningitis*/septicaemia*	Until recovered	Meningitis ACWY and B are preventable by vaccination. The HPT will advise on any action needed.

Infection	Recommended minimum period to stay away from school	Comments
Meningitis* due to other bacteria	Until recovered	Hib and pneumococcal meningitis are preventable by vaccination. The HPT will advise on any action needed.
Meningitis viral*	None	As this is a milder form of meningitis, there is no reason to exclude those who have been in close contact with infected persons.
MRSA	None	Good hygiene, in particular environmental cleaning and handwashing, is important to minimise the spread. The local HPT should be consulted.
Mumps*	Five days after onset of swelling	Preventable by vaccination with two doses of MMR.
Ringworm	Exclusion is not usually required	Treatment is required.
Rubella (German measles)	Four days from onset of rash	Preventable by two doses of immunisation (MMR). Follow procedures for pregnant staff.
Scarlet fever	24 hours after commencing antibiotic treatment	Antibiotic treatment is recommended, as a person is infectious for two to three weeks if antibiotics are not administered. If two or more cases occur, the HPT should be contacted.
Scabies	Can return to school after first treatment	The infected person's household and those who have been in close contact will also require treatment.
Shingles	Until rash has crusted over	Follow procedures for vulnerable children and pregnant staff.
Slapped cheek/Fifth disease/Parvo Virus B19	None (once rash has developed)	Follow procedures for vulnerable children and pregnant staff.
Threadworms	None	Treatment recommended for the infected person and household contacts.

Infection	Recommended minimum period to stay away from school	Comments
Tonsillitis	None	There are many causes, but most causes are virus-based and do not require antibiotics.
Tuberculosis (TB)	Pupils with infectious TB can return to school after two weeks of treatment if well enough to do so, and as long as they have responded to anti-TB therapy.	Only pulmonary (lung) TB is infectious. It requires prolonged close contact to spread. Cases with non-pulmonary TB, and cases with pulmonary TB who have effectively completed two weeks of treatment as confirmed by TB nurses, should not be excluded. Consult the local HPT before disseminating information to staff and parents.
Warts and verrucae	None	Verrucae should be covered in swimming pools, gymnasiums and changing rooms.
Whooping cough (pertussis)*	Two days from commencing antibiotic treatment, or 21 days from the onset of illness if no antibiotic treatment is given	Preventable by vaccination. Non-infectious coughing can continue for many weeks after treatment. The HPT will organise any necessary contact tracing.

Appendix 3 - Diarrhoea and Vomiting Outbreak Action Checklist

Date:		
Completed by:		

Action	Action taken?		Comments
	Yes	No	
A 48-hour exclusion rule has been enforced.			
Liquid soap and paper hand towels are available.			
Enhanced cleaning is undertaken as necessary.			
Appropriate personal protective equipment (PPE) is available.			
Appropriate waste disposal systems are available for removing infectious waste.			
Toys are cleaned and disinfected on a daily basis.			
Infected linen is segregated, and dissolvable laundry bags are used where possible.			
Visitors are restricted, and essential visitors are informed of the outbreak.			
New children joining the school are delayed from joining.			
The health protection team (HPT) has been informed of any infected food handlers.			
Staff work in dedicated areas and food handling is restricted.			
All staff (including agency) are asked if they are unwell.			
Staff are restricted from working elsewhere.			
The HPT is informed of any planned events at the school.			
The <u>school nurse</u> is informed.			
Ofsted are informed if necessary.			

Appendix 4 - List of Notifiable Diseases

Under the Health Protection (Notification) Regulations 2010, the following diseases will always be reported to the health protection team (HPT):

- Acute encephalitis
- Acute meningitis
- Acute poliomyelitis
- Acute infectious hepatitis
- Anthrax
- Botulism
- Brucellosis
- Cholera
- Diphtheria
- Enteric fever (typhoid or paratyphoid fever)
- Food poisoning
- Haemolytic uraemic syndrome (HUS)
- Infectious bloody diarrhoea
- Invasive group A streptococcal disease and scarlet fever
- Legionnaires' disease
- Leprosy
- Malaria
- Measles
- Meningococcal septicaemia
- Mumps
- Plague
- Rabies
- Rubella
- SARS
- Smallpox
- Tetanus
- Tuberculosis
- Typhus
- Viral haemorrhagic fever (VHF)
- Whooping cough
- Yellow fever