The Lilycroft and St Edmund's Nursery Schools' Federation

Infection Control Policy

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Statement of intent

What infections are, how are they transmitted and those at higher risk of infection Infections are common and for most people the risk of severe disease is low. Infections can be acquired at home or in the community and brought into settings or acquired and spread within the setting. Infections are caused by micro-organisms such as bacteria, viruses, fungi, and parasites, otherwise known as germs. Germs are everywhere and most do not cause infection and can even be beneficial. However, some germs can cause infections when they get into the wrong place, which can result in symptoms such as fever and sickness.

How infections spread

It is important to understand how germs are spread and actions that can be taken to break the chain of infection. The mode of transmission is a term used to describe how germs are spread from person to person. There are different ways that this can happen. The precautions that can be taken to reduce transmission depend on the mode of transmission.

Airborne or droplet spread

Respiratory infections can spread easily between people. Sneezing, coughing, singing, and talking may spread respiratory droplets (aerosols) from an infected person to someone close by. Airborne infections can spread without necessarily having close contact with another person via small respiratory particles. Droplets from the mouth or nose may also contaminate hands, cups, toys, or other items and spread to those who may use or touch them, particularly if they then touch their nose or mouth. These can penetrate deep into the lungs (respiratory system). Examples of infections that are spread in this way are the common cold, coronavirus (COVID-19), influenza, and whooping cough.

Measures can be taken to prevent and control airborne spread infections. These include precautions such as ventilation, to prevent respiratory particles from spreading where there is no close contact between people; and droplet precautions, such as respiratory hygiene, which can prevent droplets from transferring from the respiratory tract of one person directly to the eyes, nose and mouth of others.
Preventing the spread of respiratory infections requires everyone in the setting to adopt good respiratory hygiene behaviours.

Direct contact spread

Some infections can be spread by direct contact with the infected area to another person's body, or via contact with a contaminated surface. This is the most common route of cross-infection from one person to another (transmission of infection).

Examples of infections of the skin, mouth and eye that are spread in this way are scabies, headlice, ringworm and impetigo.

Gastro-intestinal infections can spread from person to person when infected faeces or vomit are transferred to the mouth either directly or from contaminated food, water, or objects such as toys, door handles or toilet flush handles. Examples of infections spread in this way include hepatitis A, Shiga Toxin-producing Escherichia Coli (STEC), and norovirus. Blood borne viruses are viruses that some people carry in

their blood and can be spread from one person to another by contact with infected blood or body fluids, for example, while attending to a bleeding person or injury with a used needle. Examples of infections spread in this way are hepatitis B and human immunodeficiency virus (HIV).

Measures can be taken to prevent and control infections that spread via direct contact with a person or indirectly from the person's immediate environment (including equipment). This includes precautions such as cleaning and safe management of the environment.

Groups at higher risk from infection

For most people, the risk from common infections is low and few will become seriously unwell. There are some groups of people who are either at higher risk of contracting an infection, or at risk of more severe illness or other consequences because of contracting the infection.

A small number of people have impaired immune defence mechanisms in their bodies either because of a medical condition or due to treatment they are receiving (known as immunosuppressed). People who are immunosuppressed may have a reduced ability to fight infections and other diseases.

Most people in this group will be under the care of a hospital specialist and will have received advice on the risks to them and when to seek medical advice. People in this group should continue to attend their education or childcare setting unless advised otherwise by their clinician.

Usually, the setting will already be aware of the child's needs, and it is important that this information is shared with any relevant healthcare professionals. Ann-Marie Leadbeater (Lead SEND Practitioner, St Edmund's) and Adam Bagherian (Assistant Headteacher, Lilycroft) will liaise with any professionals they consider to be appropriate, depending on the child's individual needs.

If a child who may be at higher risk due to their immunosuppressed status is thought to have been exposed to an infection in the setting, the parents and carers should be informed immediately so that they can seek further medical advice from their GP or specialist, as appropriate.

Other people in the setting who may be at risk due to their immunosuppressed status and may have been exposed to an infectious disease, should also be informed immediately so they can seek further medical advice from their GP or specialist, as appropriate.

Women who are pregnant should ensure they are up to date with the recommended vaccinations, including COVID-19 immunisation (see Supporting immunisation programmes). Pregnant women should consult their midwife or GP immediately if they meet people with measles, mumps, rubella, slapped cheek syndrome and chickenpox as contact with these illnesses can affect the pregnancy and/or development of the unborn baby. They should also avoid contact with animal litter trays due to the risk of toxoplasmosis. Consider that you may not be aware of which people are pregnant, so ensure information is available to all.

Management of an infectious individual

The term 'exclusion' is used in this guidance to define the amount of time an individual should be advised to not attend a setting to reduce transmission while they are infectious. This is different from 'exclusion' as used in an educational sense.
Prompt exclusion of people who are unwell with an infectious disease is essential to preventing the spread of infection in settings. A quick reference table is available. People with mild respiratory symptoms such as a runny nose, sore throat, or slight cough who are otherwise well and do not have a high temperature can continue to attend their education or childcare setting.

All settings should have a local policy for the appropriate exclusion or isolation of people while they are likely to be infectious for specific diseases, as outlined in Managing outbreaks and incidents. They should also have a procedure for contacting parents and/or carers when children become unwell in the setting. Exclusion on public health grounds may cause some people to feel isolated or anxious. In these situations, consider signposting them to mental health and wellbeing support services:

Infections can easily spread in a school due to:

- Pupils' undeveloped 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
- **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

The school actively prevents the spread of infection via the following measures:

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

This policy aims to help school staff prevent and manage infections in school. It is not intended to be used as a tool for diagnosing disease, but rather a series of procedures informing staff what steps to take to prevent infection and what actions to take when infection occurs.

Legal framework

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

- The Control of Substances Hazardous to Health Regulations (COSHH) 2002 (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 (RIDDOR) 2013
- The Health Protection (Notification) Regulations 2010
- The Health Protection (Local Authority Powers) Regulations 2010

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

- UK Health and Security Agency (2022) 'Health protection in children and young people settings, including education'
- DfE (2015) 'Supporting pupils at school with medical conditions'

This policy operates in conjunction with the following school policies and documents:

- Health and Safety Policy
- Supporting Pupils with Medical Conditions Policy
- Administering Medication Policy
- First Aid Policy
- Head Lice guidelines

Preventative measures
Ensuring a clean environment

Handwashing

Hand hygiene is one of the most important ways of controlling the spread of infections, especially those that cause diarrhoea and/or vomiting and respiratory infections.
The school will ensure all staff and pupils have access to liquid soap, warm water and paper towels. (Bar soap will never be used) Staff will check, encourage and supervise handwashing where appropriate.
All staff and pupils will be advised to wash their hands after using the toilet and before eating or handling food.

Coughs and sneezes

Coughs and sneezes spread diseases. Covering the nose and mouth when sneezing and coughing can reduce the spread of infections. Encourage children to cover their nose and mouth with a tissue when coughing and sneezing, dispose of used tissue in a waste bin with a lid, and clean hands, cough or sneeze into the inner elbow (upper sleeve) if no tissues are available, rather than into the hand. keep contaminated hands away from their eyes, mouth and nose, clean hands after contact with respiratory secretions and contaminated objects and materials.

Cleaning

Keeping settings clean, including equipment, reduces the risk of transmission. Effective cleaning and disinfection are critical in any setting, particularly when food preparation is taking place. Cleaning with detergent and water is normally all that is needed as it removes most germs that can cause diseases.
All cleaning staff will be appropriately trained and appropriate PPE, e.g. gloves, aprons and surgical masks, will be available. The site manager will devise a cleaning schedule that clearly describes the activities required, the frequency of cleaning and who will carry out which activities. Cleaning standards will be regularly monitored to ensure effectiveness and that all areas or surfaces in contact with food, dirt or bodily fluids are regularly cleaned and disinfected.

Cleaning staff will be employed to carry out rigorous cleaning of the premises under the direction of the site manager. Cleaning equipment will be maintained to a high standard and is colour coded according to area of use.

Although there is no legislative requirement to use a colour-coding system, it is good practice. We will use colour-coded equipment in different areas with separate equipment for the kitchen, toilet, classroom, and office areas.

Red – Toilets and bathroom areas
Green – Kitchens
Blue – Public areas such as tables in the classroom or offices

Cleaning equipment used should be disposable or, if reusable, placed on a 60-degree wash each day. All cloths and mops should be washed separately by colour.

Store cleaning solutions in accordance with Control of Substances of Hazardous to Health (COSHH), and change and decontaminate cleaning equipment regularly.

In areas where food is handled or prepared

The Food Standards Agency (FSA) strongly advises the use of either a dishwasher, a sterilising sink, or a steam cleaner to clean and disinfect equipment and utensils.
Operate and maintain equipment according to the manufacturer's instructions and include regular dishwasher interior cleaning cycles.

Sanitary facilities

Wall-mounted soap dispensers will be used in all toilets – bar soap is never used.
A foot-operated waste-paper bin will be available where disposable paper towels are used.
Toilet paper will always be available in cubicles. Suitable sanitary disposal facilities will be provided where necessary, including where there are female staff and pupils aged nine and above.

Nappy changing areas

A designated changing area will be established away from play facilities and food and drink areas, and with appropriate hand washing facilities.

Children's skin will be cleaned with disposable wipes, and nappy creams and lotions will be labelled with the relevant child's name and not shared with others.

Staff will wash and dry their hands after every nappy change, before handling another child or leaving the nappy changing room. Staff will wrap soiled nappies in a plastic nappy sack before disposal in the nappy bins provided.

Changing mats will be wiped with soapy water or a mild detergent wipe after each use. Mats will be checked on a weekly basis for tears and damage, and replaced if necessary.

Continence aid facilities

Pads will be changed in a designated area with adequate handwashing facilities, and disposable powder-free latex gloves and a disposable plastic apron will be worn.

Laundry

All laundry will be washed in a separate dedicated facility, and any soiled linen will be washed separately. Manual sluicing of clothing will not be permitted, and gloves and aprons will be worn when handling soiled linen or clothing. Hands will be thoroughly washed after gloves are removed.

Ventilation

Indoor spaces will be kept well-ventilated to help reduce the amount of respiratory germs. Areas of the school where there may be poor ventilation will be identified, e.g. through the use of CO2 monitors, and appropriate action taken, e.g. partially opening windows and doors to let fresh air in. The need for increased ventilation will always be balanced against the need to maintain a comfortable temperature for staff, pupils and visitors.

Toys and equipment

When purchasing toys, the school will ensure they all carry a BS, BSI or CE mark and that, where possible, they can be easily cleaned. Toys will be stored in clean containers. Pupils will not be allowed to take them into toilet areas.

A schedule will be put in place to ensure that toys and equipment are cleaned on a regular basis. Toys that are "soft", e.g. modelling clay, will be discarded whenever they look dirty.

Sandpits will be covered when not in use and the sand is changed at least once a half term for indoor sandpits and, for outdoor sandpits, as soon as the sand becomes discoloured or malodorous. Sand will be sieved or raked on a **weekly** basis.

Water play troughs will be emptied, washed with detergent and hot water, dried and stored upside-down when not in use for long periods. When in use, the water will be replenished, at a minimum, twice on a daily basis, and the trough will remain covered overnight.

Managing cuts, bites, and bodily fluid spills

Standard precautions will always be taken when dealing with any cuts and abrasions. Any spillages of blood, faeces, saliva, vomit, or nasal discharges will be cleaned immediately. The school spillage kit is stored in **each bathroom**.

PPE will be worn where there is a risk of contamination with blood or bodily fluids during an activity. Gloves are disposable, non-powdered vinyl or latex and CE marked. If there is a risk of splashing to the face, disposable eye protection, or reusable eye protection that is decontaminated prior to next use, will be worn. Cuts and abrasions will be cleaned under running water or using a disposable container with water and wipes. The wound will be carefully dabbed dry then covered with a waterproof dressing or plaster. The dressing will be changed as often as is necessary. Staff will wear disposable gloves when in contact with any accident or injury, e.g. washing grazes, or dressing wounds.

If a pupil suffers a bite or scratch that does not break the skin, the affected area will be cleaned with soap and warm running water. If a bite, scratch or puncture injury breaks the skin or may have introduced someone else's blood, the affected area will be washed thoroughly with soap and warm running water, the

incident will be recorded in the pupil accident log, the wound will be covered with a waterproof dressing, and medical advice sought immediately.

When coughing or sneezing, all staff and pupils will be encouraged to cover their nose and mouth with a disposable tissue and dispose of the tissue after use, and to wash their hands afterwards.

Safe management of waste – including sharps

The school will ensure that all waste produced is dealt with by a licensed waste management company. Any PPE used will be placed in a refuse bag and disposed of as normal domestic waste. PPE should not be put in a recycling bin or dropped as litter.
Injuries incurred through sharps found on school grounds will be treated in line with the school's Health and Safety Policy. All sharps found on school premises will be disposed of in the sharps bin whilst wearing PPE.

Pupil immunisation

The school is aware of the vital role it plays in supporting the routine immunisation programme and will liaise with local health services to share information with parents at key points.
Each pupil's immunisation status will be checked upon school entry (Admission Form).
The school may support school-based immunisation programmes by hosting school nurses and School Age

Immunisation Services (SAIS) and helping them with various aspects of the vaccination process, including:

- Providing space and time in the timetable for vaccination.
- Reminding staff and pupils about the date of the immunisation session(s).
- Sharing information leaflets and consent forms with pupils.
- Providing a list of eligible pupils and their parent contact details to the SAIS team.

The school will keep up-to-date with national and local immunisation scheduling and advice via www.nhs.uk/conditions/vaccinations/.
Below is a list of vaccines available on the NHS, including who should have them and when:

- Before starting school, pupils should be given their second injection of the MMR vaccine, usually at 3 years and 4 months. Pupils should also be given their 4-in-1 pre-school booster against diphtheria, tetanus, whooping cough and polio, usually at 3 years and 4 months.

The school will permit time off for pupils to receive immunisations, where necessary.
The school will notify its regional DfE team of any anti-vaccination activity, e.g. campaign letters and emails spreading misinformation about vaccination programmes. Only information from trusted sources, e.g. the NHS, and where its authenticity is assured will be shared by the school.
Some vaccinations may involve an exclusion period in which pupils are not required to attend school. The administering healthcare team will provide advice in such cases.

Contact with pets and animals

- Animals in schools will be strictly controlled by using relevant risk assessments
- The headteacher will assign a member of staff with suitable knowledge and experience to be responsible for animals and abide by the Animal Welfare Act 2006, which places a duty on animal owners to ensure their animal's welfare needs are met

- All animals will receive recommended treatments and immunisations, be groomed **daily**, and checked for any signs of infection on a **weekly** basis by the designated member of staff
- Animals in school will only be permitted in the following areas: classrooms, studio and hall
- The school has insurance arrangements in place for the animals it keeps
- Animals will always be supervised when in contact with pupils and anyone handling animals will wash their hands immediately after touching them, their bedding or equipment
- Pregnant staff will be advised to avoid contact with any animal litter trays on the school premises due to the risk of toxoplasmosis
- Bedding will be changed and laundered on a **weekly** basis
- Feeding areas will be kept clean and pet food is stored away from human food. Any food that has not been consumed within 20 minutes will be taken away or covered
- Visits to farms and zoos will be suitably risk assessed

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 unwell and needing one-to-one care
- The child has been vomiting and/or had diarrhoea within the last 48 hours
- The child has an infection and the recommended exclusion period stated in the 'Managing specific infectious diseases' section has not yet passed

Vulnerable pupils

Pupils with impaired immune defence mechanisms, known as immunosuppressed, are more likely to acquire infections. In addition, the effect of an infection is likely to be more significant for such pupils. These pupils may have a disease that compromises their immune system or be undergoing treatment, e.g. chemotherapy, that has a similar effect.

Parents are responsible for notifying the school if their child is vulnerable. Ann-Marie Leadbeater (Lead SEND Practitioner, St Edmund's) and Adam Bagherian (Assistant Headteacher, Lilycroft) will liaise with any professionals they consider to be appropriate, depending on the child's individual needs. If a vulnerable pupil is thought to have been exposed to an infectious disease, the pupil's parents will be informed and encouraged to seek medical advice from their doctor or specialist.

Procedures for unwell pupils and staff

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

- Not being themselves
- Not eating, e.g. at break and lunchtimes
- Wanting more attention or sleep than usual
- Displaying physical signs of being unwell, e.g. watery eyes, a flushed face or clammy skin

Where a member of staff identifies that a pupil is unwell, a qualified first aider will assess the pupil, including checking their temperature where appropriate, before informing a member of the Senior Leadership Team (SLT). The pupil's parents or carers will then be informed of the situation and, where necessary, asked to collect their child from school.

Staff will:

- Attempt to cool the pupil down if they are too hot, by opening a window and suggesting that the pupil removes their top layers of clothing
- Provide the pupil with a drink of water
- Move the pupil to a quieter area of the classroom or school
- Ensure there is a staff member available to comfort the pupil
- Summon emergency medical help if required

Pupils and staff displaying any of the signs of becoming unwell outlined above will be sent home, and the school will recommend that they see a doctor. If a pupil is identified with sickness and diarrhoea, the pupil's parents will be contacted immediately and the child will be sent home, and may only return after 48 hours have passed without symptoms. If the school is unable to contact a pupil's parents in any situation, the pupil's alternative emergency contacts will be contacted.

Contaminated clothing

If the clothing of the first-aider or a pupil becomes contaminated, the clothing will be removed as soon as possible and placed in a plastic bag. The pupil's clothing will be sent home with the pupil, and parents are advised of the best way to launder the clothing.
Contaminated clothing will be washed separately in a washing machine, using a pre-wash cycle on the hottest temperature that the clothes will tolerate.

Exclusion

Pupils and staff who are showing the symptoms of an infectious disease or have been diagnosed by a health professional or diagnostic test will be advised to stay away from the school for the minimum period recommended, if required, and until well enough. The school will expect parents to agree that, if their child is unwell and has symptoms of an infectious illness, such as a fever, they should not attend the school, given the potential risk to others.

If a parent insists on a pupil with symptoms attending the setting, where they have a confirmed or suspected case of an infectious illness, the school will take the decision to exclude the pupil from school – on medical grounds - if, in the school's reasonable judgement, it is necessary to protect other pupils and staff from possible infection.

For some infections, individuals may be advised to remain away from school for a longer period of time and school will follow any advice received from the local health protection team (HPT).

If a pupil or member of staff is a close contact of someone unwell with an infectious disease, but is not confirmed to be infected, this is not normally a valid reason for exclusion; however, the local HPT may advise on specific precautions to take in response to a case or outbreak. The school is aware that exclusion may cause challenges for parents due to unexpected time off and, that some children may become vulnerable to domestic abuse or neglect during times where they would usually be at school. When recommending exclusion on public health grounds, the school will work with their HPT to consider any adverse effects or

hidden harms a pupil may be exposed to by imposing isolation, and staff will be alert and proactive in sharing information as early as possible.

The school is aware that exclusion on public health grounds may cause some pupils or staff members to feel isolated or anxious. In such situations, the school will signpost them to mental health and wellbeing support services.

Medication

Where a pupil has been prescribed medication by a doctor, dentist, nurse or pharmacist, the first dose will be given at home, in case the pupil has an adverse reaction.
The pupil will only be allowed to return to school 24 hours after the first dose of medication, to allow it time to take effect.
All medicine provided in school will be administered in line with the Administering Medication Policy.

Outbreaks of infectious diseases

An incident is classed as on 'outbreak' where two or more people experiencing a similar illness are linked in time or place, or a greater than expected rate of infection is present compared with the usual background rate, e.g.:

- Two or more pupils in the same classroom are suffering from vomiting and diarrhoea
- A greater number of pupils than usual is diagnosed with scarlet fever
- There are two or more cases of measles at the school

Where an outbreak is suspected (even if it cannot be confirmed), the headteacher will promptly contact the HPT to discuss the situation and agree if any actions are needed. The school will support the HPT's identified control measures with clear and prompt communication with parents and rapid coordination of arrangements, e.g. staff immunisation.

The headteacher will provide the following information:

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

The HPT will provide the school with draft letters and factsheets to distribute to parents. The HPT will always treat outbreaks in the strictest confidence; therefore, information provided to parents during an outbreak will never include names and other personal details. If a parent informs the school that their child carries an infectious disease, other pupils will be observed for similar symptoms by their teachers. If a pupil is identified as having a notifiable disease, as outlined in Infection Absence Periods appendix, 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 UK Health Security Agency centre.

During an outbreak, enhanced or more frequent cleaning protocols may be undertaken, in line with provided by the local HPT. The SBM will liaise with SLT who will share the relevant protocols with the cleaners. Under the Health Protection (Notification) Regulations 2010, the school will always report instances of the following diseases to the HPT:

- Acute encephalitis
- Acute meningitis
- Acute poliomyelitis
- Acute infectious hepatitis
- Anthrax
- Botulism
- Brucellosis
- Cholera
- Diphtheria
- Enteric fever (typhoid or paratyphoid fever)
- 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

Pregnant staff members

If a pregnant staff member develops a rash, or is in direct contact with someone who has a potentially contagious rash, the school will strongly encourage them to speak to their GP or midwife. Pregnant staff members will be advised to ensure they are up-to-date with the recommended vaccinations, including against coronavirus.

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, they will speak to her midwife or GP as soon as possible. If a pregnant staff member is unsure whether they are immune, the school will encourage them to take a blood test.

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

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

Slapped cheek disease (Parvovirus B19): If a pregnant staff member is exposed to slapped cheek disease, they will inform their 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 (EHO) 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 EHO 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, staff will follow the appropriate procedures set out in the Managing Specific Infectious Diseases appendix.

Monitoring and review

The headteacher will review this policy every 2 years and will make any changes necessary, taking into account the current effectiveness of infection control and prevention.

The next scheduled review date is **June 2028.**

Managing specific infectious diseases

Disease	Symptoms	Considerations	Exclusion period
Athlete's foot	Scaling, peeling or cracking of the skin, particularly between the toes and on soles of the feet, or blisters containing fluid. The infection may be itchy, and toenails can become discoloured, thick and crumbly.	Cases are advised to see their local pharmacy or 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. Blisters typically crust up and fall of naturally within one to two weeks. Some mild infections may not present symptoms.	Cases are advised to consider pharmacy remedies to alleviate symptoms and consult their GP. Immediate medical advice should be sought if abnormal symptoms develop, e.g. infected blisters, chest pain or difficulty breathing.	Chickenpox is infectious from 48 hours prior to a rash appearing, and until all blisters have crusted over, typically five to six days after the onset of a rash. Cases will be excluded from school for at least five days from the onset of a rash and until all blisters have dried and crusted over. 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 or blisters. After blistering, they may form ulcers, then dry up and crust over.	Cases are advised not to touch the cold sore, or pick at the blisters. Sufferers of cold sores should avoid kissing people and should not share food and items such as cutlery, cups, towels and facecloths.	Exclusion is not necessary.
Conjunctivitis	The eye(s) become reddened and swollen, and there may be a sticky or watery discharge. Eyes may feel itchy and 'gritty'.	Cases are encouraged to seek advice, wash their hands frequently and not to rub their eyes. Parents will be advised to seek advice and treatment from their local pharmacist. The HPT will be contacted if an outbreak occurs.	Exclusion is not necessary. In the case of an unmanageable outbreak, exclusion may become necessary, as per the HPT's advice.
Cryptosporidiosis	Symptoms include abdominal pain, diarrhoea and occasionally vomiting.	Staff and pupils will be asked to wash hands regularly. Kitchen and toilet areas will be cleaned regularly.	Cases will be excluded until 48 hours have passed since symptoms were present.

Diarrhoea and vomiting (gastroenteritis)	Symptoms include diarrhoea and/or vomiting; diarrhoea is defined as 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 – for some infections, longer periods are required, and the HPT will advise accordingly. 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 following their last episode of diarrhoea.
E. coli STEC	Symptoms vary but include diarrhoea which can be bloody, abdominal pain, vomiting and fever.	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, e.g, food handlers, pre-school infants, they will be excluded until a negative stool sample has been confirmed. The HPT will be consulted in all cases.
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, abdominal pain and fever.	Cases will be sent home. The HPT will be contacted where two or more cases with similar symptoms are reported. All outbreaks of food poisoning outbreak will 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.
Giardiasis	Infection can be asymptomatic, and the incubation period is between 5 and 25 days. Symptoms can 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.
Glandular fever	Symptoms include severe tiredness, aching muscles, sore throat, high fever, swollen glands in the neck and occasionally jaundice.	The sufferer may feel unwell for several months with fatigue 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 may develop with blisters on the inside of cheeks, gums, sides of the tongue, and hands and feet. Not all cases will have symptoms.	Where rare additional symptoms develop, e.g. high fever, headache, stiff neck, back pain or other complications, prompt medical advice should be sought.	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 parents and advise them to treat their child's hair. Upon noticing, staff members are not required to send the pupil home; the pupil is permitted to stay in school for the remainder of the day. 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.	Exclusion is not necessary, as headlice are not considered a health hazard. In severe, ongoing cases, the LA does have the power to exclude. This use of power must be carefully considered, and exclusion should not be overused.
Hepatitis A	Infection can be asymptomatic. Symptoms can include abdominal pain, loss of appetite, nausea, fever and fatigue, 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.	Cases are excluded while unwell and for seven days after the onset of jaundice (or the onset of symptoms if no jaundice presents).

Hepatitis B	Infection can be asymptomatic. Symptoms can include general fatigue, nausea, vomiting, loss of appetite, fever and dark urine, and older cases may develop jaundice. It can cause an acute or chronic illness.	The HPT will be contacted where advice is required. The procedures for dealing with blood and other bodily fluids will always be followed. The accident book will always be completed with details of injuries or adverse events related to cases.	Acute cases will be too ill to attend school and their doctor will advise when they are fit to return. Chronic cases will not be excluded or have their activities restricted. Staff with chronic hepatitis B infections will not be excluded.
Hepatitis C	Symptoms are often vague but may include loss of appetite, fatigue, nausea and abdominal pain. Less commonly, jaundice may occur.	The procedures for dealing with blood and other bodily fluids will always be followed. The accident book will always be completed with details of injuries or adverse events related to cases.	Cases will not be excluded or have their activities restricted.
Impetigo	Symptoms include sores, typically on the face and on the hands and feet. After around a week, the sores burst and leave golden brown crusts, and can sometimes be painful and itchy.	Towels, facecloths and eating utensils will not be shared by pupils. Toys and play equipment will be cleaned thoroughly; non-washable soft toys will be wiped or washed with a detergent using warm water and dried thoroughly.	Cases will be excluded until all sores or blisters are crusted over, or 48 hours after commencing antibiotic treatment.
Influenza	Symptoms include headache, high temperature, cough, sore throat, aching muscles and joints, and fatigue. Younger cases may present different symptoms, e.g. without fever but with diarrhoea.	Those in risk groups will be encouraged to have the influenza vaccine. Anyone with flu-like symptoms will stay home until they have recovered. Pupils under 16 will not be given aspirin.	There is no specific exclusion period; cases will remain home until they have fully recovered.

Measles	Symptoms include a runny nose, cough, conjunctivitis, high fever and small white spots inside the cheeks. Around the third day, a rash of flat red or brown blotches may appear on the face then spread around the body.	All pupils are encouraged to have MMR immunisations in line with the national schedule. Staff members should be up-to-date with their MMR vaccinations. Pregnant staff members and those with weak immune systems will be encouraged to contact their GP immediately for advice if they come into contact with measles.	Cases are excluded while infectious, which is from four days before the onset of a rash to four days after.
Meningitis	Symptoms include fever, severe headaches, photophobia (aversion to light), stiff neck, non-blanching rash, vomiting and drowsiness.	Pupils are encouraged to be up-to-date with their vaccinations. Meningitis is a notifiable disease.	Once a case has received any necessary treatment, they can return to school once they have recovered.
Meningococcal meningitis and septicaemia	Symptoms include fever, severe headache, photophobia, drowsiness, and a non-blanching rash. Not all symptoms will be present.	Medical advice will be sought immediately. The confidentiality of the case will always be respected. The HPT and school health advisor will be notified of a case of meningococcal disease in the school. The HPT will be notified if two cases of meningococcal disease occur in the school within four weeks.	When the case has been treated and recovered, they can return to school. Exclusion is not necessary for household or close contacts unless they have symptoms suggestive of meningococcal infection.
Methicillin resistant staphylococcus aureus (MRSA)	Symptoms are rare but include skin infections and boils.	All infected wounds will be covered.	No exclusion is required.

Mumps	Symptoms include a raised temperature, swelling and tenderness of salivary glands, headaches, joint pain and general malaise. 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.
Norovirus	Symptoms include nausea, diarrhoea, and vomiting. It is known as the 'winter vomiting bug' and the most common cause of gastroenteritis.	The HPT will be contacted if there a higher than previously experience and/or rapidly increasing number of pupil and staff absences due to diarrhoea and vomiting.	Exclusion until 48 hours after symptoms have stopped and they are well enough to return.
Panton-Valentine Leukocidin Staphylococcus aureus (PVL-SA)	Symptoms can include recurrent boils, skin abscesses and cellulitis.	The HPT will contacted if there are two or more cases.	Exclusion is not necessary unless cases have a lesion or wound that cannot be covered. Cases should not visit gyms or swimming pools until wounds have healed.
Respiratory infections, including coronavirus	Symptoms can be wide-ranging, including a runny nose, high temperature, cough and sore throat, and loss or change in sense of smell or taste.	Cases with mild symptoms, e.g. a runny nose and/or sore throat, can continue to attend if they are otherwise well. Pupils with symptoms will be encouraged to cover their mouth and nose with a tissue when coughing and sneezing, and to wash their hands afterwards. The DfE helpline and/or the local HPT will be contacted if an outbreak occurs or there is evidence of severe disease, e.g. hospital admission.	Cases who are unwell and have a high temperature should remain at home until they no longer have a high temperature. Cases with a positive coronavirus test result should follow government advice on self-isolation – the school may refuse the entry of a confirmed case if it is deemed necessary to protect other staff and pupils.
Ringworm	Symptoms vary depending on the area of the body affected. The main symptom is a rash, which can be scaly, dry, swollen or itchy and may appear red or darker than surrounding skin.	Pupils with ringworm of the feet will wear socks and trainers at all times and cover their feet during PE. Parents will be advised to seek advice from a GP for recommended treatment.	No exclusion is usually necessary. For infections of the skin and scalp, cases can return to school once they have started 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. Symptoms include a rash, swollen lymph glands, sore throat and runny nose, mild fever, headache, tiredness, conjunctivitis, painful and swollen joints.	MMR vaccines are promoted to all pupils.	Cases will be excluded for five days from the appearance of the rash.
Scabies	Symptoms include tiny pimples and nodules on the skin. Burrows may be present 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 carried out one week after the first treatment.	Cases will be excluded until after the first treatment has been carried out.
Scarlet Fever and Invasive group A Streptococcal Disease	Symptoms include: - Flu-like symptoms, e.g. a high temperature, swollen glands and an aching body - Sore throat and/or tonsillitis - A rash that feels rough, like sandpaper, i.e. scarlet fever, typically on the chest and stomach - Flushed cheeks - Scabs and sores - Pain and swelling - Swelling and peeling of the tongue - Severe muscle aches - Nausea and vomiting - Peeling of the skin, typically on the fingers and toes	Scarlet fever may be confused with measles. 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 and can return 24 hours after commencing appropriate antibiotic treatment – cases not receiving treatment will remain infectious for two to three weeks.

Slapped cheek syndrome, Parvovirus B19, Fifth's Disease	Where symptoms develop, a rose-red rash making the cheeks appear bright red may appear several days after a mild feverish illness. The rash usually peaks after a week and then fades.	Cases will be encouraged to visit their GP. Parents are requested to inform the school of a diagnosis of slapped cheek syndrome.	Exclusion is not required – cases are not infectious by the time the rash occurs.
Threadworm	Symptoms include itching around the anus or vagina, particularly at night, and worms may be seen in stools or around the bottom.	Cases will be encouraged to visit their pharmacy for advice on treatment.	Exclusion is not required.
Tuberculosis (TB)	Symptoms include cough, loss of appetite, weight loss, fever, 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.	Advice will be sought from the HPT before taking any action, and regarding exclusion periods.	Cases 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. 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.
Typhoid and Paratyphoid fever	Symptoms include fatigue, fever and constipation. The symptoms or paratyphoid fever include fever, diarrhoea and vomiting.	All cases will be immediately reported to the HPT.	Cases will be excluded whilst symptomatic and for 48 hours after symptoms have resolved. Environmental health officers or the HPT may advise the school to issue a lengthened exclusion period.
Whooping cough (pertussis)	Symptoms include a heavy cold with a temperature and 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.	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. Cases will be allowed to return in the above circumstances, even if they are still coughing.

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 UK Health Security Agency.
*Identifies a notifiable disease. It is a statutory requirement that doctors report these diseases to their local PHE 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. In the case of an unmanageable outbreak, the HPT may advise exclusions.
Coronavirus	Until fully recovered and no other member of the same household is presenting symptoms	If coronavirus is suspected, consult the local HPT.
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 by consulted.
Flu (influenza)	Until recovered	Report outbreaks to the HPT.
Glandular fever	None	

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. Exclusion is not normally permitted. In severe, ongoing cases, the LA does have the power to exclude; however, exclusion should not be overused.
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.
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 and Invasive group A Streptococcal Disease	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.
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.
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.

Diarrhoea and vomiting outbreak action checklist

Date:	
Completed by:	

Action	Action taken? Yes	No	Comments
A 48-hour exclusion rule has been enforced for ill pupils and staff.			
Liquid soap and paper hand towels are available at all hand wash basins.			
Enhanced cleaning is undertaken twice daily as a minimum, and an appropriate disinfectant is used.			
Advice has been given on the cleaning of vomit, e.g. steam cleaning carpets and furniture and machine hot washing of soft furnishings.			
Appropriate personal protective equipment (PPE) is available.			
Appropriate waste disposal systems are in place for removing infectious waste.			
Hard toys are cleaned and disinfected on a daily basis, and their use is limited and rotated.			
The use of soft toys, water and sand play, and cookery activities has been suspended.			
Infected linen is segregated, and dissolvable laundry bags are used where possible.			
Visitors are restricted, and essential visitors are informed of the outbreak and advised on hand washing.			
New pupils joining the affected class or year group 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 where possible.			
All staff (including agency) are asked if they are unwell and excluded for 48 hours if unwell.			
Staff work in dedicated areas where possible.			
The HPT is informed of any planned events at the school.			