Three Counties Academy Trust

Infection Control Policy

#SG32

Last amended 29th August 2026 (v1.0)

Policy lifespan: 3 years. Subject to annual compliance check. Next full review 31st August 2029.

Version history

Date	Version	Details	Actioned by	PDF to Websites	Word to Governor Hub
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Contents:

Version history

Policy abbreviations and acronyms

Statement of intent

Member, Trustee, Local Governor and Staff Summary

Parent Summary

1. Legal framework

Preventative Measures

2. Ensuring a clean environment
3. Pupil immunisation
4. Staff immunisation
5. Contact with pets and animals
6. Water-based activities

In the event of infection

7. Preventing the spread of infection
8. Vulnerable pupils
9. Procedures for unwell pupils and staff
10. Exclusion
11. Medication
12. Outbreaks of infectious disease
13. Pregnant staff members
14. Staff handling food
15. Managing specific infectious diseases

Monitoring and review

Appendices

a) Diarrhoea and vomiting outbreak action checklist
b) Managing specific infectious diseases
c) Infection absence periods

Trust Glossary

Policy Abbreviations and Acronyms

BS	British Standard	**LA**	Local Authority
BSI	British Standards Institution	**MenACWY**	Meningococcal ACWY Vaccine
CE	Conformité Européenne (European Conformity Mark)	**MMR**	Measles, Mumps and Rubella Vaccine
CO2	Carbon Dioxide	**MRSA**	Methicillin Resistant Staphylococcus Aureus
COSHH	Control of Substances Hazardous to Health	**PHE**	Public Health England
DfE	Department for Education	**PPE**	Personal Protective Equipment
EHO	Environmental Health Officer	**PVL-SA**	Panton-Valentine Leukocidin Staphylococcus aureus
EYFS	Early Years Foundation Stage	**RIDDOR**	Reporting of Injuries, Diseases and Dangerous Occurrences Regulations
GAS	Group A Streptococcus	**RSV**	Respiratory Syncytial Virus
GP	General Practitioner	**SARS**	Severe Acute Respiratory Syndrome
HPV	Human Papillomavirus	**TB**	Tuberculosis
HPT	Health Protection Team	**TCAT**	Three Counties Academy Trust
HUS	Haemolytic Uraemic Syndrome	**VHF**	UK Viral Haemorrhagic Fever
iGAS	Invasive Group A Streptococcus		

NB. Where the term "parent" or "parents" is used this includes those who act as carers or have parental responsibility.
NB. Staff roles noted within this policy may also include those staff performing that role in an 'Acting' capacity.

Statement of intent

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 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

Three Counties Academy (TCAT) and our schools actively prevent 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 TCAT 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.

Member, Trustee, Local Governor and Staff Summary

Purpose of the Policy

- Prevent and manage infection risks
- Maintain a safe environment for pupils, staff and visitors
- Provide clear infection prevention and outbreak procedures

Governance Responsibilities

- Ensure effective infection control arrangements
- Monitor compliance with health protection requirements
- Provide resources, training and oversight

Prevention and Control

- Promote hygiene, handwashing and good respiratory practice
- Maintain cleaning, ventilation and infection control standards
- Support immunisation and vaccination programmes

Managing Illness and Outbreaks

- Identify and respond promptly to infectious illness
- Apply exclusion periods where required
- Work with the Health Protection Team during outbreaks

Staff Responsibilities

- Follow infection control procedures
- Use protective equipment where required
- Report concerns and support infection prevention measures

Parent Summary

Why this policy matters

- Helps prevent the spread of infection in school
- Promotes a safe and healthy environment for pupils, staff and visitors
- Explains what happens when infectious illnesses occur

How we reduce infection risks

- Regular cleaning and good hygiene arrangements
- Handwashing is encouraged and supported
- Good ventilation and safe management of equipment and facilities
- Support for national vaccination and immunisation programmes

What parents should do

- Keep children at home when they are unwell or infectious
- Follow recommended exclusion periods for specific illnesses
- Inform the school about infectious diseases and relevant medical information
- Seek medical advice where appropriate

If a child becomes unwell

- Parents will be contacted if a child becomes ill during the school day
- Children with sickness or diarrhoea must remain away for the required exclusion period
- Medication in school is managed through Trust procedures

During an outbreak

- The school may work with the Health Protection Team

- Additional cleaning and control measures may be introduced
- Parents will receive appropriate information and updates

Reassurance for families

- Information is handled sensitively and confidentially
- The school aims to minimise disruption while protecting health and safety
- Support is provided for vulnerable pupils where needed

1. Legal framework

This policy has due regard to all relevant legislation and statutory and non-statutory guidance 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
- UK Health and Security Agency (2023) 'Health protection in children and young people settings, including education'
- DfE 'Supporting pupils at school with medical conditions'

Where legislation has been passed or updated during the shelf life of this policy, we will always apply the latest version available irrespective of the version quoted here.

This policy operates in conjunction with the following policies:

- Swimming Risk Assessment
- Bodily Fluids Risk Assessment
- Health and Safety Policy (HS1)
- First Aid Policy (HS2)
- Animals in School Policy (HS3)
- Head-Lice Policy (HS12)
- Supporting Pupils with Medical Conditions Policy (SG4)
- Administering Medication Policy (SG20)

Central TCAT policies have the policy number identified, e.g. “SG1”. Where no policy number is identified this indicates the policy is a school specific policy available from an individual TCAT school’s website.

Preventative measures

2. Ensuring a clean environment

Sanitary facilities

Wall-mounted or pedestal-mounted pump soap dispensers will be used in all toilets where possible, bar soap should not be used.

A waste-paper bin with lid 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 within EYFS, and with appropriate handwashing 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.

Changing mats will be wiped with soapy water or a mild detergent wipe after each use. If a mat is visibly soiled, it will be cleaned thoroughly with hot soapy water at the end of the day. Mats will be checked on a weekly basis for tears and damage and replaced if necessary.

Hand wash basins are not used for cleaning potties, and instead staff will use a designated sink located in the area where potties are used where possible. Potties will be washed in hot, soapy water, dried and stored upside down. When cleaning potties, rubber gloves will be used to flush waste down the toilet. Rubber gloves will be washed after use whilst still being worn and dried, and the wearer will wash their hands afterwards.

Soiled nappies will be disposed of in the general school waste inside a wrapped plastic bag.

Continence aid facilities

Pupils who use continence aids, e.g., continence pads and catheters, will be encouraged to be as independent as possible. 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 linens 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.

Cleaning

All cleaning staff will be appropriately trained and appropriate PPE, e.g., gloves, aprons, and surgical masks, will be available. The Trust Estate 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 services are delivered by TCAT staff, however, in the case of a deep clean routine or other specialist cleaning requirements, a cleaning contractor will be employed to carry out rigorous cleaning of the premises.

Cleaning equipment will be maintained to a high standard and is colour coded according to area of use. The Chief Finance Officer and Trust Estate Manager will be responsible for monitoring cleaning standards and discussing any issues that may arise with the cleaning staff.

Ventilation

Indoor spaces will be kept well-ventilated to help reduce the number of respiratory germs. Areas of 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, TCAT 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 written schedule will be put in place to ensure that toys and equipment are cleaned on a weekly basis, except when the school has an outbreak of an infectious disease in which case the frequency will be daily. 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 every 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, on a daily basis, and the trough will remain covered overnight.

Handwashing

TCAT will ensure all staff and pupils have access to liquid soap, warm water, and paper towels. Staff will check, encourage, and supervise handwashing where appropriate.

All staff and pupils will be advised to wash their hands after using the toilet, before eating or handling food, after playtime and after touching animals.

Managing cuts, bites, and bodily fluid spills

Standard precautions will be taken when dealing with any cuts and abrasions. 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.

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.

Spillages of blood, faeces, saliva, vomit, and nasal and eye discharges will be cleaned up immediately in line with the Bodily Fluids Risk Assessment. Each school will maintain a spillage kit stored in an accessible location.

Hypodermic needles (sharps)

Injuries incurred through sharps found on TCAT grounds will be treated in line with TCAT's Health and Safety Policy. All sharps found on TCAT premises will be disposed of in the sharps bin whilst wearing PPE.

3. Pupil immunisation

TCAT will keep up to date with national and local immunisation scheduling and advice via www.nhs.uk/conditions/vaccinations/.

Each pupil's immunisation status will be checked upon school entry and at the time of any in-school vaccination.

Whilst TCAT encourages parents to have their children immunised, parental consent will always be sought before any vaccination is given.

TCAT will ensure that any pupils with existing medical conditions are medically cleared to be given the vaccine in question.

A healthcare team will visit individual schools in order to carry out vaccinations and will be able to advise pupils if there are any concerns.

A risk assessment will be conducted before any vaccinations take place.

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.

All pupils in Reception to Year 7 will be offered nasal flu vaccinations annually.

Pupils aged between 12 and 13 can choose to get the HPV vaccine to protect themselves against cervical cancer, some mouth and throat cancers and some cancers of the anal and genital areas. This vaccine comprises two injections given 6-12 months apart.

All pupils aged 14 will be offered the 3-in-1 teenage booster vaccination to top-up the effects of the pre-school vaccines against diphtheria, polio, and tetanus.

All pupils aged 14 will be offered the MenACWY vaccine as part of the routine adolescent schools programme.

TCAT will permit time off for pupils to receive immunisations, where necessary.

TCAT 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 TCAT and our schools.

Any pupils who become unwell after receiving a vaccination will be treated by the healthcare team who administered the vaccine, or by the school nurse if on site, following TCAT's procedures for sick and unwell pupils.

Any side effects from the vaccinations, e.g., becoming unwell, will be reported to the healthcare team who administered the vaccination, allowing them to record the symptoms and the time that the vaccine was administered.

Any medication required to relieve the side effects of a vaccination, e.g., painkillers, will be administered in accordance with TCAT's Administering Medication Policy.

Regular communication is maintained after pupils return to lessons, as some side effects can take several hours to develop.

Members of staff will be with pupils before, during and after vaccinations, in order to keep the pupils relaxed and create a calming atmosphere.

Each school will ensure that the venue used is a clean, open, well-ventilated room, where pupils can access water and fresh air. Needles are kept away from pupils before and after the vaccine is administered.

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.

4. Staff immunisation

All staff will undergo a full occupational health check prior to employment, which confirms they are up to date with their immunisations. All staff will be encouraged to ensure they have had two doses of the MMR vaccine. Staff should be up to date with immunisations. For hepatitis B and Rubella, TCAT will take the following position:

Hepatitis B: We do not recommend Hepatitis B vaccines for staff in routine contact with infected children; however, where staff are involved with the care of children with severe learning disabilities or challenging behaviour, TCAT will undertake an occupational health risk assessment and pay for the vaccine if it is required.

Rubella: Female staff of childbearing age will be encouraged to check with their GP that they are up to date with their two doses of the MMR vaccine. If they are not, TCAT will encourage them to be immunised, except during pregnancy.

Where necessary, staff will be permitted time off to receive any advised immunisations.

5. Contact with pets and animals

Animals in our schools will be strictly controlled under our Animals in School Policy.

Where a pupil has a support animal, a member of staff will be assigned responsibility for infection prevention measures and supporting the pupil to follow these.

TCAT will only consider the following animals as school pets: hamsters, guinea pigs, dogs, tortoises, and rabbits. Reptiles not listed will not be considered as school pets but may be kept within the Animal Care environment as part of the course of study.

Only mature and toilet trained animals will be considered for school pets. Animals will always be supervised when in contact with pupils and anyone handling animals will wash their hands immediately afterwards.

The Headteacher/Head of School will assign a member of staff with suitable knowledge and experience to be responsible for animals.

Pregnant staff will be advised to avoid contact with any animal litter trays on TCAT premises due to the risk of toxoplasmosis.

All animals will receive recommended treatments and immunisations, be groomed regularly, and checked for any signs of infection on a weekly basis by the designated member of staff.

Bedding will be changed and laundered on at least 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 the school day will be taken away or covered.

Visits to farms and zoos will be suitably risk assessed.

6. Water based activities

Swimming lessons

General swimming lessons will be governed by the control measures outlined in our Swimming Risk Assessments.

Pupils who have experienced vomiting or diarrhoea preceding the lesson will not be permitted to attend public swimming pools until two weeks after the end of symptoms.

Other activities

Alternative water-based activities will only be undertaken at reputable centres.

Pupils and staff will cover all cuts, scratches, and abrasions with waterproof dressings before taking part and wash their hands immediately after the activity. No food or drink will be consumed until hands have been washed.

After canoeing or rowing, staff and pupils will immediately wash or shower.

If a member of staff or a pupil becomes ill within four weeks of an activity taking place, TCAT will encourage them or their parents to seek medical advice and inform the treating doctor of their child's participation in these activities.

In the event of infection

7. 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 taken, or needs to take, infant paracetamol, ibuprofen or 'Calpol'
- The child has a high temperature or fever
- 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

8. 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.

TCAT will be notified if a pupil is "vulnerable". Parents are responsible for notifying TCAT and their school if their child is vulnerable.

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.

9. 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 staff member identifies a pupil as unwell, the pupil will be taken or sent to Reception, where their temperature will be taken by duty staff if required and consent has not been withheld, and the pupil's parents informed of the situation.

Where the school nurse is unavailable, 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, preferably the Medical Room
- 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 a staff member is suffering from vomiting and diarrhoea, they will be sent home and may not return until 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.

10. Exclusion

Pupils suffering from infectious diseases will be excluded from school on medical grounds for the recommended exclusion period stated in the 'Managing specific infectious diseases' section. Staff who are unwell with an infectious disease will also be promptly excluded and sent home to recover.

Pupils can be formally excluded on medical grounds by the Executive Headteacher or Headteacher/Head of School.

If parents insist on their child returning to school when they are still symptomatic, TCAT can take the decision to refuse the child's attendance if it reasonably judges that this is necessary to protect other pupils and staff.

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 health protection team (HPT) may advise on specific precautions to take in response to a case or outbreak.

Exclusion on these grounds is not a disciplinary exclusion and will not be recorded as such, in these instances they will be recorded as "ill".

11. 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.

12. 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

As soon as an outbreak is suspected (even if it cannot be confirmed), the Headteacher/Head of School in consultation with the CEO and CFO and Executive Headteacher as appropriate, will promptly contact the HPT to discuss the situation and agree if any actions are needed. The TCAT and 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/Head of School 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

If the Headteacher/Head of School is unsure whether suspected cases of infectious diseases constitute an outbreak, they will contact the HPT.

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 member of staff suspects the presence of an infectious disease in a TCAT school, they will contact the school nurse or in their absence the Chief Finance Officer for further advice.

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

A pupil returning to a TCAT school following an infectious disease will be asked to contact the school nurse or in their absence the Headteacher/Head of School.

If a pupil is identified as having a notifiable disease, as outlined in Infection Absence Periods Appendix C, 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 guidance provided by the local HPT. The Chief Finance Officer may appoint and liaise with a specialist external cleaning contractor to ensure these take place.

Under the Health Protection (Notification) Regulations 2010, TCAT 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)
- 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

13. Pregnant staff members

Staff members who fall pregnant are advised to notify their Headteacher/Head of School at the earliest opportunity to allow strong infection control and allow the development of appropriate risk assessments to maintain their health and safety.

If a pregnant staff member develops a rash or is in direct contact with someone who has a potentially contagious rash, TCAT 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, TCAT will encourage them to take a blood test.

Measles: If a pregnant staff member is exposed to measles, they will inform their midwife immediately. All female staff under the age of 25, who work with young children, are asked to provide evidence of two doses of MMR vaccine or a positive history of measles.

Rubella (German measles): If a pregnant staff member is exposed to rubella, they will inform their midwife immediately. All female staff under the age of 25, who work with young children, are asked to provide evidence of two doses of MMR vaccine or a positive history of Rubella.

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

14. Staff handling food

Food handling staff suffering from transmittable diseases, including those employed by Black Pepper School Lunches and AIP, 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.

TCAT 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 TCAT 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.

Where any produce has gone past its use by date or a product recall is in place, the risk of bacterial transfer and infection is increased. In this instance, Black Pepper School Lunches and Alliance in Partnership will remove all traces of the product from the site in line with recommended safe removal and notify the CFO.

Where an infection does occur as a result of failure to observe use by dates and/or product recall, parents will be informed of the outbreak, the reasons for it occurring, and what measures have been put in place to mitigate or reduce the impact of the infection and any subsequent spread amongst the pupil and staff.

15. Managing specific infectious diseases

When an infectious disease occurs in a TCAT school, staff will follow the appropriate procedures set out in the Managing Specific Infectious Diseases Appendix B.

Monitoring and review

Lifespan of Policy: 3 Years

At any point this policy is updated or fully reviewed, it will be updated on the main TCAT website and will automatically update on all TCAT school websites simultaneously.

Where an annual check or other check results in minor changes, the Version History will be reviewed and updated with a change in the number following the decimal point, for example, v1.1 ⇨ v1.2. Where the policy is reviewed in full, then the number before the decimal point will change and reset, for example v1.4 ⇨ v2.0.

Any changes made by the CEO in collaboration with the Board Appointed Trustee will be passed to the Trust Board for ratification and subsequently be notified to Clerks to Local Governing Bodies and Headteachers/Heads of School.

The next scheduled full review date for this policy is 31st August 2029.

Date approved by the Board Appointed Trustee: 27th August 2026.

To be ratified and recorded in the minutes at the first Trust Board Meeting after 27th August 2026.

Appendix A: Diarrhoea and vomiting outbreak action checklist

Date:	
Completed by:	

	Action taken?		
Action	**Y**	**N**	**Comments**
A 48-hour exclusion rule has been enforced for ill pupils and staff.			
Individuals with symptoms have been kept in an area away from communal areas where they can be observed until parent collects them.			
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 disposable personal protective equipment (PPE) is available.			
Appropriate waste disposal systems are in place for removing infectious waste.			
Appropriate spill kit is in place. Appropriate PPE worn by staff when dealing with spills will be removed and disposed of as quickly as possible.			
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.			
Trays of fruit/snacks covered until point of serving. Snacks served in individual bowls handed directly to pupils.			
Drink bottles clearly labelled with names.			
The HPT is informed of any planned events at the school.			
Parents informed and advised on precautionary measures, symptoms and reporting advice			

Appendix B: 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.

Disease	Symptoms	Considerations	Exclusion period
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.

Disease	Symptoms	Considerations	Exclusion period
			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.
Diphtheria	Sore throat, difficulty swallowing, fever, tiredness / feeling generally unwell, swollen glands. Typified by a thick grey-white coating (membrane) on the back of the throat, tonsils, or inside the nose.	Family contacts and potentially peers must also be excluded until cleared by the HPT and the HPT must always by consulted.	Return must be approved by a medical professional and no sooner than 48 hours after the completion of course of antibiotics and successive swabs have indicated no bacteria present.
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

Disease	Symptoms	Considerations	Exclusion period
			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.
Group A Streptococcus (GAS)	Symptoms include flu-like symptoms, sore throat, rough rash, scabs and sores (impetigo), pain and swelling, severe muscle aches, nausea and vomiting.	GAS can cause a number of infections, some mild and some more serious. Milder infections can be easily treated with antibiotics and usually recover at home in a few days.	Cases will be excluded for 24 hours after starting to take antibiotics.

Disease	Symptoms	Considerations	Exclusion period
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.

Disease	Symptoms	Considerations	Exclusion period
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	Towels, facecloths and eating utensils will not be shared by pupils.	Cases will be excluded until all sores or blisters are crusted over, or 48 hours after

Disease	Symptoms	Considerations	Exclusion period
	golden brown crusts and can sometimes be painful and itchy.	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.	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.
Invasive Group A Streptococcus (iGAS)	Symptoms include flu-like symptoms, sore throat, rough rash, scabs and sores (impetigo), pain and swelling, severe muscle aches, nausea and vomiting.	These infections are caused by the bacteria getting into parts of the body where it is not normally found, such as the lungs or bloodstream. In rare cases an iGAS infection can be fatal.	Inform HPT if any cases reported. The HPT will carry out a risk assessment and undertake appropriate investigations and/or actions as required. Return no sooner than 24 hours after the commencement of antibiotic treatment,
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.	Cases are excluded while infectious, which is from four days before the onset of a rash to four days after.

Disease	Symptoms	Considerations	Exclusion period
		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.	
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 (sepsis)	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.
Meningitis due to other bacteria	Fever, headache, stiffness of the neck, photophobia, drowsiness, seizures, loss of appetite, vomiting, muscle and joint pain.	Hib and pneumococcal meningitis are preventable by vaccination. The HPT will advise on any action needed.	Until recovered.

Disease	Symptoms	Considerations	Exclusion period
Meningitis viral	Fever, headache, stiffness of the neck, photophobia, drowsiness, seizures, loss of appetite, vomiting, muscle and joint pain.	Much more common than bacterial meningitis and usually milder, often resolving without specific treatment.	Until recovered.
Methicillin resistant staphylococcus aureus (MRSA)	Symptoms are rare but include skin infections and boils.	All infected wounds will be covered.	No exclusion is required.
Mpox (monkeypox)	Symptoms are rare but begin within 5 to 21 days after a close physical contact with someone who has mpox infection and may include flu like symptoms, fever, low energy, swollen glands, general body aches.	The case will be encouraged to consult their GP. Any close contacts will be advised to contact their local HPT for advice.	Exclude until the rash has scabbed, all the scabs have fallen off, and a fresh layer of skin has formed underneath.
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	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

Disease	Symptoms	Considerations	Exclusion period
Staphylococcus aureus (PVL-SA)			wound that cannot be covered. Cases should not visit gyms or swimming pools until wounds have healed.
Respiratory infections, including coronavirus	Symptoms can be caused by several respiratory infections including the common cold, coronavirus (COVID-19), flu, and respiratory syncytial virus (RSV). 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.	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 with mild symptoms, e.g. a runny nose and/or sore throat, can continue to attend if they are otherwise well. Cases who are unwell and have a high temperature should remain at home until they no longer have a high temperature. It is not recommended that children and young people are tested for coronavirus unless directed to by a health professional. Where they have been advised by a health professional to conduct a test, cases aged 18 years and under with a positive test result should stay at home for 3 days after the day they took their test.
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 PE.	No exclusion is usually necessary.

Disease	Symptoms	Considerations	Exclusion period
	The main symptom is a rash, which can be scaly, dry, swollen or itchy and may appear red or darker than surrounding skin.	Parents will be advised to seek advice from a GP for recommended treatment.	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	Scarlet fever is highly infectious. It is usually a mild illness, though severe complications can occur in rare circumstances. It may be confused with measles. Symptoms include:	Cases will be encouraged to visit their GP. The HPT will be contacted if: - Two or more cases occur within 10 days of each other, and the affected individuals have a link.	Cases are excluded and can return 24 hours after commencing appropriate antibiotic treatment – cases not receiving treatment will be

Disease	Symptoms	Considerations	Exclusion period
	- 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 - A white coating on tongue	- There are cases of serious disease which have resulted in overnight stays in hospital. - There are cases of chickenpox and/or influenza co-circulating in the group where a case of scarlet fever has been confirmed.	excluded until resolution of symptoms.
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.
Tonsillitis	Sore throat, fever, headache, tiredness, swollen glands.	Cases will be encouraged to visit their pharmacy for advice on treatment.	Exclusion is not required.

Disease	Symptoms	Considerations	Exclusion period
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.
Warts and verrucae	Firm, raised bumps on the skin surface.	Verrucae should be covered in swimming pools, gymnasiums and changing rooms.	No exclusion required.
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	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

Disease	Symptoms	Considerations	Exclusion period
	may be worse at night and may be associated with vomiting.		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.

Appendix C: 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	Advise cases to visit their local pharmacy or GP for advice and treatment. Individuals should not be barefoot at their setting e.g. in changing areas) and should not share towels, socks or shoes with others.
Chicken pox	At least 5 days from onset of rash and until all blisters have crusted over.	Pregnant staff contacts should consult with their GP or midwife.
Cold sores	None	Avoid contact with the sores.
Conjunctivitis	None	Advise cases to visit their local pharmacy or GP for advice and treatment. If an outbreak occurs, consult the HPT.
Respiratory infections including coronavirus (COVID-19)	Cases should not attend if they have a high temperature and are unwell. Where advised by a health professional, cases who have a positive test result for COVID-19 should not attend the setting for 3 days after the day of the test.	Cases with mild symptoms, e.g. a runny nose and/or sore throat, can continue to attend if they are otherwise well.

Infection	Recommended minimum period to stay away from school	Comments
Cryptosporidiosis	Return 48 hours after symptoms have passed	Staff and pupils will be asked to wash hands regularly. Kitchen and toilet areas will be cleaned regularly.
Diarrhoea and/or vomiting	Whilst symptomatic and 48 hours from the last episode	Contact the HPT if there are a higher than previously experienced and/or rapidly increasing number of absences due to diarrhoea and vomiting. If a particular cause of the diarrhoea and vomiting is identified, there may be additional exclusion advice, for example E. coli STEC and hep A.
E. coli STEC	No sooner than 48 hours after the cessation of symptoms	Cases will immediately be sent home and advised to speak to their GP. HPT must be advised.
Food poisoning	No sooner than 48 hours after the cessation of symptoms	Cases will immediately be sent home and advised to speak to their GP.
Diphtheria*	Exclusion is essential, no return before medical clearance and no earlier than 48 hours after completion of antibiotics and 2 consecutive negative swabs	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.
Giardiasis	No sooner than 48 hours after the cessation of symptoms	Contact the HPT where 2 or more cases present with the same symptoms.

Infection	Recommended minimum period to stay away from school	Comments
Glandular fever	Exclusion is not necessary, and cases can return to school as soon as they feel well	Glandular fever is spread through spit and can be transferred through kissing or by sharing cups or cutlery. Cases will be infectious for up to 7 weeks before symptoms appear.
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 and well enough	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. The local HPT should be consulted.
MRSA	None	Good hygiene – in particular, environmental cleaning and handwashing – is important to minimise the spread. The local HPT should be consulted.
MPox	No return until rash has scabbed, all scabs have fallen off and fresh skin has grown	Cases will be sent home and encouraged to seek advice from their GP. Close contacts to contact HPT.
Mumps*	Five days after onset of swelling	Preventable by vaccination with two doses of MMR.
Norovirus	Return no sooner than 48 hours after the cessation of symptom	Contact HPT if pattern of cases is rapidly increasing.
Panton-Valentine Leukocidin Staphylococcus aureus (PVL-SA)	None	Cases should not visit gyms or swimming pools until wounds have healed. Contact HPT where 2 or more cases are present.
Ringworm	Exclusion is not usually required	Treatment is required.
Rotavirus	48 hours after symptoms have ceased	Cases will be sent home and encouraged to seek advice from their GP.

Infection	Recommended minimum period to stay away from school	Comments
Rubella* (German measles)	Five days from onset of rash	Preventable by two doses of immunisation (MMR). Pregnant staff contacts should seek prompt advice from their GP or midwife.
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 at the same time.
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.
Slapped cheek/Fifth disease/Parvo Virus B19	None (once rash has developed)	Pregnant contacts of case should consult with their GP or midwife.
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)	If pulmonary TB - until at least 2 weeks after the start of effective antibiotic treatment. Exclusion not required for non-pulmonary or latent TB infection.	Only pulmonary (lung) TB is infectious. It requires prolonged close contact to spread. Consult the local HPT before disseminating information to staff and parents. The HPT will organise any necessary contact tracing.
Warts and verrucae	None	Verrucae should be covered in swimming pools, gymnasiums and changing rooms.

Infection	Recommended minimum period to stay away from school	Comments
Typhoid and Paratyphoid fever	At least 48 hours after cessation of symptoms or longer if advised by the HPT or Environmental Health	Must be immediately reported to the Health Protection Team
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.

Trust Glossary

AA	Admissions Authority	**H&S**	Health and Safety
AAI	Adrenaline Auto-Injector (Epi Pen)	**HoS**	Head of School
ACM	Asbestos Containing Materials	**HSE**	Health and Safety Executive
AHT	Assistant Headteacher	**ICO**	Information Commissioners Office
AIR	Attendance Intervention Reviews	**IDSR**	Inspection Data Summary Report
APDR	Assess Plan Do Review Cycle	**IHP**	Individual Healthcare Plan
APIs	Application Programming Interfaces	**IRMS**	Information and Records Management Society
ASC	Autistic Spectrum Condition	**IWF**	Internet Watch Foundation
ASP	Analyse School Performance	**KCSIE**	Keeping Children Safe in Education
ATH	Academy Trust Handbook	**KS1/2/3/4**	Key Stage 1/2/3/4
BAME	Black, Asian and Minority Ethnic Backgrounds	**LAC**	Looked After Child
BAT	Board Appointed Trustee	**LADO**	Local Authority Designated Officer
BCP	Business Continuity Plan	**LGB**	Local Governing Body
BFR	Budget Forecast Return	**LLC**	Low-Level Concerns
CEO	Chief Executive Officer	**LSA**	Learning Support Assistants
CFO	Chief Financial Officer	**MASH**	Multi-Agency Safeguarding Hub
CIF	Condition Improvement Fund	**MAT**	Multi-Academy Trust

CIN	Child in Need	**MFA**	Multi-Factor Authentication
CLA	Children Looked After	**MFL**	Modern Foreign Language
CMIE	Child Missing in Education	**NCSC**	National Cyber Security Centre
COO	Chief Operating Officer	**NoV**	Note of Visit
COSHH	Control of Substances Hazardous to Health	**NPQ**	National Professional Qualifications
CP	Child Protection	**PA**	Persistent Absence
CPD	Continuing Professional Development	**PAN**	Published Admission Number
CPOMS	Child Protection Online Management System	**PECR**	Privacy and Electronic Communications Regulations
CSCS	Children's Social Care Services	**PEP**	Personal Education Plan
CSE	Child Sexual Exploitation	**PEEP**	Personal Emergency Evacuation Plan
CTIRU	Counter-Terrorism Internet Referral Unit	**PEx**	Permanent Exclusion
CWD	Children with Disabilities	**PP**	Pupil Premium
CYPMHS	Children and Young People's Mental Health Services	**PPG**	Pupil Premium Grant
DBS	Disclosure and Barring Service	**PSHE**	Personal, Social and Health Education
DDSL	Deputy Designated Safeguarding Lead	**PSED**	Public Sector Equality Duty
DfE	Department for Education	**PTFA**	Parent, Teacher and Friends Association
DHT	Deputy Headteacher	**QA**	Quality Assurance

DSE	Display Screen Equipment	**RIDDOR**	Reporting of Injuries, Diseases and Dangerous Occurrences Regulations
DSL	Designated Safeguarding Lead	**RHE**	Relationships and Health Education
DPO	Data Protection Officer	**RPA**	Risk Protection Arrangement
EAL	English as an Additional Language	**RSHE**	Relationships, Sex and Health Education
ECT	Early Career Teacher	**SA**	Severely Absent
EDIB	Equality, Diversity, Inclusion and Belonging	**SALT**	Speech and Language Therapist
EHA	Early Help Assessment	**SARC**	Sexual Assault Referral Centre
EHCNA	Education, Health and Care Needs Assessment	**SBM**	School Business Manager
EHCP	Education, Health and Care Plan	**SCC**	Standard Contractual Clause
EHE	Elective Home Education	**SCITT**	School-Centred Initial Teacher Training
ELSA	Emotional Literacy Support Assistant	**SCR**	Single Central Record
ESFA	Education and Skills Funding Agency	**SDP**	School Development Plan
EVC	Educational Visit Coordinator	**SDQ**	Strengths and Difficulties Questionnaire
EWOSSO	Education Welfare and Safeguarding Support Officer	**SEF**	Self-Evaluation Form
EYFS	Early Years Foundation Stage	**SEMH**	Social, Emotional, and Mental Health
FBV	Fundamental British Values	**SENCO**	Special Educational Needs Coordinator
FFT	Fischer Family Trust	**SEND**	Special Educational Needs and Disabilities

FGM	Female Genital Mutilation	**SIP**	School Improvement Partner
FGMPO	FGM Protection Order	**SLA**	Service Level Agreement
FOI	Freedom of Information	**SLCN**	Speech, Language and Communication Needs
FSM	Free School Meals	**SLT**	Senior Leadership Team
FTS	Find a Tender Service	**SPOC**	Single Point of Contact
GAG	General Annual Grant	**STEM**	Science, Technology, Engineering and Maths
GDPR	General Data Protection Regulation	**TA**	Teaching Assistant
GIAS	Get Information about Schools	**TAC**	Team Around the Child
HASH	Herefordshire Association of Secondary Heads	**TCAT**	Three Counties Academy Trust
HBA	Honour Based Abuse	**TUPE**	Transfer of Undertakings (Protection of Employment)
HR	Human Resources	**VSH**	Virtual School Headteacher