



The SWAN Trust

The Hermitage School

Infection Control Policy

Guidance for School Infection Control Poster

https://www.publichealth.hscni.net/sites/default/files/Guidance_on_infection_control_in%20schools_poster.pdf

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Statement of intent

Infections can easily spread in a school due to:

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

Infections commonly spread in the following ways:

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

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

- Maintaining high standards of personal hygiene and practice
- Maintaining a clean environment
- 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.

Signed by:

_____	Headteacher	Date: _____
_____	Chair of governors	Date: _____

1. Legal framework

- 1.1. This policy has due regard to legislation including, but not limited to, the following:
 - Control of Substances Hazardous to Health Regulations 2002 (as amended 2004)
 - Health and Safety at Work etc. Act 1974
 - The Management of Health and Safety at Work Regulations 1999
 - The Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013
 - The Health Protection (Notification) Regulations 2010
- 1.2. This policy has due regard to statutory guidance including, but not limited to, the following
 - Public Health England (2019) 'Health protection in schools and other childcare facilities'
 - DfE (2015) 'Supporting children at school with medical conditions'
- 1.3. This policy operates in conjunction with the following school policies and documents:
 - **Health and Safety Policy**
 - **Supporting Children with Medical Conditions Policy**
 - **Administering Medication Policy**
 - **First Aid Policy**

Preventative measures

2. Ensuring a clean environment

Sanitary facilities

- 2.1. Wall-mounted soap dispensers are used in all toilets – bar soap is never used.
- 2.2. A foot-operated waste paper bin is always made available where disposable paper towels are used.
- 2.3. Toilet paper is always available in cubicles.
- 2.4. Suitable sanitary disposal facilities are provided where necessary.

Nappy changing areas

- 2.5. There is a designated changing area that is separate from play facilities and food and drink areas.
- 2.6. Skin is cleaned with disposable wipes, and nappy creams and lotions are labelled with the relevant child's name.
- 2.7. Changing mats are wiped with soapy water or a baby wipe after each use. If a mat is visibly soiled, it is cleaned thoroughly with hot soapy water at the end of the day. Mats are checked on a weekly basis for tears and damage, and replaced if necessary.
- 2.8. There is a designated sink for cleaning potties. Potties are washed in hot, soapy water, dried and stored upside down. When cleaning potties, rubber gloves are used to flush waste down the toilet. Rubber gloves are washed after use (whilst still being worn), along with the wearer's hands.
- 2.9. Handwashing facilities are available in the room and soiled nappies are disposed of inside a wrapped plastic bag.

Continence aid facilities

- 2.10. Children who use continence aids, e.g., continence pads and catheters are encouraged to be as independent as possible. Pads are changed in a designated area with adequate handwashing facilities, and disposable powder-free latex gloves and a disposable plastic apron are worn.

Laundry

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

Cleaning contractors

- 2.13. A cleaning contractor is employed to carry out rigorous cleaning of the premises. Cleaning equipment is maintained to a high standard and is colour coded according to area of use. The site manager is responsible for monitoring cleaning standards and discussing any issues that may arise with the contractor.

Toys and equipment

- 2.14. A written schedule is in place to ensure that toys and equipment are cleaned on a daily basis. Toys that are “soft”, such as modelling clay and ‘Play-doh’, are discarded whenever they look dirty.
- 2.15. Sandpits are covered when not in use and the sand is changed on a regular basis: four weeks for indoor sandpits and, for outdoor sandpits, as soon as the sand becomes discoloured or malodorous. Sand is sieved or raked on a weekly basis.
- 2.16. Water play troughs are emptied, washed with detergent and hot water, dried and stored upside-down when not in use for long periods. When in use, the water is replenished, at a minimum, on a daily basis, and the trough remains covered overnight.

Handwashing

- 2.17. All staff and children are advised to wash their hands after using the toilet, before eating or handling food, and after touching animals.

Blood and other bodily fluids

- 2.18. Cuts and abrasions are covered with waterproof dressings.
- 2.19. When coughing or sneezing, all staff and children are encouraged to cover their nose and mouth with a disposable tissue and dispose of the tissue after use, and to wash their hands afterwards.
- 2.20. Personal protective equipment (PPE) is 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 (Conformité Européene) marked. If there is a risk of splashing to the face, goggles are worn.
- 2.21. Spillages of blood, faeces, saliva, vomit, nasal and eye discharges are cleaned up immediately. They are cleaned using a mixture of detergent and disinfectant. Paper towels or cloths are used, always wearing PPE, and they are disposed of after use. The school spillage kits are stored in each classroom and the Medical Room.

Bites

- 2.22. If a bite does not break the skin, the affected area is cleaned with soap and water.
- 2.23. If a bite breaks the skin, the affected area is cleaned with soap and running water, the incident is recorded in the child accident log and medical advice is sought immediately.

Hypodermic needles (sharps)

- 2.24. Injuries incurred through sharps found on school grounds will be treated in line with the NHS advice, all calls will be made to 111. All sharps found on school premises will be disposed of safely wearing PPE.

3. Child immunisation

- 3.1. The school keeps up-to-date with national and local immunisation scheduling and advice via www.nhs.uk/conditions/vaccinations/.
- 3.2. Each child's immunisation status is checked at the time of any vaccination by the school nurse, for example nasal flu.
- 3.3. Whilst the school encourages parents to have their children immunised, parental consent will always be sought before a vaccination is given.
- 3.4. The school will ensure that any children with existing medical conditions are medically cleared to be given the vaccine in question.
- 3.5. A healthcare team will visit the school in order to carry out vaccinations and will be able to advise children if there are any concerns.
- 3.6. A risk assessment will be conducted before any vaccinations take place.
- 3.7. Before starting school, children should be given their second injection of the MMR vaccine, usually at 3 years and 4 months.
- 3.8. Before starting school, children should be given their 4-in-1 pre-school booster against diphtheria, tetanus, whooping cough and polio, usually at 3 years and 4 months.
- 3.9. All children in Year 3 to Year 6 will be offered nasal flu vaccinations annually.
- 3.10. Any children who become unwell after receiving a vaccination will have their parent's contacted following the school's procedures for sick and unwell children.
- 3.11. Any side effects from the vaccinations, such as becoming unwell, will have their parent's contacted following the school's procedures for sick and unwell children.

- 3.12. Any medication required to relieve the side effects of a vaccination, such as painkillers, will be administered in accordance with the school's Administering Medication Policy.
- 3.13. Regular communication is maintained after children return to lessons, as some side effects can take several hours to develop.
- 3.14. Members of staff will be with children before, during and after vaccinations, in order to keep the children relaxed and create a calming atmosphere.
- 3.15. The school will ensure that the venue used is a clean, open, well-ventilated room, where children can access water and fresh air.

4. Staff immunisation

- 4.1. All staff will undergo a full occupational health check prior to employment, which confirms they are up-to-date with their immunisations.
- 4.2. Staff should be up-to-date with immunisations; in particular, we encourage the following:
 - **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, we encourage immunisation.
 - **Rubella:** Female staff of childbearing age are encouraged to check with their GP that they are immune to the rubella (German measles) virus. If they are not immune, we encourage them to be immunised with the MMR vaccine, except during pregnancy.

5. Contact with pets and animals

- 5.1. Animals in schools are strictly controlled and risk assessments undertaken as appropriate to the circumstances.
- 5.2. Visiting animals are always supervised when in contact with children, and anyone handling animals will wash their hands immediately afterwards.
- 5.3. Visits to farms are strictly controlled by the risk assessment from the farm and our own prepared for each visit.
- 5.4. Visits to zoos are strictly controlled by risk assessment from the zoo and our own prepared for each visit

6. Water-based activities

Swimming lessons

- 6.1. General swimming lessons are governed by the control measures outlined in our Swimming Risk Assessment.

- 6.2. Children who have experienced vomiting or diarrhoea in the weeks preceding a trip are not permitted to attend public swimming pools.

Other activities

- 6.3. Alternative water-based activities are only undertaken at reputable centres.
- 6.4. Children and staff cover all cuts, scratches and abrasions with waterproof dressings before taking part, and hands are washed immediately after the activity. No food or drink is to be consumed until hands have been washed.
- 6.5. After canoeing or rowing, staff and children immediately wash or shower.
- 6.6. If a member of staff or a child becomes ill within three to four weeks of an activity taking place, we encourage them to seek medical advice and inform their GP of their participation in these activities.

In the event of infection

7. Preventing the spread of infection

- 7.1. Parents will not bring their child to school in the following circumstances:
- The child shows signs of being poorly and needing one-to-one care
 - The child has taken, or needs to take, infant paracetamol, ibuprofen or 'Calpol'
 - The child has untreated conjunctivitis
 - The child has a high temperature/fever
 - The child has untreated head lice
 - The child has been vomiting and/or had diarrhoea within the last 48 hours
 - The child has an infection and the [minimum recommended exclusion period](#) has not yet passed

8. Vulnerable children

- 8.1. Children with impaired immune defence mechanisms (known as immune-compromised) are more likely to acquire infections. In addition, the effect of an infection is likely to be more significant for such children. These children may have a disease that compromises their immune system or be undergoing treatment, such as chemotherapy, that has a similar effect.
- 8.2. Parents are responsible for notifying the school if their child is "vulnerable".
- 8.3. If a vulnerable child is thought to have been exposed to an infectious disease, the child's parents will be informed and encouraged to seek medical advice from their doctor or specialist.

9. Procedures for unwell children/staff

- 9.1. Staff are required to know the warning signs of children becoming unwell including, but not limited to, the following:
- Not being themselves
 - Not having a snack
 - Not eating at lunchtimes
 - Wanting more attention/sleep than usual
 - Displaying physical signs of being unwell, e.g., watery eyes, a flushed face or clammy skin
- 9.2. Where a staff member identifies a child as unwell, the child is taken to the office, where their temperature may be taken, and the child's parents will be informed of the situation.
- 9.3. Staff will:

- Attempt to cool the child down if they are too hot, by opening a window and suggesting that the child removes their top layers of clothing.
 - Provide the child with a drink of water.
 - Move the child to a quieter area of the classroom or school.
 - Ensure there is a staff member available to comfort the child.
 - Summon emergency medical help if required.
- 9.4. Children and staff displaying any of the signs of becoming unwell outlined in [9.1](#) will be sent home, and we may recommend that they see a doctor.
- 9.5. If a child is identified with sickness and diarrhoea, the child's parents will be contacted immediately and the child will be sent home, and may only return after 48 hours have passed without symptoms.
- 9.6. If the school is unable to contact a child's parents in any situation, the child's alternative emergency contacts will be contacted.

Contaminated clothing

- 9.7. If the clothing of the first-aider or a child becomes contaminated, the clothing is removed as soon as possible and placed in a plastic bag. The child's clothing is sent home with the child, and parents are advised of the best way to launder the clothing.

10. Exclusion

- 10.1. Children suffering from infectious diseases will be excluded from school on medical grounds for the [minimum recommended period](#).
- 10.2. Children can be formally excluded on medical grounds by the headteacher.
- 10.3. If a child is exposed to 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 be contacted to advise on a case-by-case basis.

11. Medication

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

12. Outbreaks of infectious diseases

- 12.1. An incident is classed as on 'outbreak' where:

- Five or more people experiencing a similar illness are linked in time or place.
 - A greater than expected rate of infection is present compared with the usual background rate, e.g.:
 - Five or more children in the same classroom are suffering from vomiting and diarrhoea.
 - A greater number of children than usual are diagnosed with scarlet fever.
 - There are two or more cases of measles at the school.
- 12.2. Suspected outbreaks of any of the diseases listed on the [List of Notifiable Diseases](#) will always be reported.
- 12.3. As soon as an outbreak is suspected (even if it cannot be confirmed), the headteacher will contact the HPT to discuss the situation and agree if any actions are needed.
- 12.4. The headteacher will provide the following information:
- The number of staff and children affected
 - The symptoms present
 - The date(s) the symptoms first appeared
 - The number of classes affected
- 12.5. If the headteacher is unsure whether suspected cases of infectious diseases constitute an outbreak, they will contact the HPT.
- 12.6. The HPT will provide the school with draft letters and factsheets to distribute to parents.
- 12.7. 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.
- 12.8. If a member of staff suspects the presence of an infectious disease in the school, they will contact the headteacher for further advice.
- 12.9. If a parent informs the school that their child carries an infectious disease, other children will be observed for similar symptoms by their teachers.
- 12.10. A child returning to the school following an infectious disease will be asked to contact the school office.
- 12.11. If a child is identified as having a notifiable disease, as outlined in [the guide to Infection Absence Periods](#), the school will inform the parents, who should inform their child's GP. It is a statutory requirement for doctors to then notify their local Public Health England centre.

- 12.12. During an outbreak, enhanced cleaning protocols will be undertaken, following advice provided by the local HPT. The site manager will liaise with the cleaning contractor to ensure these take place.

13. Pregnant staff members

- 13.1. If a pregnant staff member develops a rash, or is in direct contact with someone who has a potentially contagious rash, we will strongly encourage her to speak to her doctor or midwife.
- 13.2. **Chickenpox:** If a pregnant staff member has not already had chickenpox or shingles, becoming infected can affect the pregnancy. If a pregnant staff member believes they have been exposed to chickenpox or shingles and have not had either infection previously, she will speak to her midwife or GP as soon as possible. If a pregnant staff member is unsure whether they are immune, we encourage them to take a blood test.
- 13.3. **Measles:** If a pregnant staff member is exposed to measles, she will inform her midwife immediately.
- 13.4. **Rubella (German measles):** If a pregnant staff member is exposed to rubella, she will inform her midwife immediately.
- 13.5. **Slapped cheek disease (Parvovirus B19):** If a pregnant staff member is exposed to slapped cheek disease, she will inform her midwife promptly.

14. Staff handling food

- 14.1. Food handling staff suffering from transmittable diseases will be excluded from all food handling activity until advised by the local Environmental Health Officer that they are clear to return to work. Both food handling staff and midday assistants are not permitted to attend work if they are suffering from diarrhoea and/or vomiting. They are not permitted to return to work until 48 hours have passed since diarrhoea and/or vomiting occurred, or until advised by the local environmental health officer that they are allowed to return to work.
- 14.2. 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.
- 14.3. 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

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

15. Managing specific infectious diseases

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

Infection Control During a Coronavirus Pandemic

(While the pandemic is now over we have kept this in for future use.)

Statement of intent

We understand that we face a time of great uncertainty and, as a school, we are doing all we can to provide clarity and safety for the school community. This appendix includes provisions which the school will have due regard for during the coronavirus pandemic. The information in this section is under constant review and is updated to reflect changes to government guidance as it is released.

1. Legal framework

- 1.1. This policy has due regard to all relevant legislation and statutory guidance including, but not limited to, the following:
 - DfE and PHE (2020) 'Coronavirus (COVID-19): implementing social distancing in education and childcare settings'
 - PHE and DfE (2020) 'Coronavirus (COVID-19): guidance for educational settings'
 - PHE (2020) 'COVID-19: cleaning of non-healthcare settings'

2. Social distancing measures

- 2.1. The school will adhere to the government's social distancing guidelines as much as is possible.
- 2.2. To ensure the risk of virus spread for both staff and children still in school is as low as possible, the following action will be taken:
 - Children, staff, parents, carers and any visitors will be told not to enter the building if they are displaying symptoms of coronavirus.
 - The way children arrive at school will be reviewed, with a view to reducing any unnecessary travel on coaches, buses or other public transport.
 - Class sizes will be reduced and based on the number of teaching staff available.
 - Children will be sat at desks that are spread apart and will be required to sit in the same seats every day.
 - Break and lunch times and the movement of children around the school will be staggered to prevent large groups of children from gathering.
 - At lunch time, both children and staff will be asked to queue for meals and sit at tables whilst maintaining a distance at all times.
 - Children will be asked to visit the toilet one after the other.

- Staff will ensure children keep a safe distance whilst in the playground or taking part in physical exercise.
- All unnecessary staff gatherings will be avoided, e.g. where possible, meetings will take place via video conference from different classrooms or offices.
- Parents will be discouraged from gathering at school gates. Floor markings will be placed in pick up areas to ensure parents maintain a two-metre distance from one another.
- Families collecting FSM will be asked to adhere to the school's social distancing measures.
- Staff will consider using age and developmentally appropriate ways to encourage children to follow social distancing, handwashing and other guidance, e.g. through games, songs and stories.

3. Additional hygiene and cleaning measures

- 3.1. Anyone who has symptoms will be told to stay at home for 7 days if they live alone, or 14 days if they live with others.
- 3.2. All staff and children will be:
 - Told to frequently wash their hands with soap and water for 20 seconds.
 - Encouraged not to touch their faces.
 - Told to use a tissue or their elbow to catch coughs or sneezes and use bins for tissue waste.
- 3.3. Children who have difficulty washing their hands will be supported by a member of staff.
- 3.4. Staff will ensure thorough handwashing before and after supporting children who need help with nappy changing, going to the toilet or eating.
- 3.5. Sharing food, drink, utensils, equipment and soft toys will be avoided as much as possible. Equipment, toys and surfaces will be cleaned and disinfected more frequently than usual.
- 3.6. The frequency of cleaning will increase, particularly for surfaces in classrooms, within toilet blocks and in changing rooms, in accordance with PHE's 'COVID-19: cleaning of non-healthcare settings' guidance and the school's Cleaning Policy.
- 3.7. Equipment, including keyboards, tables, chairs, door handles, light switches and bannisters, will be cleaned and disinfected regularly.

4. Preventing the further spread of infection

- 4.1. If anyone becomes unwell with the symptoms of coronavirus, they will be sent home and advised to follow PHE's 'COVID-19: guidance for households with possible coronavirus infection'.
- 4.2. If a child is awaiting collection, they will be moved to a room where they can be isolated behind a closed door and receive adult supervision, if required. Where possible, a window will be opened for ventilation.
- 4.3. Where isolation is not possible, the child will be moved to an area which is at least two metres from anyone else.
- 4.4. If the child needs to use the toilet whilst waiting to go home, they will be required to use a separate bathroom. This bathroom will be cleaned and disinfected using standard cleaning products before anyone else uses it.
- 4.5. If a member of staff has helped someone who is unwell with coronavirus symptoms, they will not be sent home unless they develop symptoms themselves.
- 4.6. Staff must wash their hands thoroughly for 20 seconds following any contact with someone who is unwell.
- 4.7. When cleaning an area where a person with possible or confirmed coronavirus has been, staff will use disposable gloves and an apron. Staff will wash their hands with soap and water for 20 seconds after all PPE has been removed.
- 4.8. If there is visible contamination to an area, e.g. with bodily fluids, cleaning staff will use additional PPE to protect their eyes, mouth and nose.
- 4.9. Areas where a symptomatic individual has passed through and spent minimal time, e.g. corridors, but which are not visibly contaminated with bodily fluids, will be cleaned thoroughly with normal cleaning products.
- 4.10. All surfaces that a symptomatic person has come into contact with will be cleaned and disinfected, including objects which are visibly contaminated and those which are potentially contaminated, e.g. door handles.
- 4.11. Disposable cloths or paper rolls and disposable mop heads will be used to clean all hard surfaces, floors, chairs, door handles and sanitary fittings, using one of the following options:
 - A combined detergent disinfectant solution at a dilution of 1,000 parts per million available chlorine
 - A household detergent followed by disinfection (1000 ppm av.cl), following the manufacturer's instructions for dilution, application and contact times
 - An alternative disinfectant which is checked to ensure it is effective against enveloped viruses
- 4.12. Cleaning staff will be asked to:

- Avoid creating splashes and spray when cleaning.
 - Dispose of any cloths and mop heads used, by putting them into waste bags.
 - Steam clean items that cannot be cleaned using detergents, e.g. upholstered furniture.
 - Dispose of items that are heavily contaminated with body fluids and cannot be cleaned by washing.
- 4.13. Waste from possible cases and the cleaning of potentially infected areas will be put into a plastic rubbish bag which will be tied when full. The plastic bag will then be placed into a second tied bin bag, put in a suitable and secure place, and marked for storage until the individual's test results are known.

5. Communication with parents

- 5.1. The school will inform parents about the measures being taken and request they provide support with implementation, e.g. by encouraging measures to continue at home.

6. Children with SEND

- 6.1. The school will work with the LA and parents to decide how best to continue supporting children with EHC plans whilst ensuring they stay healthy and safe.
- 6.2. Some children with SEND or complex needs may be unable to follow social distancing guidelines. In these circumstances, staff will increase their level of self-protection by minimising close contact (where appropriate), cleaning frequently touched surfaces, and carrying out more frequent handwashing.

7. Monitoring and review

- 7.1. The headteacher is responsible for continually monitoring PHE and DfE updates and updating this appendix in line with any changes to government guidance.
- 7.2. Any changes to this appendix will be communicated to all staff, parents and relevant stakeholders.

Managing Specific Infectious Diseases

Disease	Symptoms	Considerations	Exclusion period
Athlete's foot	Scaling or cracking of the skin, particularly between the toes, or blisters containing fluid. The infection may be itchy.	Cases are advised to see their GP for advice and treatment.	Exclusion is not necessary.
Chicken pox	Sudden onset of fever with a runny nose, cough and generalised rash. The rash then blisters and scabs over. Several blisters may develop at once, so there may be scabs in various stages of development. Some mild infections may not present symptoms.	Cases are advised to consult their GP.	Chickenpox is infectious from 48 hours prior to a rash appearing up to five days after the onset of a rash. Cases will be excluded from school for five days from the onset of a rash. It is not necessary for all the spots to have healed before the case returns to school.
Cold sores	The first signs of cold sores are tingling, burning or itching in the affected area. Around 24 hours after the first signs appear the area will redden and swell, resulting in a fluid-filled blister. After blistering, they break down to form ulcers then dry up and crust over.	Cases are advised not to touch the cold sore, or to break or pick the blisters. Sufferers of cold sores should avoid kissing people and should not share items such as cups, towels and facecloths.	Exclusion is not necessary.
Conjunctivitis	The eye(s) become reddened and swollen, and there may be a yellow or green discharge. Eyes may feel itchy and 'gritty'.	Cases are encouraged to seek advice, wash their hands frequently and not to rub their eyes. The HPT will be contacted if an outbreak occurs.	Exclusion is not necessary.
Coronavirus	A new, continuous cough and a high temperature are the main symptoms of coronavirus.	Cases will be sent home and advised to contact 111 for advice, or 999 if they become seriously ill or believe their life is at risk. The local HPT will be contacted if an outbreak occurs.	Cases will be required to self-isolate at home for 7 days if they live alone, or 14 days if they live with others.

Disease	Symptoms	Considerations	Exclusion period
Food poisoning	Symptoms normally appear within one to two days of contaminated food being consumed, although they may start at any point between a few hours and several weeks later. The main symptoms are likely to be nausea, vomiting, diarrhoea, stomach cramps and fever.	Cases will be sent home. The HPT will be contacted where two or more cases with similar symptoms are reported. The cause of a food poisoning outbreak will always be investigated.	Cases will be excluded until 48 hours have passed since symptoms were present. For some infections, longer exclusion periods may be required. The HPT will advise in such cases.
Giardia	Symptoms include abdominal pain, bloating, fatigue and pale, loose stools.	Cases will be sent home. The HPT will be contacted where two or more cases with similar symptoms are reported.	Cases will be excluded until 48 hours have passed since symptoms were present.
Salmonella	Symptoms include diarrhoea, headache, fever and, in some cases, vomiting.	Cases will be sent home. The HPT will be contacted where two or more cases with similar symptoms are reported.	Cases will be excluded until 48 hours have passed since symptoms were present.
Typhoid and paratyphoid fever	Symptoms include tiredness, fever and constipation. The symptoms of 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.
E. coli (verocytotoxigenic or VTEC)	Symptoms vary but include diarrhoea, abdominal cramps, headaches and bloody diarrhoea.	Cases will immediately be sent home and advised to speak to their GP.	Cases will be excluded whilst symptomatic and for 48 hours after symptoms have resolved. Where the sufferer poses an increased risk, for example, food handlers, they will be excluded until a negative stool sample has been confirmed.

Disease	Symptoms	Considerations	Exclusion period
			The HPT will be consulted in all cases.
Gastroenteritis	Symptoms include three or more liquid or semi-liquid stools in a 24-hour period.	The HPT will be contacted where there are more cases than usual.	Cases will be excluded until 48 hours have passed since symptoms were present. If medication is prescribed, the full course must be completed and there must be no further symptoms displayed for 48 hours following completion of the course before the cases may return to school. Cases will be excluded from swimming for two weeks following their last episode of diarrhoea.
Bacillary dysentery (Shigella)	Symptoms include bloody diarrhoea, vomiting, abdominal pain and fever. It lasts four to seven days on average, but potentially several weeks.	The school will contact the HPT.	Microbiological clearance is required for some types of shigella. The HPT will advise.
Campylobacter	Symptoms include diarrhoea, headache, fever and, in some cases, vomiting.		Cases will be excluded until 48 hours have passed since symptoms were present.
Cryptosporidiosis	Symptoms include abdominal pain, diarrhoea and occasional vomiting.		Cases will be excluded until 48 hours have passed since symptoms were present.
Glandular fever	Symptoms include severe tiredness, aching muscles, sore throat, fever, swollen glands and occasionally jaundice.	The sufferer may feel unwell for several months and the school will provide reasonable adjustments where necessary.	Exclusion is not necessary, and cases can return to school as soon as they feel well.
Hand, foot and mouth disease	Symptoms include a fever, reduced appetite and generally feeling unwell. One or two days later, a rash with blisters will develop on cheeks, hands and feet. Not all cases will have symptoms.		Exclusion is not necessary, and cases can return to school as soon as they feel well.

Disease	Symptoms	Considerations	Exclusion period
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 child's hair for head lice. If a staff member incidentally notices head lice in a child's hair, they will inform the child's parents and advise them to treat their child's hair. When a child 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.
Hepatitis A	Symptoms include abdominal pain, loss of appetite, nausea, fever and tiredness, followed by jaundice, dark urine and pale faeces.	The illness in children usually lasts one to two weeks, but can last longer and be more severe in adults.	Cases are excluded while unwell and for seven days after the onset of jaundice (or the onset of symptoms if no jaundice presents), the case is under five years of age or where hygiene is poor. There is no need to exclude older children with good hygiene.
Hepatitis B	Symptoms include general tiredness, nausea, vomiting, loss of appetite, fever and dark urine, and older cases may develop jaundice.	The HPT will be contacted where advice is required. The procedures for dealing with blood and other bodily fluids will always be followed.	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.

Disease	Symptoms	Considerations	Exclusion period
		The accident book will always be completed with details of injuries or adverse events related to cases.	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 lesions on the face, flexures and limbs.	Towels, facecloths and eating utensils will not be shared by children. Toys and play equipment will be cleaned thoroughly.	Cases will be excluded until lesions have healed and crusted or 48 hours after commencing antibiotic treatment.
Influenza	Symptoms include headache, fever, cough, sore throat, aching muscles and joints, and tiredness.	Those in risk groups will be encouraged to have the influenza vaccine. Anyone with flu-like symptoms will stay home until they have recovered. Children under 16 will not be given aspirin.	Cases will remain home until they have fully recovered.
Measles	Symptoms include a runny nose, cough, conjunctivitis, high fever and small white spots around the cheeks. Around the third day, a rash of flat red or brown blotches may appear on the face then spread around the body.	All children 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 for four days after the onset of a rash.

Disease	Symptoms	Considerations	Exclusion period
Meningitis	Symptoms include fever, severe headaches, photophobia, stiff neck, non-blanching rash, vomiting and drowsiness.	Meningitis is a notifiable disease.	Once a case has received any necessary treatment, they can return to school.
Meningococcal meningitis and meningitis septicaemia	Symptoms include fever, severe headaches, photophobia, stiff neck and a non-blanching rash.	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 conduct a risk assessment and organise antibiotics for household and close contacts. 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 (viral)	Symptoms include headache, fever, gastrointestinal or upper respiratory tract involvement and, in some cases, a rash.	The case will be encouraged to consult their GP. If more than once case occurs, the HPT will be consulted.	No exclusion is required.
Meticillin 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 and general malaise. Then, stiffness or pain in the jaws and neck is common. Following this, the glands in the cheeks and under the jaw swell up and cause pain (this can be on one or both sides). Mumps may also cause swelling of the testicles.	The case will be encouraged to consult their GP. Parents are encouraged to immunise their children against mumps.	Cases can return to school five days after the onset of swelling if they feel able to do so.

Disease	Symptoms	Considerations	Exclusion period
Ringworm	Symptoms vary depending on the area of the body affected.	Children with ringworm of the feet will wear socks and trainers at all times and cover their feet during physical education.	No exclusion is usually necessary. For infections of the skin and scalp, cases can return to school once they have received treatment.
Rotavirus	Symptoms include severe diarrhoea, stomach cramps, vomiting, dehydration and mild fever.	Cases will be sent home if unwell and encouraged to speak to their GP.	Cases will be excluded until 48 hours have passed since symptoms were present.
Rubella (German Measles)	Symptoms are usually mild, with a rash being the first indication. There may also be mild catarrh, headaches or vomiting. There may be a slight fever and some tenderness in the neck, armpits or groin, and there may be joint pains.	MMR vaccines are promoted to all children.	Cases will be excluded for six days from the appearance of the rash.
Scabies	Symptoms include tiny pimples and nodules on a rash, with burrows commonly seen on the wrists, palms, elbows, genitalia and buttocks.	All household contacts and any other very close contacts should have one treatment at the same time as the second treatment of the case. The second treatment must not be missed and should be carried out one week after the first treatment.	Cases will be excluded until after the first treatment has been carried out.
Scarlet Fever	Symptoms include acute inflammation of the pharynx or tonsils, with tonsils reddening in colour and becoming partially covered with a thick, yellowish exudate. In severe cases, there may be a high fever, difficulty swallowing and tender, enlarged lymph nodes. A rash develops on the first day of fever and is red, generalised, pinhead in size and gives the skin a sandpaper-like texture, with the tongue developing a strawberry-like appearance.	Antibiotic treatment is recommended, as a person is infectious for two to three weeks if antibiotics are not administered. If two or more cases occur, the HPT will be contacted.	Cases are excluded for 24 hours following appropriate antibiotic treatment.
Slapped cheek syndrome,	Where symptoms develop, they include a rose-red rash making the cheeks appear bright red.	Cases will be encouraged to visit their GP.	Exclusion is not required.

Disease	Symptoms	Considerations	Exclusion period
Parvovirus B19, Fifth's Disease			
Threadworm	Symptoms include itching around the anus, particularly at night.	Cases will be encouraged to visit their GP.	Exclusion is not required.
Tuberculosis (TB)	Symptoms include cough, loss of appetite, weight loss, fever, 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.
Whooping cough (pertussis)	Symptoms include a heavy cold with a persistent cough. The cough generally worsens and develops the characteristic 'whoop'. Coughing spasms may be worse at night and may be associated with vomiting.	Cases will be advised to see their GP. Parents are advised to have their children immunised against whooping cough.	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 children to stay away from school following an infection, as recommended by Public Health England.

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

Infection	Recommended minimum period to stay away from school	Comments
Athlete's foot	None	Treatment is recommended; however, this is not a serious condition.
Chicken pox	Until all vesicles have crusted over	Follow procedures for vulnerable children and pregnant staff.
Cold sores	None	Avoid contact with the sores.
Conjunctivitis	None	If an outbreak occurs, consult the HPT.
Coronavirus	Until fully recovered and no other member of the same household is presenting symptoms (7 days if living alone, 14 days if living with others)	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 be consulted.

Infection	Recommended minimum period to stay away from school	Comments
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.
Hepatitis A*	Seven days after onset of jaundice or other symptoms	If it is an outbreak, the HPT will advise on control measures.
Hepatitis B*, C* and HIV	None	Not infectious through casual contact. Procedures for bodily fluid spills must be followed.
Impetigo	48 hours after commencing antibiotic treatment, or when lesions are crusted and healed	Antibiotic treatment is recommended to speed healing and reduce the infectious period.
Measles*	Four days from onset of rash	Preventable by vaccination (MMR). Follow procedures for vulnerable children and pregnant staff.
Meningococcal meningitis*/ septicaemia*	Until recovered	Meningitis ACWY and B are preventable by vaccination. The HPT will advise on any action needed.

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

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

List of Notifiable Diseases

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

- Acute encephalitis
- Acute meningitis
- Acute poliomyelitis
- Acute infectious hepatitis
- Anthrax
- Botulism
- Brucellosis
- Cholera
- COVID-19
- 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