

Tithe Farm Primary School



Infection Control Policy

Contents:

Statement of intent

1. Legal framework

Preventative measures

2. Ensuring a clean environment
3. Pupil immunisation
4. Staff immunisation
5. Water-based activities

In the event of infection

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

Appendices

- A. Managing specific infectious diseases
- B. Infection absence periods
- C. Diarrhoea and vomiting outbreak action checklist
- D. List of notifiable diseases

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.

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

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

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

1. Legal framework

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

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

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

- UK Health and Security Agency (2022) 'Health protection in schools and other childcare settings'
- DfE (2015) 'Supporting pupils at school with medical conditions'

Preventative measures

2. Ensuring a clean environment

Sanitary facilities

Wall-mounted soap dispensers will be used in all toilets – bar soap is never used.

A foot-operated waste-paper bin is always made available where disposable paper towels are used.

Toilet paper is always available in cubicles. Suitable sanitary disposal facilities will be provided where necessary, including where there are female staff and pupils aged nine and above.

EYFS: Nappy changing areas

There is a designated changing area that is separate from play facilities and food and drink areas, and with appropriate hand washing facilities.

Children's skin is 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 is 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. 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 and dried, and the wearer washes their hands afterwards.

Soiled nappies will be disposed of in the allocated sanitary bins which are collected and disposed of by an outside provider.

Continence aid facilities

Pupils 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

All laundry is washed in a separate dedicated facility, and any soiled linens are washed separately.

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

All cleaning staff will be appropriately trained and appropriate PPE, e.g. gloves, aprons and surgical masks, will be available. The site manager will devise a cleaning schedule that clearly describes the activities required, the frequency of cleaning and who will carry out which activities. Cleaning standards will be regularly monitored to ensure effectiveness and that all areas or surfaces in contact with food, dirt or bodily fluids are regularly cleaned and disinfected.

Cleaning equipment is maintained to a high standard and is colour coded according to area of use. The SBM is responsible for monitoring cleaning standards and discussing any issues that may arise with the Site Agent and Cleaning Manager.

Ventilation

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

Toys and equipment

A written schedule is in place to ensure that toys and equipment are cleaned on a daily basis. Toys that are “soft”, e.g. modelling clay, are discarded whenever they look dirty.

Sandpits are covered when not in use and the sand is changed every 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.

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

The school will ensure all staff and pupils have access to liquid soap, warm water and paper towels – bar soap will not be used. Staff will check, encourage and supervise handwashing where appropriate.

All staff and pupils are 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 is 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 is rinsed well with water, the incident is recorded in the pupil accident log, the wound is covered with a waterproof dressing, and medical advice is sought immediately.

When coughing or sneezing, all staff and pupils 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.

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 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, is worn.

Spillages of blood, faeces, saliva, vomit, and nasal and eye discharges are cleaned up immediately in line with the Bodily Fluids Risk Assessment. 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 kit is stored in the cleaner's cupboard.

Hypodermic needles (sharps)

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

3. Pupil immunisation

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

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

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

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

A healthcare team will visit the school 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 4 will be offered nasal flu vaccinations annually.

The school will signpost parents to where they can book coronavirus (COVID-19) vaccination appointments for pupils online, at a vaccination centre or pharmacy, or at a local walk-in centre without an appointment.

The school will notify its regional DfE team of any anti-vaccination activity, e.g. campaign letters and emails spreading misinformation about vaccination programmes. Only information from trusted sources, e.g. the NHS, and where its authenticity is assured will be shared by the school.

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, following the school'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 the school'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.

The 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.

Staff should be up-to-date with immunisations. For hepatitis B and Rubella, the school 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, 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. Water-based activities

Swimming lessons

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

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

Other activities

Alternative water-based activities are only undertaken at reputable centres.

Pupils 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.

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

If a member of staff or a pupil becomes ill within three to four weeks of an activity taking place, we 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

6. 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 [minimum recommended exclusion period](#) has not yet passed

7. 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.

The school nurse will be notified if a pupil is "vulnerable". Parents are responsible for notifying the 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.

8. Procedures for unwell pupils and staff

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

- Not being themselves
- Not having a snack
- Not eating at 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 is taken to medical room, where their temperature will be taken, and the pupil's parents will be informed of the situation.

Where a first aider 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.
- 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 is removed as soon as possible and placed in a plastic bag. The pupil's clothing is 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.

9. Exclusion

Pupils suffering from infectious diseases will be excluded from school on medical grounds for the [minimum recommended period](#). 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 headteacher.

If parents insist on their child returning to school when they are still symptomatic, the school 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.

10. 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.

11. Outbreaks of infectious diseases

An incident is classed as an '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.

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

As soon as an outbreak is suspected (even if it cannot be confirmed), the headteacher will contact the HPT to discuss the situation and agree if any actions are needed.

The headteacher will provide the following information:

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

If the headteacher 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 the school, they will contact the school nurse for further advice.

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

A pupil returning to the school following an infectious disease will be asked to contact the school nurse.

If a pupil 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 UK Health Security Agency centre.

During an outbreak, enhanced or more frequent cleaning protocols may be undertaken, in line with provided by the local HPT. The SBM will liaise with the cleaning contractor to ensure these take place.

12. Pregnant staff members

If a pregnant staff member develops a rash, or is in direct contact with someone who has a potentially contagious rash, the school will strongly encourage them to speak to their GP or midwife.

Pregnant staff members will be advised to ensure they are up-to-date with the recommended vaccinations, including against coronavirus.

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

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

13. Staff handling food

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

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

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

- Typhoid fever
- Paratyphoid fever
- Other salmonella infections
- Dysentery
- Shigellosis
- Diarrhoea (where the cause of which has not been established)
- Infective jaundice

- Staphylococcal infections likely to cause food poisoning like impetigo, septic skin lesions, exposed infected wounds, boils
- E. coli VTEC infection

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

14. Managing specific infectious diseases

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

15. Monitoring and review

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

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

The next scheduled review date is July 2026

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 off 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.	<p>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.</p> <p>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.</p> <p>It is not necessary for all the spots to have healed before the case returns to school.</p>
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.	Exclusion is not necessary.

Disease	Symptoms	Considerations	Exclusion period
		<p>Parents will be advised to seek advice and treatment from their local pharmacist.</p> <p>The HPT will be contacted if an outbreak occurs.</p>	<p>In the case of an unmanageable outbreak, exclusion may become necessary, as per the HPT's advice.</p>
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.	<p>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.</p> <p>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.</p> <p>Cases will be excluded from swimming for two weeks following their last episode of diarrhoea.</p>
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.	<p>Cases will be excluded whilst symptomatic and for 48 hours after symptoms have resolved.</p> <p>Where the sufferer poses an increased risk, e.g, food handlers, pre-school infants, they will be excluded until a negative stool sample has been confirmed.</p>

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, 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.	The HPT will be consulted in all cases. 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	Infection can be asymptomatic, and the incubation period is between 5 and 25 days. Symptoms can include abdominal pain, bloating, fatigue and pale, loose stools.	Cases will be sent home. The HPT will be contacted where two or more cases with similar symptoms are reported.	Cases will be excluded until 48 hours have passed since symptoms were present.
Glandular fever	Symptoms include severe tiredness, aching muscles, sore throat, high fever, swollen glands in the neck and occasionally jaundice.	The sufferer may feel unwell for several months with fatigue and the school will provide reasonable adjustments where necessary.	Exclusion is not necessary, and cases can return to school as soon as they feel well.
Hand, foot and mouth disease	Symptoms include a fever, reduced appetite and generally feeling unwell. One or two days later, a rash with blisters may develop with blisters on the inside of cheeks, gums, sides of the tongue, and hands and feet. Not all cases will have symptoms.	Where rare additional symptoms develop, e.g. high fever, headache, stiff neck, back pain or other complications, prompt medical advice should be sought.	Exclusion is not necessary, and cases can return to school as soon as they feel well.
Head lice	Other than the detection of live lice or nits, there are no immediate symptoms until two to three weeks after infection, where itching and scratching of the scalp occurs.	Treatment is only necessary when live lice are seen. Staff are not permitted to inspect any pupil's hair for head lice.	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
		<p>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.</p> <p>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.</p> <p>When a pupil has been identified as having a case of head lice, a letter will be sent home to all parents notifying them that a case of head lice has been reported and asking all parents to check their children's hair.</p>	
Hepatitis A	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.	<p>The HPT will be contacted where advice is required.</p> <p>The procedures for dealing with blood and other bodily fluids will always be followed.</p> <p>The accident book will always be completed with details of injuries or adverse events related to cases.</p>	<p>Acute cases will be too ill to attend school and their doctor will advise when they are fit to return.</p> <p>Chronic cases will not be excluded or have their activities restricted.</p> <p>Staff with chronic hepatitis B infections will not be excluded.</p>

Disease	Symptoms	Considerations	Exclusion period
Hepatitis C	Symptoms are often vague but may include loss of appetite, fatigue, nausea and abdominal pain. Less commonly, jaundice may occur.	<p>The procedures for dealing with blood and other bodily fluids will always be followed.</p> <p>The accident book will always be completed with details of injuries or adverse events related to cases.</p>	Cases will not be excluded or have their activities restricted.
Impetigo	Symptoms include sores, typically on the face and on the hands and feet. After around a week, the sores burst and leave golden brown crusts, and can sometimes be painful and itchy.	<p>Towels, facecloths and eating utensils will not be shared by pupils.</p> <p>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.</p>	Cases will be excluded until all sores or blisters are crusted over, or 48 hours after commencing antibiotic treatment.
Influenza	Symptoms include headache, high temperature, cough, sore throat, aching muscles and joints, and fatigue. Younger cases may present different symptoms, e.g. without fever but with diarrhoea.	<p>Those in risk groups will be encouraged to have the influenza vaccine.</p> <p>Anyone with flu-like symptoms will stay home until they have recovered.</p> <p>Pupils under 16 will not be given aspirin.</p>	There is no specific exclusion period; cases will remain home until they have fully recovered.
Measles	Symptoms include a runny nose, cough, conjunctivitis, high fever and small white spots inside the cheeks. Around the third day, a rash of flat red or brown blotches may appear on the face then spread around the body.	<p>All pupils are encouraged to have MMR immunisations in line with the national schedule.</p> <p>Staff members should be up-to-date with their MMR vaccinations.</p> <p>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.</p>	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
Meningitis	Symptoms include fever, severe headaches, photophobia (aversion to light), stiff neck, non-blanching rash, vomiting and drowsiness.	Pupils are encouraged to be up-to-date with their vaccinations. Meningitis is a notifiable disease.	Once a case has received any necessary treatment, they can return to school once they have recovered.
Meningococcal meningitis and septicaemia	Symptoms include fever, severe headache, photophobia, drowsiness, and a non-blanching rash. Not all symptoms will be present.	Medical advice will be sought immediately. The confidentiality of the case will always be respected. The HPT and school health advisor will be notified of a case of meningococcal disease in the school. The HPT will be notified if two cases of meningococcal disease occur in the school within four weeks.	When the case has been treated and recovered, they can return to school. Exclusion is not necessary for household or close contacts unless they have symptoms suggestive of meningococcal infection.
Methicillin resistant staphylococcus aureus (MRSA)	Symptoms are rare but include skin infections and boils.	All infected wounds will be covered.	No exclusion is required.
Mumps	Symptoms include a raised temperature, swelling and tenderness of salivary glands, headaches, joint pain and general malaise. Mumps may also cause swelling of the testicles.	The case will be encouraged to consult their GP. Parents are encouraged to immunise their children against mumps.	Cases can return to school five days after the onset of swelling if they feel able to do so.
Panton-Valentine Leukocidin Staphylococcus aureus (PVL-SA)	Symptoms can include recurrent boils, skin abscesses and cellulitis.	The HPT will be contacted if there are two or more cases.	Exclusion is not necessary unless cases have a lesion or wound that cannot be covered. Cases should not visit gyms or swimming pools until wounds have healed.
Respiratory infections, including coronavirus	Symptoms can be wide-ranging, including a runny nose, high temperature, cough and sore throat, and loss or change in sense of smell or taste.	Cases with mild symptoms, e.g. a runny nose and/or sore throat, can continue to attend if they are otherwise well.	Cases who are unwell and have a high temperature should remain at home until they no longer have a high temperature.

Disease	Symptoms	Considerations	Exclusion period
		<p>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.</p> <p>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.</p>	<p>Cases with a positive coronavirus test result should follow government advice on self-isolation – the school may refuse the entry of a confirmed case if it is deemed necessary to protect other staff and pupils.</p>
Ringworm	<p>Symptoms vary depending on the area of the body affected.</p> <p>The main symptom is a rash, which can be scaly, dry, swollen or itchy and may appear red or darker than surrounding skin.</p>	<p>Pupils with ringworm of the feet will wear socks and trainers at all times and cover their feet during PE.</p> <p>Parents will be advised to seek advice from a GP for recommended treatment.</p>	<p>No exclusion is usually necessary.</p> <p>For infections of the skin and scalp, cases can return to school once they have started treatment.</p>
Rotavirus	<p>Symptoms include severe diarrhoea, stomach cramps, vomiting, dehydration and mild fever.</p>	<p>Cases will be sent home if unwell and encouraged to speak to their GP.</p>	<p>Cases will be excluded until 48 hours have passed since symptoms were present.</p>
Rubella (German measles)	<p>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.</p>	<p>MMR vaccines are promoted to all pupils.</p>	<p>Cases will be excluded for five days from the appearance of the rash.</p>
Scabies	<p>Symptoms include tiny pimples and nodules on the skin. Burrows may be present on the wrists, palms, elbows, genitalia and buttocks.</p>	<p>All household contacts and any other very close contacts should have one treatment at the same time as the second treatment of the case.</p> <p>The second treatment must not be missed and should be carried out one week after the first treatment.</p>	<p>Cases will be excluded until after the first treatment has been carried out.</p>

Disease	Symptoms	Considerations	Exclusion period
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.	<p>Scarlet fever may be confused with measles.</p> <p>Antibiotic treatment is recommended, as a person is infectious for two to three weeks if antibiotics are not administered.</p> <p>If two or more cases occur, the HPT will be contacted.</p>	Cases are excluded and can return 24 hours after commencing appropriate antibiotic treatment – cases not receiving treatment will remain infectious for two to three weeks.
Slapped cheek syndrome, Parvovirus B19, Fifth's Disease	Where symptoms develop, a rose-red rash making the cheeks appear bright red may appear several days after a mild feverish illness. The rash usually peaks after a week and then fades.	<p>Cases will be encouraged to visit their GP.</p> <p>Parents are requested to inform the school of a diagnosis of slapped cheek syndrome.</p>	Exclusion is not required – cases are not infectious by the time the rash occurs.
Threadworm	Symptoms include itching around the anus or vagina, particularly at night, and worms may be seen in stools or around the bottom.	Cases will be encouraged to visit their pharmacy for advice on treatment.	Exclusion is not required.
Tuberculosis (TB)	Symptoms include cough, loss of appetite, weight loss, fever, sweating (particularly at night), breathlessness and pains in the chest. TB in parts of the body other than the lungs may produce a painful lump or swelling.	Advice will be sought from the HPT before taking any action, and regarding exclusion periods.	<p>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.</p> <p>Cases with non-pulmonary TB, and cases with pulmonary TB who have effectively completed two weeks of treatment as confirmed by TB nurses, will not be excluded.</p>

Disease	Symptoms	Considerations	Exclusion period
Typhoid and Paratyphoid fever	Symptoms include fatigue, fever and constipation. The symptoms of paratyphoid fever include fever, diarrhoea and vomiting.	All cases will be immediately reported to the HPT.	<p>Cases will be excluded whilst symptomatic and for 48 hours after symptoms have resolved.</p> <p>Environmental health officers or the HPT may advise the school to issue a lengthened exclusion period.</p>
Whooping cough (pertussis)	Symptoms include a heavy cold with a temperature and persistent cough. The cough generally worsens and develops the characteristic 'whoop'. Coughing spasms may be worse at night and may be associated with vomiting.	Cases will be advised to see their GP. Parents are advised to have their children immunised against whooping cough.	<p>Cases will not return to school until they have had 48 hours of appropriate treatment with antibiotics and feel well enough to do so, or 21 days from the onset of illness if no antibiotic treatment is given.</p> <p>Cases will be allowed to return in the above circumstances, even if they are still coughing.</p>

Infection absence periods

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

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

Infection	Recommended minimum period to stay away from school	Comments
Athlete's foot	None	Treatment is recommended; however, this is not a serious condition.
Chicken pox	Until all vesicles have crusted over	Follow procedures for vulnerable children and pregnant staff.
Cold sores	None	Avoid contact with the sores.
Conjunctivitis	None	If an outbreak occurs, consult the HPT. In the case of an unmanageable outbreak, the HPT may advise exclusions.
Coronavirus	Until fully recovered and no other member of the same household is presenting symptoms	If coronavirus is suspected, consult the local HPT.
Diarrhoea and/or vomiting	Whilst symptomatic and 48 hours from the last episode	GPs should be contacted if diarrhoea or vomiting occur after taking part in water-based activities.
Diphtheria*	Exclusion is essential.	Family contacts must be excluded until cleared by the HPT and the HPT must always 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. Exclusion is not normally permitted. In severe, ongoing cases, the LA does have the power to exclude; however, exclusion should not be overused.
Hepatitis A*	Seven days after onset of jaundice or other symptoms	If it is an outbreak, the HPT will advise on control measures.
Hepatitis B*, C* and HIV	None	Not infectious through casual contact. Procedures for bodily fluid spills must be followed.
Impetigo	48 hours after commencing antibiotic treatment, or when lesions are crusted and healed	Antibiotic treatment is recommended to speed healing and reduce the infectious period.
Measles*	Four days from onset of rash	Preventable by vaccination (MMR). Follow procedures for vulnerable children and pregnant staff.
Meningococcal meningitis*/ septicaemia*	Until recovered	Meningitis ACWY and B are preventable by vaccination. The HPT will advise on any action needed.

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)	Pupils 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 for ill pupils and staff.			
Liquid soap and paper hand towels are available at all hand wash basins.			
Enhanced cleaning is undertaken twice daily as a minimum, and an appropriate disinfectant is used.			
Advice has been given on the cleaning of vomit, e.g. steam cleaning carpets and furniture and machine hot washing of soft furnishings.			
Appropriate personal protective equipment (PPE) is available.			
Appropriate waste disposal systems are in place for removing infectious waste.			
Hard toys are cleaned and disinfected on a daily basis, and their use is limited and rotated.			
The use of soft toys, water and sand play, and cookery activities has been suspended.			
Infected linen is segregated, and dissolvable laundry bags are used where possible.			
Visitors are restricted, and essential visitors are informed of the outbreak and advised on hand washing.			
New pupils joining the affected class or year group are delayed from joining.			
The health protection team (HPT) has been informed of any infected food handlers.			
Staff work in dedicated areas and food handling is restricted where possible.			
All staff (including agency) are asked if they are unwell and excluded for 48 hours if unwell.			

Staff work in dedicated areas where possible.			
The HPT is informed of any planned events at the school.			

List of notifiable diseases

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

- Acute encephalitis
- Acute meningitis
- Acute poliomyelitis
- Acute infectious hepatitis
- Anthrax
- Botulism
- Brucellosis
- Cholera
- Coronavirus (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