

# THE HARVEY GRAMMAR SCHOOL



## Infection Control Policy

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## Introduction

Infections can easily spread in a school due to:

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

Infections commonly spread in the following ways:

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

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.

## Legal Framework

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

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

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

- Health and Safety Policy
- Supporting Pupils with Medical Conditions Policy

## Preventative Measures

### Ensuring a Clean Environment

#### **Sanitary Facilities**

Wall-mounted soap dispensers are 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 are provided where necessary.

### **Cleaning Contractors**

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 School Business Manager (SBM) is responsible for monitoring cleaning standards and discussing any issues that may arise with the contractor.

### **Handwashing**

All staff and pupils are advised to wash their hands after using the toilet and before eating or handling food. Guidance on good handwashing can be found at <https://www.nhs.uk/live-well/healthy-body/best-way-to-wash-your-hands/>.

### **Blood and Other Bodily Fluids**

Cuts and abrasions are covered with waterproof dressings.

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. If tissues are not available they should use their elbow.

Personal protective equipment (PPE) are 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.

All spillages of blood, faeces, saliva, vomit, nasal and eye discharges are cleaned up immediately by the site team (always wearing PPE). When spillages occur, they will clean using a product that combines both a detergent and a disinfectant following manufacturer's instructions and ensuring it is effective against bacteria and viruses and suitable for use on the affected surface. They will never use mops for cleaning up blood and body fluid spillages but will instead use disposable paper towels and discard clinical waste as described below. The school spillage kit is stored in the Caretaker's hut or the locked cleaning cupboards.

### **Clinical Waste**

There is segregated domestic and clinical waste, in the medical room. Used gloves, aprons and soiled dressings are stored in correct clinical waste bags in foot-operated bins. All clinical waste is removed by a registered waste contractor. All clinical waste bags will be less than two-thirds full and stored in a dedicated, secure area while awaiting collection.

### **Hypodermic Needles (Sharps)**

All sharps will be disposed of in the sharps bin, wearing PPE. The sharps bin is located in the medical room and is emptied by an outside contractor monthly.

### **Sharps injuries and bites**

If skin is broken as a result of a used needle, injury or bite, the wound will be encouraged to bleed or be washed thoroughly using soap and water. Parents will be informed to contact GP or go to A&E immediately.

## **Pupil Immunisation**

The school keeps up-to-date with national and local immunisation scheduling and advice via [www.nhs.uk/conditions/vaccinations/](http://www.nhs.uk/conditions/vaccinations/).

Each pupil's immunisation status is checked upon school entry and at the time of any vaccination by the school nursing team.

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

A healthcare team 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.

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

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

All pupils aged 12 to 13 will be offered the HPV vaccine as part of the universal HPV vaccination programme.

Any pupils who become unwell after receiving a vaccination will be treated by the healthcare team who administered the vaccine, or by the School Office staff, 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 Supporting Pupils with Medical Conditions 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.

## **Staff Health**

All staff will undergo a full occupational health check prior to employment.

### **Contact with animals**

The Headteacher will assign a member of staff with suitable knowledge and experience to be responsible for animals and abide by the Animal Welfare Act 2006.

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

The school has insurance arrangements in place for the school dog.

Pupils are not permitted to touch an animal unless specified by a keeper/member of staff who ensures it is safe and appropriate to do so.

Pupils are instructed by staff not to touch their eyes or mouths after touching an animal.

Pupils are instructed to wash their hands with warm water and soap after touching an animal, their bedding or equipment. Bedding will be changed and laundered regularly.

Feeding areas will be kept clean and pet food is stored away from human food. Any food that has not been consumed within 20 minutes will be taken away and covered.

Pupils are kept away from enclosures containing animals that are likely to transmit diseases.

### **Water-based Activities**

#### **Swimming**

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

Pupils who have experienced vomiting or diarrhoea within 48 hours preceding the trip are not permitted to attend public swimming pools.

#### **Other Activities**

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

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.

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 encourage them to seek medical advice and inform their GP of their participation in these activities.

## **In the Event of Infection**

### **Preventing the Spread of Infection**

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

- The child shows signs of being poorly and needing one-to-one care
- The child has a high temperature/fever
- The child has been vomiting and/or had diarrhoea within the last 48 hours

- The child has an infection and the minimum recommended exclusion period has not yet passed

### **Vulnerable Pupils**

Pupils 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 pupils. These pupils may have a disease that compromises their immune system or be undergoing treatment, e.g. chemotherapy, that has a similar effect.

These children are particularly vulnerable to chickenpox, measles and parvovirus B19 and, if exposed to any of these, or to other infectious diseases, the parent will be informed promptly and further medical advice sought

First aiders will be notified if a child is “vulnerable”. Parents are responsible for notifying the school if their child is “vulnerable”.

### **Procedures for Unwell Pupils/Staff**

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

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

Where a staff member identifies a pupil as unwell, the pupil should go to the School Office, where the pupil’s parents will be informed of the situation.

First aiders 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 the medical room where there is CCTV to monitor the pupil at all times.
- Ensure there is a staff member available to stay with the pupil if very unwell
- Summon emergency medical help if required.

Pupils and staff displaying any of the signs of becoming unwell will be sent home, and we will recommend that they see a doctor.

If a pupil is identified with sickness and diarrhoea, the pupil’s parents will be contacted immediately and the child will be sent home, and may only return after 48 hours have passed without symptoms.

If the school is unable to contact a pupil’s parents in any situation, the pupil’s alternative emergency contacts will be contacted.

### **Contaminated Clothing**

If the clothing of the first-aider or a pupil becomes contaminated with bodily fluids, the clothing is removed as soon as possible and placed in a plastic bag which will be tied and then placed in to a second tied plastic bag. The pupil’s clothing is sent home with the pupil.

## **Exclusion**

The school will follow the recommendations of the UK Health Security Agency (UKHSA) in determining the minimum required period for staff and pupils to stay away from school following an infection, as laid out in Appendix 2.

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

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.

## **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.

All medicine provided in school will be administered in line with the Supporting Pupils with Medical Conditions Policy.

## **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.
- 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 are 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](#) (Appendix 4) will always be reported.

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

The senior member of staff will provide the following information:

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

If the senior member of staff 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 Headteacher 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.

A pupil returning to the school following an infectious disease will be asked to contact the Head of House.

If a pupil is identified as having a notifiable disease, as outlined in the guide to Infection Absence Periods (Appendix 2), 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 UKHSA centre.

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

### **Pregnant Staff Members**

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

**Chickenpox:** If a pregnant staff member has not already had chickenpox or shingles, becoming infected can affect the pregnancy. If a pregnant staff member believes they have been exposed to chickenpox or shingles and have not had either infection previously, she will speak to her midwife or GP as soon as possible. If a pregnant staff member is unsure whether they are immune, we encourage them to take a blood test. Shingles is caused by the same virus as chickenpox, so anyone who has not had chickenpox is potentially vulnerable to the infection if they have close contact with a case of shingles.

**Measles:** If a pregnant staff member is exposed to measles, she should inform her midwife or GP immediately. Measles can result in early delivery or even loss of the baby.

**Rubella (German measles):** If a pregnant staff member is exposed to german measles, she should inform her midwife or GP immediately to ensure investigation. The infection may affect the developing baby if the woman is not immune and is exposed in early pregnancy.

**Slapped cheek disease (fifth disease or parvovirus B19):** If a pregnant staff member is exposed to slapped cheek disease it can occasionally affect an unborn child. If exposed early in pregnancy (before 20 weeks), she should inform her midwife or GP as this must be investigated promptly.

All female staff born after 1970 working with young children are advised to ensure they have had two doses of MMR vaccine.

The above advice also applies to pregnant students visiting the site.

### **Staff Handling Food**

Food handling staff suffering from transmittable diseases will be excluded from all food handling activity until advised by the local Environmental Health Officer that they are clear to return to work.

Both food handling staff and midday assistants are not permitted to attend work if they are suffering from diarrhoea and/or vomiting. They are not permitted to return to work until 48 hours have passed since diarrhoea and/or vomiting occurred, or until advised by the local environmental health officer that they are allowed to return to work.

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

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

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

'Formal' exclusions will be issued to the Catering Company where necessary.

### **Managing Specific Infectious Diseases**

When an infectious disease occurs in the school, we will follow the appropriate procedures set out in the Managing Specific Infectious Diseases (Appendix 1).

### **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 a three year basis and will make any changes necessary, taking into account the current effectiveness of infection control and prevention.

## 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.
Cryptosporidiosis	Symptoms include abdominal pain, diarrhoea and occasional vomiting.		Cases will be excluded until 48 hours have passed since symptoms were present.
Diarrhoea and vomiting (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

Disease	Symptoms	Considerations	Exclusion period
			further symptoms displayed for 48 hours following completion of the course before the cases may return to school.
E. coli (STEC)	Symptoms vary but include diarrhoea, abdominal cramps, headaches and bloody diarrhoea.	Cases will immediately be sent home and advised to speak to their GP.	Cases will be excluded whilst symptomatic and for 48 hours after symptoms have resolved.  Where the sufferer poses an increased risk, for example, food handlers, they will be excluded until a negative stool sample has been confirmed.  The HPT will be consulted in all cases.
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.
Giardiasis	Infection can be asymptomatic, and the incubation period is between 5 and 25 days. 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.
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.
Group A Streptococcus (GAS)	Symptoms include flu-like symptoms, sore throat, rough rash, scabs and sores (Impetigo), pain and swelling, severe muscle aches, nausea and vomiting.	GAS can cause a number of infections, some mild and some more serious. Milder infections can be easily treated with antibiotics and usually recover at home in a few days.	Cases will be excluded for 24 hours after starting to take antibiotics.

Disease	Symptoms	Considerations	Exclusion period
Hand, foot and mouth disease	Symptoms include a fever, reduced appetite and generally feeling unwell. One or two days later, a rash with blisters will develop on cheeks, 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.	<p>Treatment is only necessary when live lice are seen.</p> <p>Staff are not permitted to inspect any pupil's hair for head lice.</p> <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>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>	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.	<p>Cases are excluded while unwell and for seven days after the onset of jaundice (or the onset of symptoms if no jaundice presents), the case is under five years of age or where hygiene is poor.</p> <p>There is no need to exclude older children with good hygiene.</p>
Hepatitis B	Symptoms include general tiredness, nausea, vomiting, loss of appetite, fever and dark urine, and older cases may develop jaundice.	<p>The HPT will be contacted where advice is required.</p> <p>The procedures for dealing with blood and other bodily fluids will always be followed.</p>	<p>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>

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 pupils.  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. Pupils under 16 will not be given aspirin.	Cases will remain home until they have fully recovered.
Invasive Group A Streptococcus (iGAS)	Symptoms include flu-like symptoms, sore throat, rough rash, scabs and sores (impetigo), pain and swelling, severe muscle aches, nausea and vomiting.	These infections are caused by the bacteria getting into parts of the body where it is not normally found, such as the lungs or bloodstream. In rare cases an iGAS infection can be fatal.	Inform HPT if any cases reported. The HPT will carry out a risk assessment and undertake appropriate investigations and/or actions as required.
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 pupils are encouraged to have MMR immunisations in line with the national schedule.  Staff members should be up-to-date with their MMR vaccinations.  Pregnant staff members and those with weak immune systems will be encouraged to contact their GP immediately for advice if they come into contact with measles.	Cases are excluded 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 septicaemia (sepsis)	Symptoms include fever, severe headaches, photophobia, stiff neck and a non-blanching rash.	<p>Medical advice will be sought immediately.</p> <p>The confidentiality of the case will always be respected.</p> <p>The HPT and school health advisor will be notified of a case of meningococcal disease in the school. The HPT will conduct a risk assessment and organise antibiotics for household and close contacts.</p> <p>The HPT will be notified if two cases of meningococcal disease occur in the school within four weeks.</p>	<p>When the case has been treated and recovered, they can return to school.</p> <p>Exclusion is not necessary for household or close contacts unless they have symptoms suggestive of meningococcal infection.</p>
Methicillin resistant staphylococcus aureus (MRSA)	Symptoms are rare but include skin infections and boils.	All infected wounds will be covered.	No exclusion is required.
Mpox (monkeypox)	Symptoms are rare but begin within 5 to 21 days after a close physical contact with someone who has mpox infection and may include flu like symptoms, fever, low energy, swollen glands, general body aches.	<p>The case will be encouraged to consult their GP.</p> <p>Any close contacts will be advised to contact their local HPT for advice.</p>	Exclude until the rash has scabbed, all the scabs have fallen off and a fresh layer of skin has formed underneath.
Mumps	Symptoms include a raised temperature 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.	<p>The case will be encouraged to consult their GP.</p> <p>Parents are encouraged to immunise their children against mumps.</p>	Cases can return to school five days after the onset of swelling if they feel able to do so.
Norovirus	Symptoms include nausea, diarrhoea, and vomiting. It is known as the 'winter vomiting bug' and the most common cause of gastroenteritis.	The HPT will be contacted if there a higher than previously experience and/or rapidly	Exclusion until 48 hours after symptoms have stopped and they are well enough to return.

Disease	Symptoms	Considerations	Exclusion period
		increasing number of pupil and staff absences due to diarrhoea and vomiting.	
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 caused by several respiratory infections including the common cold, coronavirus (COVID-19), flu, and respiratory syncytial virus (RSV). Symptoms can be wide-ranging, including a runny nose, high temperature, cough and sore throat, and loss or change in sense of smell or taste.	Pupils with symptoms will be encouraged to cover their mouth and nose with a tissue when coughing and sneezing, and to wash their hands afterwards.  The DfE helpline and/or the local HPT will be contacted if an outbreak occurs or there is evidence of severe disease, e.g. hospital admission.	Cases with mild symptoms, e.g. a runny nose and/or sore throat, can continue to attend if they are otherwise well.  Cases who are unwell and have a high temperature should remain at home until they no longer have a high temperature. It is not recommended that children and young people are tested for coronavirus unless directed to by a health professional. Cases aged 18 years and under with a positive test result should stay at home for 3 days after the day they took their test.
Ringworm	Symptoms vary depending on the area of the body affected.	Pupils with ringworm of the feet will wear socks and trainers at all times and cover their feet during physical education.	No exclusion is usually necessary.  For infections of the skin and scalp, cases can return to school once they have received treatment.
Rotavirus	Symptoms include severe diarrhoea, stomach cramps, vomiting, dehydration and mild fever.	Cases will be sent home if unwell and encouraged to speak to their GP.	Cases will be excluded until 48 hours have passed since symptoms were present.
Rubella (German Measles)	Symptoms are usually mild, with a rash being the first indication. There may also be mild catarrh, headaches or vomiting. There may be a slight fever and some tenderness in the neck, armpits or groin, and there may be joint pains.	MMR vaccines are promoted to all pupils.	Cases will be excluded for six days from the appearance of the rash.
Scabies	Symptoms include tiny pimples and nodules on a rash, with burrows commonly seen on the wrists, palms, elbows, genitalia and buttocks.	All household contacts and any other very close contacts should have one treatment at the same time as the second treatment of the case.	Cases will be excluded until after the first treatment has been carried out.

Disease	Symptoms	Considerations	Exclusion period
		The second treatment must not be missed and should be carried out one week after the first treatment.	
Scarlet Fever and Invasive group A Streptococcal Disease	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, Parvovirus B19, Fifth's Disease	Where symptoms develop, they include a rose-red rash making the cheeks appear bright red.	Cases will be encouraged to visit their GP.	Exclusion is not required.
Threadworm	Symptoms include itching around the anus, particularly at night.	Cases will be encouraged to visit their GP.	Exclusion is not required.
Tuberculosis (TB)	Symptoms include cough, loss of appetite, weight loss, fever, sweating (particularly at night), breathlessness and pains in the chest. TB in parts of the body other than the lungs may produce a painful lump or swelling.	Advice will be sought from the HPT before taking any action, and regarding exclusion periods.	Cases with infectious TB can return to school after two weeks of treatment if well enough to do so, and as long as they have responded to anti-TB therapy.  Cases with non-pulmonary TB, and cases with pulmonary TB who have effectively completed two weeks of treatment as confirmed by TB nurses, will not be excluded.
Typhoid and paratyphoid fever	Symptoms include tiredness, fever and constipation. The symptoms or paratyphoid fever include fever, diarrhoea and vomiting.	All cases will be immediately reported to the HPT.	Cases will be excluded whilst symptomatic and for 48 hours after symptoms have resolved.  Environmental health officers or the HPT may advise the school to issue a lengthened exclusion period.

Disease	Symptoms	Considerations	Exclusion period
Whooping cough (pertussis)	Symptoms include a heavy cold with a persistent cough. The cough generally worsens and develops the characteristic 'whoop'. Coughing spasms may be worse at night and may be associated with vomiting.	Cases will be advised to see their GP. Parents are advised to have their children immunised against whooping cough.	<p>Cases will not return to school until they have had 48 hours of appropriate treatment with antibiotics and feel well enough to do so, or 21 days from the onset of illness if no antibiotic treatment is given.</p> <p>Cases will be allowed to return in the above circumstances, even if they are still coughing.</p>

## 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 UKHSA.

\*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	At least 5 days from onset of rash and until all blisters 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.
Respiratory infections including coronavirus (COVID-19)	<p>Cases should not attend if they have a high temperature and are unwell.</p> <p>Cases who have a positive test result for COVID-19 should not attend the setting for 3 days after the day of the test.</p>	Cases with mild symptoms such as runny nose, and headache who are otherwise well can continue to attend.
Diarrhoea and/or vomiting	Whilst symptomatic and 48 hours from the last episode	<p>Contact the HPT if there are a higher than previously experienced and/or rapidly increasing number of absences due to diarrhoea and vomiting.</p> <p>If a particular cause of the diarrhoea and vomiting is identified, there may be additional exclusion advice, for example E. coli STEC and hep A.</p>

**Appendix 2**

Infection	Recommended minimum period to stay away from school	Comments
Diphtheria*	Exclusion is essential.	Family contacts must be excluded until cleared by the HPT and the HPT must always be consulted.
Flu (influenza)	Until recovered	Report outbreaks to the HPT.
Glandular fever	Exclusion is not necessary, and cases can return to school as soon as they feel well.	Glandular fever is spread through spit, and can be transferred through kissing or by sharing cups or cutlery. Cases will be infectious for up to 7 weeks before symptoms appear.
Hand foot and mouth	None	Contact the HPT if a large number of children are affected. Exclusion may be considered in some circumstances.
Head lice	None	Treatment recommended only when live lice seen.
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. The local HPT should be consulted.
MRSA	None	Good hygiene, in particular environmental cleaning and handwashing, is important to minimise the spread. The local HPT should be consulted.
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)	Five days from onset of rash	Preventable by two doses of immunisation (MMR). Follow procedures for pregnant staff.
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.
Scarlet fever* and Invasive group A Streptococcal Disease	24 hours after commencing antibiotic treatment	Antibiotic treatment is recommended, as a person is infectious for two to three weeks if antibiotics are not administered. If two or more cases occur, the HPT should be contacted.
Slapped cheek/Fifth disease/Parvo Virus B19	None (once rash has developed)	Follow procedures for vulnerable children and pregnant staff.
Threadworms	None	Treatment recommended for the infected person and household contacts.
Tonsillitis	None	There are many causes, but most causes are virus-based and do not require antibiotics.
Tuberculosis (TB)	Pupils with infectious TB can return to school after two weeks of treatment if well enough to do so, and as long as	Only pulmonary (lung) TB is infectious. It requires prolonged close contact to spread. Cases with non-pulmonary TB, and cases with pulmonary TB who have effectively completed two weeks of treatment as confirmed by TB nurses, should not be

Infection	Recommended minimum period to stay away from school	Comments
	they have responded to anti-TB therapy.	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

<b>Date:</b>	
<b>Completed by:</b>	

Action	Action taken?		Comments
	Yes	No	
A 48-hour exclusion rule has been enforced.			
Individuals with symptoms have been kept in an area away from communal areas where they can be observed until parents collect			
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 in place for removing infectious waste.			
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.			

## List of Notifiable Diseases

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

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