



Infection Control Policy

Approval date:	18 October 2023
Approved by:	Board of Trustees
Next review:	Autumn 2026

Together we **Exceed**



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1. Statement of Intent

1.1 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.

1.2 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 or surface spread i.e., door handles etc.
- **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.

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

- Maintaining high standards of personal hygiene and practice
- Maintaining a clean environment
- Use of appropriate Personal Protective Equipment (PPE) if necessary
- Taking appropriate action when infection occurs

1.4 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 infections occur.

2. Legal Framework

2.1 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

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

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

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

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

3. Preventative Measures

Ensuring a clean environment

3.1 Handwashing

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

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

3.2 Cleaning

All cleaning staff will be appropriately trained and appropriate PPE, e.g. gloves, aprons and surgical masks, will be available where needed. 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 supervisors will ensure cleaning equipment is maintained to a high standard and is colour coded according to area of use. The headteacher will be responsible for monitoring cleaning standards and discussing any issues that may arise with the contractor.

3.3 Sanitary facilities

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

A waste-paper bin will be available where disposable paper towels are used.

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

3.4 Nappy changing areas (EYFS)

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

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

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

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

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

3.5 Continence aid facilities

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

3.6 Ventilation

Indoor spaces will be kept well-ventilated to help reduce the number of respiratory germs. Areas of the school where there may be poor ventilation appropriate action will be 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.

3.7 Toys and equipment

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

A written schedule will be put in place to ensure that toys and equipment are cleaned regularly. Modelling compounds such as clay and play doh, will be discarded weekly.

Sandpits will be covered when not in use and the sand is changed every half term for indoor sandpits and, for outdoor sandpits, as soon as the sand becomes; dirty, discoloured or malodorous. Sand will be sieved or raked regularly.

Water play troughs will be emptied, washed and stored upside-down when not in use for long periods. When in use, the water will be replenished, at a minimum, on a daily basis.

Toys will be cleaned half termly.

3.8 Managing cuts, bites, and bodily fluid spills

Standard precautions will always be taken when dealing with any cuts and abrasions. Any spillages of blood, faeces, saliva, vomit, or nasal discharges will be cleaned immediately.

PPE will be worn where there is a risk of contamination with blood or bodily fluids during an activity. Gloves are disposable, non-powdered vinyl or latex and CE marked. If there is a risk of splashing to the face, disposable eye protection, or reusable eye protection that is decontaminated prior to next use, will be worn.

Cuts and abrasions will be cleaned under running water or using a disposable container with water and wipes. The wound will be carefully dabbed dry then covered with a waterproof dressing or plaster. The dressing will be changed as often as is necessary. Staff will wear disposable gloves when in contact with any accident or injury, e.g. washing grazes, or dressing wounds.

If a pupil suffers a bite or scratch that does not break the skin, the affected area will be cleaned with soap and warm running water. If a bite, scratch or puncture injury breaks the skin or may have introduced someone else's blood, the affected area will be washed thoroughly with soap and warm running water, the incident will be recorded in the pupil accident log, the wound will be covered with a waterproof dressing, and medical advice sought immediately.

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

3.9 Safe management of waste – including sharps

Our schools will ensure that all waste produced is dealt with by a licensed waste management company.

Any PPE used will be placed in a refuse bag and disposed of as normal domestic waste. PPE should not be put in a recycling bin or dropped as litter.

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

4. Pupil Immunisation

- 4.1 Our schools are aware of the vital role it plays in supporting the routine immunisation programme and will liaise with local health services to share information with parents at key points.
- 4.2 Our schools will support school-based immunisation programmes by hosting school nurses and School Age Immunisation Services (SAIS) and helping them with various aspects of the vaccination process, including:
- Providing space and time in the timetable for vaccination.
 - Reminding staff and pupils about the date of the immunisation session(s).
 - Sharing information leaflets and consent forms with pupils.
 - Providing a list of eligible pupils and their parent contact details to the SAIS team.
- 4.3 Our schools will work with local health professionals to signpost parents to where they can book vaccination appointments.
- 4.4 The school will work with local health services and immunisation teams to ensure the effective planning and delivery of the immunisation service. Prior to vaccination visits, the school will:
- Send the invitation to parents of pupils who are eligible, in good time and with a clear deadline for response.
 - Communicate with pupils and parents to support consent and uptake.
 - Encourage parents or staff who may be concerned or require additional guidance to speak to their health visitor, school nurse, or GP.
 - Encourage parents to return the consent form,
 - Monitor pupil health and report any side effects or ill health to the healthcare team who administered the vaccination.
- 4.5 Our schools will make every effort to contact parents and gain consent for their child's immunisation; however, the school is aware that, by law, some pupils may be considered mature enough to provide their own consent, so-called 'Gillick competent'. In these cases, the health professional will assess if a pupil under the age of 16 can be considered competent to understand the benefits and risks.

5. Contact with Pets and Animals

- 5.1 All Animals in schools will be risk assessed in each circumstance.
The headteacher will assign a member of staff with suitable knowledge and experience to be responsible for animal/s and abide by the Animal Welfare Act 2006, which places a duty on animal owners to ensure their animal's welfare needs are met.
- 5.2 All class pets or therapy/support animals will receive annual immunisations, recommended treatments and, checked for any signs of ill health/infection on a regular basis by the designated member of staff.

- 5.3 Where a pupil has a support animal, a member of staff will be assigned responsibility for infection prevention measures and supporting the pupil to follow these.
- 5.4 The school will only consider the following animals as school pets: hamsters, guinea pigs, rabbits and chickens. Reptiles will not be considered as school pets under any circumstances.
- 5.5 Animals in school will only be permitted in the following areas: classrooms and the main hall or outdoors. Only mature and toilet trained animals will be considered for school pets.
- 5.6 The Trust has insurance arrangements in place.
- 5.7 Animals will always be supervised when in contact with pupils and anyone handling animals will wash their hands immediately after touching them, their bedding or equipment.
- 5.8 Pregnant staff will be advised to avoid contact with any animal litter trays on the school premises or on educational visits due to the risk of toxoplasmosis.
- 5.9 Bedding will be changed/laundered on a regular basis.
- 5.10 Feeding areas will be kept clean and pet food is stored away from human food. Any food that has not been consumed within 20 minutes will be taken away or covered.
- 5.11 Visits to farms and zoos will be suitably risk assessed.

6. Water-Based Activities

6.1 Swimming lessons

General swimming lessons will be managed by the control measures outlined in the school's Swimming Risk Assessment.

Pupils who are unwell or have experienced vomiting or diarrhoea preceding the lesson will not be permitted to attend public swimming pools until 48 hours have passed from their last symptom/s.

6.2 Other activities

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

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

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

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

7. Preventing the Spread of Infection

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

- The child shows signs of being unwell, needing one-to-one care.
- 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 it is within the recommended exclusion period stated by Public Health Agency – refer to poster or <https://www.publichealth.hscni.net/publications/guidance-infection-control-schools-and-other-childcare-settings-0>

8. Vulnerable Pupils

8.1 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.

8.2 The headteacher will be notified if a pupil is “vulnerable”. Parents are responsible for notifying the school if their child is vulnerable.

8.3 If a vulnerable pupil is thought to have been exposed to an infectious disease, the pupil’s parents will be informed and encouraged to seek medical advice from their doctor or specialist.

9. Procedures for Unwell Pupils and Staff

9.1 Staff will be required to know the warning signs of pupils becoming unwell. Where a staff member identifies a pupil as unwell, the pupil will be taken to the school office/first aider, where their temperature will be taken, and the pupil’s parents informed of the situation.

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

9.3 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.

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

9.5 If the clothing of the first-aider or a pupil becomes contaminated, the clothing will be removed as soon as possible and placed in a plastic bag. The pupil’s clothing will be sent home with the pupil.

9.6 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.

10. Exclusion

- 10.1 Pupils and staff who are showing the symptoms of an infectious disease or have been diagnosed by a health professional or diagnostic test, will be advised to stay away from the school for the minimum period recommended, if required, and until well enough.
- 10.2 The school will expect parents to agree that, if their child is unwell and has symptoms of an infectious illness, such as a fever, they should not attend the school, given the potential risk to others.
- 10.3 If a parent insists on a pupil with symptoms attending the setting, where they have a confirmed or suspected case of an infectious illness, the school will take the decision to exclude the pupil from school – on medical grounds - if, in the school's reasonable judgement, it is necessary to protect other pupils and staff from possible infection.
- 10.4 For some infections, individuals may be advised to remain away from school for a longer period of time and school will follow any advice received from the local health protection team (HPT).
- 10.5 If a pupil or member of staff is a close contact of someone unwell with an infectious disease, but is not confirmed to be infected, this is not normally a valid reason for exclusion; however, the local HPT may advise on specific precautions to take in response to a case or outbreak.
- 10.6 The school will seek to provide remote education where a pupil is well enough to participate in it.
- 10.7 The school is aware that exclusion may cause challenges for parents due to unexpected time off and, that some children may become vulnerable to domestic abuse or neglect during times where they would usually be at school. When recommending exclusion on public health grounds, the school will work with their HPT to consider any adverse effects or hidden harms a pupil may be exposed to by imposing isolation, and staff will be alert and proactive in sharing information as early as possible.
- 10.8 The school is aware that exclusion on public health grounds may cause some pupils or staff members to feel isolated or anxious. In such situations, the school will signpost them to mental health and wellbeing support services.
- 10.9 HPT (Health Protection Team): <https://www.gov.uk/health-protection-team>

11. Medication

- 11.1 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.
- 11.2 All medicine delivered in school will be administered in line with the Administering Medication Policy.

12. Outbreaks of Infectious Diseases

- 12.1 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.
- 12.2 Where an outbreak is suspected (even if it cannot be confirmed), the headteacher will promptly contact the CEO and HPT to discuss the situation and agree if any actions are needed. The school will support the HPT's identified control measures with clear and prompt communication with parents and rapid coordination of arrangements.
- 12.3 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
- 12.4 The HPT will provide the school with draft letters and factsheets to distribute to parents.
- 12.5 The HPT will always treat outbreaks in the strictest confidence; therefore, information provided to parents during an outbreak will never include names and other personal details.
- 12.6 If a member of staff suspects the presence of an infectious disease in the school, they will contact the headteacher for further advice.
- 12.7 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 school staff.
- 12.8 A pupil returning to the school following an infectious disease will be asked to contact the headteacher.
- 12.9 If a pupil is identified as having a notifiable disease, as outlined in Infection Absence Periods appendix, the school will inform the parents, who should inform their child's GP. It is a statutory requirement for doctors to then notify their local UK Health Security Agency centre.
- 12.10 During an outbreak, enhanced or more frequent cleaning protocols will be undertaken. Highly 'touched' items such as equipment, tables, chairs, door handles, light switches and bannisters, will be cleaned and disinfected regularly. The Headteacher/Office Manager/SLT will liaise with the cleaning contractor to ensure these take place.

12.11 Under the Health Protection (Notification) Regulations 2010, the school will always report instances of the following diseases to the HPT:

- Acute encephalitis
- Acute meningitis
- Acute poliomyelitis
- Acute infectious hepatitis
- Anthrax
- Botulism
- Brucellosis
- Cholera
- Coronavirus (COVID-19)
- Diphtheria
- Enteric fever (typhoid / paratyphoid fever)
- Food poisoning
- Haemolytic uraemic syndrome (HUS)
- Infectious bloody diarrhoea
- Invasive group A streptococcal disease and scarlet fever
- Legionnaires' disease
- Leprosy
- Malaria
- Measles
- Meningococcal septicaemia
- Mumps
- Plague
- Rabies
- Rubella
- SARS
- Smallpox
- Tetanus
- Tuberculosis
- Typhus
- Viral haemorrhagic fever (VHF)
- Whooping cough
- Yellow fever

13. Pregnant Staff Members

13.1 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.

13.2 Chickenpox: If a pregnant staff member has not already had chickenpox or shingles, becoming infected can affect the pregnancy. If a pregnant staff member believes they have been exposed to chickenpox or shingles and have not had either infection previously, 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.

13.3 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.

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

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

14. Staff Handling Food

- 14.1 Food handling staff suffering from transmittable diseases will be excluded from all food handling activity until advised by the local Environmental Health Officer (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.
- 14.2 The school will notify the local Environmental Health Department as soon as we are notified that a staff member engaged in the handling of food has become aware that they are suffering from, or likely to be carrying, an infection that may cause food poisoning.
- 14.3 Food handlers are required by law to inform the school if they are suffering from any of the following:
- Typhoid fever
 - Paratyphoid fever
 - Other salmonella infections
 - Dysentery
 - Shigellosis
 - Diarrhoea (where the cause of which has not been established)
 - Infective jaundice
 - Staphylococcal infections likely to cause food poisoning like impetigo, septic skin lesions, exposed infected wounds, boils
 - E. coli VTEC infection

15. Managing Specific Infectious Diseases

- 15.1 When an infectious disease occurs in the school, staff will follow the appropriate procedures set out in the Managing specific infectious diseases appendix.

16. Monitoring and Review

- 16.1 This policy will be reviewed annually by the Estates Team, and any changes will be communicated to all members of staff.
- 16.2 Staff will be required to familiarise themselves with this policy as part of their induction programme. Staff will be informed of the arrangements that have been made in connection with the provision of first aid, including the location of equipment, facilities, and personnel.

Appendix 1 – 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'.	<p>Cases are encouraged to seek advice, wash their hands frequently and not to rub their eyes.</p> <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>Exclusion is not necessary.</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	The HPT will be contacted where there are more cases than usual.	Cases will be excluded until 48 hours have passed since symptoms

Disease	Symptoms	Considerations	Exclusion period
	<p>or more liquid or semi-liquid stools in a 24-hour period.</p>		<p>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>
<p>E. coli STEC</p>	<p>Symptoms vary but include diarrhoea which can be bloody, abdominal pain, vomiting and fever.</p>	<p>Cases will immediately be sent home and advised to speak to their GP.</p>	<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> <p>The HPT will be consulted in all cases.</p>
<p>Food poisoning</p>	<p>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.</p>	<p>Cases will be sent home.</p> <p>The HPT will be contacted where two or more cases with similar symptoms are reported.</p> <p>All outbreaks of food poisoning outbreak will be investigated.</p>	<p>Cases will be excluded until 48 hours have passed since symptoms were present.</p> <p>For some infections, longer exclusion periods may be required. The HPT will advise in such cases.</p>
<p>Giardiasis</p>	<p>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.</p>	<p>Cases will be sent home.</p> <p>The HPT will be contacted where two or more cases with similar symptoms are reported.</p>	<p>Cases will be excluded until 48 hours have passed since symptoms were present.</p>
<p>Glandular fever</p>	<p>Symptoms include severe tiredness, aching muscles, sore throat, high fever, swollen glands in the neck and occasionally jaundice.</p>	<p>The sufferer may feel unwell for several months with fatigue and the school will provide</p>	<p>Exclusion is not necessary, and cases can return to school as soon as they feel well.</p>

Disease	Symptoms	Considerations	Exclusion period
		reasonable adjustments where necessary.	
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.	<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>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>	<p>Exclusion is not necessary, as headlice are not considered a health hazard.</p> <p>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.</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.	The procedures for dealing with blood and other bodily fluids will always be followed. The accident book will always be completed with details of injuries or adverse events related to cases.	Cases will not be excluded or have their activities restricted.
Impetigo	Symptoms include sores, typically on the face and on the hands and feet. After around a week, the sores burst and leave golden brown crusts, and can sometimes be painful and itchy.	Towels, facecloths and eating utensils will not be shared by pupils. Toys and play equipment will be cleaned thoroughly; non-washable soft toys will be wiped or washed with a detergent using warm water and dried thoroughly.	Cases will be excluded until all sores or blisters are crusted over, or 48 hours after commencing antibiotic treatment.
Influenza	Symptoms include headache, high temperature, cough, sore throat, aching muscles and joints, and fatigue. Younger cases may present different symptoms, e.g. without fever but with diarrhoea.	Those in risk groups will be encouraged to have the influenza vaccine. Anyone with flu-like symptoms will stay home until they have recovered. Pupils under 16 will not be given aspirin.	There is no specific exclusion period; cases will remain home until they have fully recovered.
Measles	Symptoms include a runny nose, cough, conjunctivitis, high fever and small white spots inside the cheeks. Around the third day, a rash of flat red or brown blotches may appear on the face then spread around the body.	All pupils are encouraged to have MMR immunisations in line with the national schedule. Staff members should be up-to-date with their MMR vaccinations. Pregnant staff members and those with weak immune systems will be encouraged to contact their GP immediately for advice if they come into contact with measles.	Cases are excluded while infectious, which is from four days before the onset of a rash to four days after.
Meningitis	Symptoms include fever, severe headaches, photophobia (aversion to light), stiff neck, non-blanching rash, vomiting and drowsiness.	Pupils are encouraged to be up-to-date with their vaccinations. Meningitis is a notifiable disease.	Once a case has received any necessary treatment, they can return to school once they have recovered.
Meningococcal meningitis and septicaemia	Symptoms include fever, severe headache, photophobia, drowsiness, and a non-blanching rash. Not all symptoms will be present.	Medical advice will be sought immediately. The confidentiality of the case will always be respected. The HPT and school health advisor will be notified of a	When the case has been treated and recovered, they can return to school. Exclusion is not necessary for household or close contacts unless

Disease	Symptoms	Considerations	Exclusion period
		<p>case of meningococcal disease in the school.</p> <p>The HPT will be notified if two cases of meningococcal disease occur in the school within four weeks.</p>	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.	<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 increasing number of pupil and staff absences due to diarrhoea and vomiting.	Exclusion until 48 hours after symptoms have stopped and they are well enough to return.
Panton-Valentine Leukocidin Staphylococcus aureus (PVL-SA)	Symptoms can include recurrent boils, skin abscesses and cellulitis.	The HPT will contacted if there are two or more cases.	Exclusion is not necessary unless cases have a lesion or wound that cannot be covered. Cases should not visit gyms or swimming pools until wounds have healed.
Respiratory infections, including coronavirus	Symptoms can be wide-ranging, including a runny nose, high temperature, cough and sore throat, and loss or change in sense of smell or taste.	<p>Cases with mild symptoms, e.g. a runny nose and/or sore throat, can continue to attend if they are otherwise well.</p> <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 who are unwell and have a high temperature should remain at home until they no longer have a high temperature.</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>	Pupils with ringworm of the feet will wear socks and trainers at all times and cover their feet during PE.	<p>No exclusion is usually necessary.</p> <p>For infections of the skin and scalp, cases can return to school once</p>

Disease	Symptoms	Considerations	Exclusion period
		Parents will be advised to seek advice from a GP for recommended treatment.	they have started treatment.
Rotavirus	Symptoms include severe diarrhoea, stomach cramps, vomiting, dehydration and mild fever.	Cases will be sent home if unwell and encouraged to speak to their GP.	Cases will be excluded until 48 hours have passed since symptoms were present.
Rubella (German measles)	Symptoms are usually mild. Symptoms include a rash, swollen lymph glands, sore throat and runny nose, mild fever, headache, tiredness, conjunctivitis, painful and swollen joints.	MMR vaccines are promoted to all pupils.	Cases will be excluded for five days from the appearance of the rash.
Scabies	Symptoms include tiny pimples and nodules on the skin. Burrows may be present on the wrists, palms, elbows, genitalia and buttocks.	All household contacts and any other very close contacts should have one treatment at the same time as the second treatment of the case. The second treatment must not be missed and should be carried out one week after the first treatment.	Cases will be excluded until after the first treatment has been carried out.
Scarlet Fever and Invasive group A Streptococcal Disease	Symptoms include: <ul style="list-style-type: none"> - Flu-like symptoms, e.g. a high temperature, swollen glands and an aching body - Sore throat and/or tonsillitis - A rash that feels rough, like sandpaper, i.e. scarlet fever, typically on the chest and stomach - Flushed cheeks - Scabs and sores - Pain and swelling - Swelling and peeling of the tongue - Severe muscle aches - Nausea and vomiting - Peeling of the skin, typically on the fingers and toes 	Scarlet fever may be confused with measles. Antibiotic treatment is recommended, as a person is infectious for two to three weeks if antibiotics are not administered. If two or more cases occur, the HPT will be contacted.	Cases are excluded and can return 24 hours after commencing appropriate antibiotic treatment – cases not receiving treatment will remain infectious for two to three weeks.
Slapped cheek syndrome, Parvovirus B19, Fifth's Disease	Where symptoms develop, a rose-red rash making the cheeks appear bright red may appear several days after a mild feverish illness. The rash usually peaks after a week and then fades.	Cases will be encouraged to visit their GP. Parents are requested to inform the school of a diagnosis of slapped cheek syndrome.	Exclusion is not required – cases are not infectious by the time the rash occurs.
Threadworm	Symptoms include itching around the anus or vagina, particularly at night, and worms may be seen in stools or around the bottom.	Cases will be encouraged to visit their pharmacy for advice on treatment.	Exclusion is not required.
Tuberculosis (TB)	Symptoms include cough, loss of appetite, weight loss, fever, sweating (particularly at night), breathlessness and pains in the chest. TB in parts of the body other than the lungs may produce a painful lump or swelling.	Advice will be sought from the HPT before taking any action, and regarding exclusion periods.	Cases with infectious TB can return to school after two weeks of treatment if well enough to do so, and as long as they have responded to anti-TB therapy.

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

Appendix 2 – 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.
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 and Invasive group A Streptococcal Disease	24 hours after commencing antibiotic treatment	Antibiotic treatment is recommended, as a person is infectious for two to three weeks if antibiotics are not administered. If two or more cases occur, the HPT should be contacted.
Scabies	Can return to school after first treatment	The infected person's household and those who have been in close contact will also require treatment.
Slapped cheek/Fifth disease/Parvo Virus B19	None (once rash has developed)	Follow procedures for vulnerable children and pregnant staff.
Threadworms	None	Treatment recommended for the infected person and household contacts.
Tonsillitis	None	There are many causes, but most causes are virus-based and do not require antibiotics.
Tuberculosis (TB)	Pupils with infectious TB can return to school after two weeks of treatment if well enough to do so, and as long as they have responded to anti-TB therapy.	Only pulmonary (lung) TB is infectious. It requires prolonged close contact to spread. Cases with non-pulmonary TB, and cases with pulmonary TB who have effectively completed two weeks of treatment as confirmed by TB nurses, should not be excluded. Consult the local HPT before disseminating information to staff and parents.
Warts and verrucae	None	Verrucae should be covered in swimming pools, gymnasiums and changing rooms.
Whooping cough (pertussis)*	Two days from commencing antibiotic treatment, or 21 days from the onset of illness if no antibiotic treatment is given	Preventable by vaccination. Non-infectious coughing can continue for many weeks after treatment. The HPT will organise any necessary contact tracing.