

Infection Control Procedure

Responsibility for review: Head of Estates

Date of last review: 21/05/2020

Statement of intent

Infections can easily spread in a school due to:

- students' immature immune systems
- the close-contact nature of the environment
- some students having not yet received full vaccinations
- students' poor understanding of good hygiene practices

Infections commonly spread in the following ways:

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

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

- Maintaining high standards of personal hygiene and practice.
- Maintaining a clean environment.
- The NHS immunisation team attend school to provide routine immunisations; parents choose whether or not their child is immunised.
- Taking appropriate action when infection occurs.
- The government guidance – 'Health Protection in schools and other childcare settings' is followed, including exclusion periods for infectious diseases and illness.

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

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

The procedure has due regard to **statutory guidance** including, but not limited to, the following:

- Public Health England (2017) 'Health protection in schools and other childcare facilities'.
- DfE (2015) 'Supporting pupils at school with medical conditions'.

This procedure operates in conjunction with the following Trust policies and documents:

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



Preventative measures – ensuring a clean environment

Sanitary facilities

- Wall-mounted soap dispensers are used in all toilets.
- 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.

Nappy changing areas (Primarily EYFS)

- Students in nappies are encouraged to be as independent as possible i.e. try to wipe themselves down and step out of wet nappies.
- Skin is cleaned with disposable wipes, and nappy creams and lotions are labelled with the relevant student's name.
- Changing mats are wiped with soapy water or a baby wipe after each use. If a mat is visibly soiled, it is cleaned thoroughly with hot soapy water at the end of the day. Mats are checked on a weekly basis for tears and damage and replaced if necessary.
- There is a designated sink for cleaning potties. Potties are washed in hot, soapy water, dried and stored upside down. When cleaning potties, rubber gloves are used to flush waste down the toilet. Rubber gloves are washed after use (whilst still being worn), along with the wearer's hands.
- Handwashing facilities are available in the room and soiled nappies are disposed of inside a wrapped plastic bag.

Continence aid facilities

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

Laundry

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

Cleaning contractors

- In the event of an outbreak of an infection, a cleaning contractor may be employed to carry out rigorous cleaning of any of the premises if required. Cleaning equipment is maintained to a high standard and is all equipment is colour coded according to area of use. The Campus Manager and / or Operations Managers are responsible for monitoring cleaning standards and discussing any issues as they arise.

Toys and equipment

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

Handwashing

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

Blood and other bodily fluid

- Cuts and abrasions are covered with waterproof dressings / plasters.
- When coughing or sneezing, all staff and students 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.



- Personal protective equipment (PPE) is worn where there is a risk of contamination with blood or bodily fluids during an activity. Gloves are disposable, non-powdered vinyl or latex and CE marked. Nitrile gloves are available for those who are allergic to Latex. If there is a risk of splashing to the face, goggles are worn.
- Spillages of blood, faeces, saliva, vomit, nasal and eye discharges are cleaned up immediately. They are cleaned using a mixture of detergent and disinfectant. Paper towels or clothes are used, always wearing PPE, and they are disposed of after use. Spillage kits are available on site.

Bites

- If a bite does not break the skin, the affected area is cleaned with soap and water.
- If a bite breaks the skin, the affected area is cleaned with soap and running water, the incident is recorded on RIVO and medical advice is sought immediately.

Hypodermic needs (sharps)

- Injuries incurred through sharps found on school grounds will be treated in line with our Trust's Sharps Policy. All sharps found on school premises will be disposed of in the sharps bin wearing PPE.

Student immunisation

- The school keeps up-to-date with national and local immunisation scheduling and advice via www.nhs.uk/conditions/vaccinations.
- The school provides an environment for the immunisations to take place which are delivered by the NHS Immunisation Team.
- Parental consent will always be sought before a vaccination is given.
- The Immunisation Nurse will ensure that any students 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 students if there are any concerns.
- The Immunisation Team will undertake a risk assessment before any vaccinations take place.
- (EYFS only) Before starting school, students should be given their second injection of the MMR vaccine, usually at 3 years and 4 months.
- (EYFS only) Before starting school, students should be given their 4-in-1 pre-school booster against diphtheria, tetanus, whooping cough and polio, usually at 3 years and 4 months.
- (Primary schools only) All students will be offered nasal flu vaccinations annually.
- (Secondary schools only) Girls and boys aged between 12 and 13 can choose to get the HPV vaccine to protect themselves against some types of cervical cancer. The vaccine comprises two injections given 6-12 months apart.
- (Secondary schools only) All students 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.
- (Secondary schools only) All students aged 14 will be offered the MenACWY vaccine as part of the routine adolescent schools programme.
- Any students who become unwell after receiving a vaccination will be treated by the healthcare team who administered the vaccine, or by the school nurse, following the school's procedures for sick and unwell students.
- Any side effects from the vaccinations, such as 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, such as painkillers, will be administered in accordance with the school's Administering Medication Policy.
- Regular communication is maintained after students return to lessons, as some side effects can take several hours to develop.
- Members of staff will be with students before, during and after vaccinations, in order to keep the students relaxed and create a calming atmosphere.
- The school will ensure that the venue used is a clean, open, well-ventilated room, where students can access water and fresh air.
- Needles are kept away from students before and after the vaccine is administered.



Staff immunisation

- All staff will undergo a full occupational health check prior to employment, which confirms they are up-to-date with their immunisations.
- Staff should be up-to-date with immunisations; in particular, we encourage the following:
 - **Hepatitis B:** we do not recommend Hepatitis B vaccines for staff in routine contact with infected children; however, where staff are involved with the care of children with severe learning disabilities or challenging behaviour, we encourage immunisation.
 - **Rubella:** female staff of childbearing age are encouraged to check with their GP that they are immune to the rubella (German measles) virus. If they are not immune, we encourage them to be immunised with the MMR vaccine, except during pregnancy.

Contact with pets and animals

- The school only considers the following animals as school pets: hamsters, guinea pigs, rabbits and eggs that hatch into chicks which are then given back to the farmer.
- Animals in school are only permitted in the following areas: classrooms and the main hall.
- The Trust's insurers will provide an indemnity if a school is legally liable to pay compensation in the event of a third party death / injury or third party property damage caused by an animal that is owned by or under the control of the school.
- Only mature and toilet trained animals are considered for school pets. Animals are always supervised when in contact with children, and anyone handling animals will wash their hands immediately afterwards.
- All animals receive recommended treatments and immunisations, are groomed daily, and checked for any signs of infection on a weekly basis by the class teacher.
- Bedding is changed on a weekly basis.
- Feeding areas are kept clean and pet food is stored away from human food. Any food that has not been consumed within 20 minutes is taken away or covered.
- The Principal ensures that a knowledgeable person is responsible for each animal.
- Visits to farms are strictly controlled by the policies and protocols contained in our Farm Visit Risk Assessment.
- Visits to zoos are strictly controlled by use of our Visit to the Zoo Risk Assessment.

Water based activities

Swimming lessons

- General swimming lessons are governed by the control measures outlined in the school's Swimming Risk Assessment.
- Students who have experienced vomiting or diarrhoea must be clear for a full 7 days preceding the trip and 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 students immediately wash or shower.
- If a member of staff or a student 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 / or needing one-to-one care.
 - The child has a high temperature / fever.
 - The child has untreated head lice.
 - The child has been vomiting and / or had diarrhoea within the last 48 hours.
 - The child has an infection and the minimum recommended exclusion period has not yet passed.



Vulnerable students

- Students 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 students. These students may have a disease that compromises their immune system or be undergoing treatment, such as chemotherapy, that has a similar effect.
- The school nurse will be notified if a child is 'vulnerable'. Parents are responsible for notifying the school if their child is 'vulnerable'.
- If a vulnerable child is thought to have been exposed to an infectious disease, the child's parents will be informed and encouraged to seek medical advice from their doctor or specialist.

Procedures for unwell students / staff

- Staff are required to know the warning signs of students becoming unwell including, but not limited to the following:
 - Pale face
 - Not being themselves
 - Not having a snack
 - Not eating at lunchtimes
 - Wanting more attention / sleep than usual
 - Displaying physical signs of being unwell e.g. watery eyes, a flushed face or clammy skin
- Where a staff member identifies a student as unwell, the student is taken to the school nurse or first aider, where their temperature will be taken and the student's parents will be informed if required.
- Where the school nurse or first aider is unavailable, staff will:
 - attempt to cool the student down, if they are too hot, by opening a window and suggesting that the student removes their top layers of clothing
 - provide the student with a drink of water
 - move the student to a quieter area of the classroom or school
 - ensure there is a staff member available to support the student
 - summon emergency medical help if required
- Students and staff displaying any of the signs of becoming unwell will be sent home and we may recommend that they see a doctor. It is advisable to follow up with a courtesy call.
- If a student is identified with sickness and diarrhoea, the student's parents will be contacted immediately and advised to collect their child as soon as possible. The parents are advised that the child may only return after 48 hours have passed without symptoms.
- If a staff member is suffering from vomiting and diarrhoea, they will be sent home and may not return until 48 hours have passed without symptoms.
- If the school is unable to contact a student's parents in any situation, the students' alternative emergency contacts will be contacted.

Contaminated clothing

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

Exclusion

- Students suffering from infectious diseases will be excluded from school on medical grounds for the minimum recommended period.
- Students can be formally excluded on medical grounds by the Principal.
- If parents insist on their child returning to school when the child still poses a risk to others, the Trust may serve notice on the child's parents to require them to keep the child away from school until the child no longer poses a risk of infection.
- If a student is exposed to an infectious disease, but is not confirmed to be infected, this is not normally a valid reason for exclusion; however, the local health protection team (HPT) may be contacted to advise on a case-by-case basis.

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 students in the same class are suffering from vomiting and diarrhoea
 - A greater number of students 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 will always be reported.
- As soon as an outbreak is suspected (even if it cannot be confirmed), the Principal will contact the HPT to discuss the situation and agree if any actions are needed.
- The Principal will provide the following information:
 - The number of staff and students affected
 - The symptoms present
 - The date(s) the symptoms first appeared
 - The number of classes affected
- If the Principal 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 in line with GDPR.
- If a member of staff suspects the presence of an infectious disease in the school, they will contact the school nurse for advice if they have one.
- If a parent informs the school that their child carries an infectious disease, other students will be observed for similar symptoms by their teachers.
- A student returning to school following an infectious disease will be asked to contact the school nurse.
- If a student is identified as having a notifiable disease, as outlined in the guide to Infection Absence Periods, the school will inform the parents, who should inform their child's GP. It is a statutory requirement for doctors to then notify their local Public Health England centre.
- During an outbreak, enhanced cleaning protocols will be undertaken, following advice provided by the local HPT. The Ops / Business Manager will liaise with the cleaning teams 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 contagious 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 need to 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 blood test.
- **Measles:** if a pregnant staff member is exposed to measles, she will inform her midwife immediately.
- **Rubella** (German measles): if a pregnant staff member is exposed to rubella, she will inform her midwife immediately.
- **Slapped cheek disease (Parvovirus B19):** if a pregnant staff member is exposed to slapped cheek disease, she will inform her midwife promptly

Staff handling food

- Food handling staff suffering from transmittable diseases will be excluded from all food handling activity until advised 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 they are allowed to return to work.
- The school will notify the local Environmental Health Department as soon as we are notified that a staff member engaged in the handling of food has become aware that they are suffering from, or likely to be carrying, an infection that may cause food poisoning.
- Food handlers are required by law to inform the school if they are suffering from any of the following:
 - Typhoid fever
 - Paratyphoid fever
 - Other salmonella infections
 - Dysentery
 - Shigellosis
 - Diarrhoea (where the cause of which has not been established)
 - Infective jaundice



- Staphylococcal infections likely to cause food poisoning like impetigo, septic skin lesions, exposed infected wounds, boils
- E. coli VTEC infection.
- 'Formal' exclusions will be issued where necessary, but employees are expected to provide voluntary 'off work' certificates from their GP.

Managing specific infectious disease

- When an infectious disease occurs in the school, we will follow the appropriate procedures set out in the Managing Specific Infectious Diseases appendix.

Monitoring and review

- All members of staff are required to familiarise themselves with this policy as part of their induction programme.
- The Head of Estates will review this procedure on an annual basis and will make any changes necessary, taking into account the current effectiveness of infection control and prevention.
- The next scheduled review date is April 2021.



Appendix – 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.
Food poisoning	Symptoms normally appear within one to two days of contaminated food being consumed, although they may start at any point between a few hours and several weeks later. The main symptoms are likely to be nausea, vomiting, diarrhoea, stomach cramps and fever.	Cases will be sent home. The HPT will be contacted where two or more cases with similar symptoms are reported. The cause of a food poisoning outbreak will always be investigated.	Cases will be excluded until 48 hours have passed since symptoms were present. For some infections, longer exclusion periods may be required. The HPT will advise in such cases.
Giardia	Symptoms include abdominal pain, bloating, fatigue and pale, loose stools.	Cases will be sent home. The HPT will be contacted where two or more cases with similar symptoms are reported.	Cases will be excluded until 48 hours have passed since symptoms were present.
Salmonella	Symptoms include diarrhoea, headache, fever and, in some cases, vomiting.	Cases will be sent home. The HPT will be contacted where two or more cases with similar symptoms are reported.	Cases will be excluded until 48 hours have passed since symptoms were present.



Disease	Symptoms	Considerations	Exclusion period
Typhoid and paratyphoid fever	Symptoms include tiredness, fever and constipation. The symptoms of paratyphoid fever include fever, diarrhoea and vomiting.	All cases will be immediately reported to the HPT.	Cases will be excluded whilst symptomatic and for 48 hours after symptoms have resolved. Environmental health officers or the HPT may advise the school to issue a lengthened exclusion period.
E. coli (verocytotoxigenic or VTEC)	Symptoms vary but include diarrhoea, abdominal cramps, headaches and bloody diarrhoea.	Cases will immediately be sent home and advised to speak to their GP.	Cases will be excluded whilst symptomatic and for 48 hours after symptoms have resolved. Where the sufferer poses an increased risk, for example, food handlers, they will be excluded until a negative stool sample has been confirmed. The HPT will be consulted in all cases.
Gastroenteritis	Symptoms include three or more liquid or semi-liquid stools in a 24-hour period.	The HPT will be contacted where there are more cases than usual.	Cases will be excluded until 48 hours have passed since symptoms were present. If medication is prescribed, the full course must be completed and there must be no further symptoms displayed for 48 hours following completion of the course before the cases may return to school. Cases will be excluded from swimming for two weeks following their last episode of diarrhoea.
Bacillary dysentery (Shigella)	Symptoms include bloody diarrhoea, vomiting, abdominal pain and fever. It lasts four to seven days on average, but potentially several weeks.	The school will contact the HPT.	Microbiological clearance is required for some types of shigella. The HPT will advise.
Campylobacter	Symptoms include diarrhoea, headache, fever and, in some cases, vomiting.		Cases will be excluded until 48 hours have passed since symptoms were present.
Cryptosporidiosis	Symptoms include abdominal pain, diarrhoea and occasional vomiting.		Cases will be excluded until 48 hours have passed since symptoms were present.
Glandular fever	Symptoms include severe tiredness, aching muscles, sore throat, fever, swollen glands and occasionally jaundice.	The sufferer may feel unwell for several months and the school will provide reasonable adjustments where necessary.	Exclusion is not necessary and cases can return to school as soon as they feel well.
Hand, foot and mouth disease	Symptoms include a fever and rash with blisters on cheeks, hands and feet. Not all cases will have symptoms.		Exclusion is not necessary.
Head lice	Other than the detection of live lice or nits, there are no immediate symptoms until two to three weeks	Treatment is only necessary when live lice are seen.	Exclusion is not necessary.



Disease	Symptoms	Considerations	Exclusion period
	after infection, where itching and scratching of the scalp occurs.	<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>	
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>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>
Hepatitis C	Symptoms are often vague but may include loss of appetite, fatigue, nausea and abdominal pain. Less commonly, jaundice may occur.	<p>The procedures for dealing with blood and other bodily fluids will always be followed.</p> <p>The accident book will always be completed with details of injuries or adverse events related to cases.</p>	Cases will not be excluded or have their activities restricted.
Impetigo	Symptoms include lesions on the face, flexures and limbs.	<p>Towels, facecloths and eating utensils will not be shared by pupils.</p> <p>Toys and play equipment will be cleaned thoroughly.</p>	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.	<p>Those in risk groups will be encouraged to have the influenza vaccine.</p> <p>Anyone with flu-like symptoms will stay home until they have recovered.</p> <p>Pupils under 16 will not be given aspirin.</p>	Cases will remain home until they have fully recovered.



Disease	Symptoms	Considerations	Exclusion period
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.
Meningitis	Symptoms include fever, severe headaches, photophobia, stiff neck, non-blanching rash, vomiting and drowsiness.	Meningitis is a notifiable disease.	Once a case has received any necessary treatment, they can return to school.
Meningococcal meningitis and meningitis septicaemia	Symptoms include fever, severe headaches, photophobia, stiff neck and a non-blanching rash.	Medical advice will be sought immediately. The confidentiality of the case will always be respected. The HPT and school health advisor will be notified of a case of meningococcal disease in the school. The HPT will conduct a risk assessment and organise antibiotics for household and close contacts. The HPT will be notified if two cases of meningococcal disease occur in the school within four weeks.	When the case has been treated and recovered, they can return to school. Exclusion is not necessary for household or close contacts unless they have symptoms suggestive of meningococcal infection.
Meningitis (viral)	Symptoms include headache, fever, gastrointestinal or upper respiratory tract involvement and, in some cases, a rash.	The case will be encouraged to consult their GP. If more than once case occurs, the HPT will be consulted.	No exclusion is required.
Meticillin resistant staphylococcus aureus (MRSA)	Symptoms are rare but include skin infections and boils.	All infected wounds will be covered.	No exclusion is required.
Mumps	Symptoms include a raised temperature and general malaise. Then, stiffness or pain in the jaws and neck is common. Following this, the glands in the cheeks and under the jaw swell up and cause pain (this can be on one or both sides). Mumps may also cause swelling of the testicles.	The case will be encouraged to consult their GP. Parents are encouraged to immunise their children against mumps.	Cases can return to school five days after the onset of swelling, if they feel able to do so.



Disease	Symptoms	Considerations	Exclusion period
Ringworm	Symptoms vary depending on the area of the body affected.	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. The second treatment must not be missed and should be carried out one week after the first treatment.	Cases will be excluded until after the first treatment has been carried out.
Scarlet Fever	Symptoms include acute inflammation of the pharynx or tonsils, with tonsils reddening in colour and becoming partially covered with a thick, yellowish exudate. In severe cases, there may be a high fever, difficulty swallowing and tender, enlarged lymph nodes. A rash develops on the first day of fever and is red, generalised, pinhead in size and gives the skin a sandpaper-like texture, with the tongue developing a strawberry-like appearance.	Antibiotic treatment is recommended, as a person is infectious for two to three weeks if antibiotics are not administered. If two or more cases occur, the HPT will be contacted.	Cases are excluded for 24 hours following appropriate antibiotic treatment.
Slapped cheek syndrome, 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.



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

Diarrhoea and vomiting outbreak action checklist

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



List of notifiable diseases

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

- Acute encephalitis
- Acute meningitis
- Acute poliomyelitis
- Acute infectious hepatitis
- Anthrax
- Botulism
- Brucellosis
- Cholera
- Diphtheria
- Enteric fever (typhoid or paratyphoid fever)
- Food poisoning
- Haemolytic uremic 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