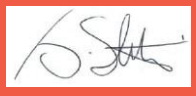
RIVERMEAD INCLUSIVE TRUST

inspiring the journey for independence together

Infections Policy

Reviewed yearly

Non-Statutory

Signed  (Chair of the Trust)

Date: October 2025

Review Due: October 2026

All references to Public Health England (UKHSA) or the Health Protection Agency (UKHSA) in this policy should be understood as referring to the UK Health Security Agency (UKHSA), which is now the responsible body for public health protection in England."

Statement of intent

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' lack of understanding due to individual needs of good hygiene practices.

Infections commonly spread in the following ways:

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

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

- Maintaining high standards of personal hygiene and practice
- Maintaining a clean environment
- Routine immunisations
- Taking appropriate action when infection occurs
- Education around the best ways to stop the spread of infection.

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

1. Legal framework

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

- Control of Substances Hazardous to Health Regulations 2002 (as amended 2004)

- Health and Safety at Work etc. Act 1974
- The Management of Health and Safety at Work Regulations 1999
- The Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013
- The Health Protection (Notification) Regulations 2010

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

• UK Health Security Agency (2025) 'Health protection in children and young people settings, including education' (https://www.gov.uk/government/publications/health-protection-in-schools-and-other-childcare-facilities)
• Department for Education (2015) 'Supporting pupils at school with medical conditions'"

Preventative measures

2. Ensuring a clean environment

Sanitary facilities

2.1. Wall-mounted soap dispensers or push down dispensers are used in all toilets – soap bars are never used.
2.2. A waste paper bin is always made available where disposable paper towels are used.
2.3. Toilet paper is always available in cubicles.
2.4. Suitable sanitary disposal facilities are provided where necessary.
2.5. Sanitary bins are regularly emptied by an external contractor.

[Primarily EYFS and Specialist Provisions] Nappy changing areas

2.6. There is a designated changing area that is separate from play facilities and food and drink areas.
2.7. Skin is cleaned with disposable wipes, and nappy creams and lotions are labelled with the relevant pupil's name.
2.8. Changing mats (where used) are wiped with soapy water or a baby wipe after each use. If a mat is visibly soiled, it is cleaned thoroughly with hot soapy water at the end of the day. Mats are checked on a weekly basis for tears and damage and replaced if necessary.
2.9. Where required, there is a designated sink for cleaning potties. Potties are washed in hot, soapy water, dried and stored upside down. When cleaning potties, rubber

gloves are used to flush waste down the toilet. Rubber gloves are washed after use (whilst still being worn), along with the wearer's hands.

2.10. Handwashing facilities are available in the room and soiled nappies are disposed of inside a wrapped plastic bag.

Continence aid facilities

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

Laundry

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

2.13. Manual sluicing of clothing is not permitted, and gloves and aprons are worn when handling soiled linen or clothing. Hands are thoroughly washed after gloves are removed.

Cleaning contractors

2.14. A cleaning contractor or school appointed cleaning staff 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 Trust facilities manager is responsible for monitoring cleaning standards and discussing any issues that may arise with the contractor and or school appointed cleaning staff.

Toys and equipment

2.15. A schedule is in place to ensure that toys and equipment are cleaned where appropriate. Toys that are “soft”, such as modelling clay and ‘Play–doh’, are discarded whenever they look dirty.

2.16. The sand pit is covered at the end of each day and changed when it becomes discoloured.

2.17. The water tray is changed daily and sprayed and cleaned at the end of each day

Handwashing

2.18. All staff and pupils are advised to wash their hands after using the toilet, before eating or handling food, and after touching animals. Visual supports are utilised, where necessary, to support pupils to follow a clear hand washing and drying process. Hand sanitiser will be used where water hand washing is unavailable/sensory issues.

Blood and other bodily fluids

2.19. Cuts and abrasions are covered with waterproof dressings.

2.20. 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.

2.21. 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.

2.22. Spillages of blood, faeces, saliva, vomit, nasal and eye discharges are cleaned up immediately. They are cleaned using a mixture of detergent and disinfectant. Paper towels or cloths are used, always wearing PPE, and they are disposed of after use. These are double bagged and placed in the correct receptacle. The school spillage kit is stored in a locked cupboard / room with the school offices / site teams having access to the keys.

Bites

2.23. If a bite does not break the skin, the affected area is cleaned with soap and water.

2.24. If a bite breaks the skin, the affected area is cleaned with soap and running water, the incident is recorded in the appropriate log and medical advice is sought immediately.

Hypodermic needles (sharps)

2.25. Injuries incurred through sharps found on school grounds will be treated in line with the school first aid policy. All sharps found on school premises will be disposed of in the sharps bin wearing PPE.

3. Pupil immunisation

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

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

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

3.4. 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.

3.5. A risk assessment will be conducted before any vaccinations take place.

3.6. Before starting school, pupils should be given their second injection of the MMR vaccine, usually at 3 years and 4 months.

3.7. Before starting school, pupils should be given their 4-in-1 pre-school booster against diphtheria, tetanus, whooping cough and polio, usually at 3 years and 4 months.

3.8. Girls aged between 12 and 13 can choose to get the HPV vaccine to protect themselves against some types of cervical cancer. This vaccine comprises two injections given 6-12 months apart.

3.9. 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.

3.10. All pupils aged 14 will be offered the MenACWY vaccine as part of the routine adolescent school's programme.

3.11. Any pupils who become unwell after receiving a vaccination will be treated by the healthcare team who administered the vaccine, following the school's procedures for sick and unwell pupils.

3.12. 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.

3.13. Regular communication is maintained after pupils return to lessons, as some side effects can take several hours to develop.

3.14. Members of staff will be with pupils before, during and after vaccinations, in order to keep the pupils relaxed and create a calming atmosUKHSAre.

3.15. The school will ensure that the venue used is a clean, open, well-ventilated room, where pupils can access water and fresh air.

3.16. Needles are kept away from pupils before and after the vaccine is administered.

3.17. Some vaccinations may involve an exclusion period in which pupils are not required to attend school. The administering healthcare team will provide advice in such cases. Should parents refuse to vaccinate schools will look at the next steps on a case by case basis.

4. Staff immunisation

4.1. All staff will undergo a full occupational health checklist prior to employment, which confirms they are up-to-date with their immunisations.

4.2. Staff should be up-to-date with immunisations; in particular, we encourage the following:

- **Hepatitis B:** We do not recommend Hepatitis B vaccines for staff in routine contact with infected children; however, where staff are involved with the care of children with severe learning disabilities or challenging behaviour, we encourage immunisation.
- **Rubella:** Female staff of childbearing age are encouraged to check with their GP that they are immune to the rubella (German measles) virus. If they are not immune, we encourage them to be immunised with the MMR vaccine, except during pregnancy

5. Contact with pets and animals

5.1. Animals in schools are strictly controlled

5.2. Animals in school are only permitted in the following areas: staff room, classrooms, main corridors, playground, field, roof area (when applicable) and the main hall.

5.3. 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.

5.4. 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.

5.5. Bedding is changed on a weekly basis.

5.6. 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.

5.7. The headteacher ensures that a knowledgeable person is responsible for each animal.

5.8. Visits to farms are strictly controlled by the policies and protocols contained in our risk assessments and outdoor visits policies

5.9. Visits to zoos are strictly controlled by use of our risk assessment procedures

6. Water-based activities

Swimming lessons

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

6.2. Pupils who have experienced vomiting or diarrhoea in the days preceding the trip are not permitted to attend public swimming pools.

Other activities

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

6.4. Children and staff cover all cuts, scratches and abrasions with waterproof dressings before taking part, and hands are washed immediately after the activity. No food or drink is to be consumed until hands have been washed.

6.5. After canoeing or rowing, staff and pupils are encouraged to 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

7. Preventing the spread of infection

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

- The child shows signs of being poorly and needing one-to-one care
- The child has untreated conjunctivitis
- The child has a high temperature/fever
- The child has untreated head lice
- The child has been vomiting and/or had diarrhoea within the last 48 hours
- The child has an infection and the minimum recommended exclusion period has not yet passed

8. Vulnerable pupils

8.1. 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, such as chemotherapy, that has a similar effect.

8.2. The class teacher will be notified if a child is "vulnerable". Parents are responsible for notifying the school if their child is "vulnerable".

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

9. Procedures for unwell pupils/staff

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

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

9.2. Where a staff member identifies a pupil as unwell, the pupil is taken to the school office / medical room where their temperature will be taken by a first aider, and the pupil's parents will be informed of the situation.

9.3. Where the parents are unavailable, staff will:

- Attempt to cool the pupil down if they are too hot, by opening a window and suggesting that the pupil removes their top layers of clothing.
- Provide the pupil with a drink of water.

- Move the pupil to a quieter area of the classroom or school.
- Ensure there is a staff member available to comfort the pupil.
- Summon emergency medical help if required.

9.4. Pupils and staff displaying any of the signs of becoming unwell outlined in 9.1 will be sent home, and we will recommend that they see a doctor.

9.5. 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.

9.6. 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.

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

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

10. Exclusion

10.1. Exclusion periods are based on current UKHSA guidance and are subject to change. The school will review and update these periods in line with any changes issued by the UK Health Security Agency and any changes in response to emerging diseases

10.2. Pupils suffering from infectious diseases will be excluded from school on medical grounds for the minimum recommended period.

10.3. Pupils can be formally excluded on medical grounds by the headteacher.

10.4. If parents insist on their child returning to school when the child still poses a risk to others, the Rivermead Inclusive 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.

10.5. If a pupil 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 agency (UKHSA) may be contacted to advise on a case-by-case basis.

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. The pupil will only be allowed to return to school 24 hours after the first dose of medication, to allow it time to take effect.

11.3. All medicine provided in school will be administered in line with the school medication

policy.

12. Outbreaks of infectious diseases

12.1. An incident is classed as on '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.

12.2. Suspected outbreaks of any of the diseases listed on the List of Notifiable Diseases will always be reported.

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

12.4. The headteacher will provide the following information:

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

12.5. If the headteacher is unsure whether suspected cases of infectious diseases constitute an outbreak, they will contact the UKHSA.

12.6. The UK Health Security Agency (UKHSA) will provide the school with draft letters and factsheets to distribute to parents."

12.7. The UKHSA will always treat outbreaks in the strictest confidence; therefore, information provided to parents during an outbreak will never include names and other personal details.

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

12.9. If a pupil is identified as having a notifiable disease, as outlined in the guide to Infection Absence Periods, the school will inform the parents, who should inform their child's GP. It is a statutory requirement for doctors to then notify their local Public Health England centre.

12.10. During an outbreak, enhanced cleaning protocols will be undertaken, following advice provided by the local UKHSA. The Facilities Manager will liaise with the cleaning contractor/school cleaners to ensure these take place.

13. Pregnant staff members

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

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

13.3. **Measles:** If a pregnant staff member is exposed to measles, she will inform her midwife immediately. 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, she will inform her midwife immediately. All female staff under the age of 25, who work with young children, are asked to provide evidence of two doses of MMR vaccine or a positive history of Rubella.

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

14. Staff handling food

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

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

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

- Typhoid fever
- Paratyphoid fever

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

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

14.5. All staff who are involved in handling food will participate in basic food hygiene training

15. Managing specific infectious diseases

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

16. Monitoring and review

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

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17. Infection Control Due to Coronavirus

17.1. We understand that respiratory infections, including COVID-19, remain a public health concern. All Trust schools will maintain ongoing risk assessments, which are updated in line with the latest UKHSA and Department for Education guidance.

17.2 Monitoring and review

17.2.1 The headteacher is responsible for continually monitoring UKHSA and DfE updates and updating risk assessments in line with any changes to government guidance

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Any changes to this COVID-19 will be communicated to all staff, parents and relevant stakeholders

Managing Specific Infectious Diseases

Disease	Symptoms	Considerations	Exclusion period
Athlete's foot	Scaling or cracking of the skin, particularly between the toes, or blisters containing fluid. The infection may be itchy.	Cases are advised to see their GP for advice and treatment.	Exclusion is not necessary.
Chicken pox	Sudden onset of fever with a runny nose, cough and generalised rash. The rash then blisters and scabs over. Several blisters may develop at once, so there may be scabs in various stages of development. Some mild infections may not present symptoms.	Cases are advised to consult their GP.	Chickenpox is infectious from 48 hours prior to a rash appearing up to five days after the onset of a rash. Cases will be excluded from school for five days from the onset of a rash. It is not necessary for all the spots to have healed before the case returns to school.
Cold sores	The first signs of cold sores are tingling, burning or itching in the affected area. Around 24 hours after the first signs appear the area will redden and swell, resulting in a fluid-filled blister. After blistering, they break down to form	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,	Exclusion is not necessary.

Disease	Symptoms	Considerations	Exclusion period
	ulcers then dry up and crust over.	towels and facecloths.	
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 UKHSA will be contacted if an outbreak occurs.	Exclusion is not necessary.
Coronavirus	A new, continuous cough and a high temperature are the main symptoms of coronavirus.	Cases will be dealt with in line with the school risk assessments which are in place in each school.	Cases will be required to self-isolate at home for 5 days and avoiding meeting people at higher risk from COVID-19 for 10 days, especially if their immune system means they're at higher risk of serious illness from COVID-19, even if they've had a COVID-19 vaccine.
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 UKHSA will be contacted where two or more cases with similar symptoms are reported. The cause of a food poisoning outbreak	Cases will be excluded until 48 hours have passed since symptoms were present. For some infections, longer exclusion periods may be required. The UKHSA will

Disease	Symptoms	Considerations	Exclusion period
		will always be investigated.	advise in such cases.
Giardia	Symptoms include abdominal pain, bloating, fatigue and pale, loose stools.	Cases will be sent home. The UKHSA 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 UKHSA will be contacted where two or more cases with similar symptoms are reported.	Cases will be excluded until 48 hours have passed since symptoms were present.
Typhoid and paratyphoid fever	Symptoms include tiredness, fever and constipation. The symptoms or paratyphoid fever include fever, diarrhoea and vomiting.	All cases will be immediately reported to the UKHSA.	Cases will be excluded whilst symptomatic and for 48 hours after symptoms have resolved. Environmental health officers or the UKHSA may advise the school to issue a lengthened exclusion period.
E. coli (verocytotoxigenic or VTEC)	Symptoms vary but include diarrhoea, abdominal cramps,	Cases will immediately be sent home and	Cases will be excluded whilst symptomatic and for 48 hours after

Disease	Symptoms	Considerations	Exclusion period
	headaches and bloody diarrhoea.	advised to speak to their GP.	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 UKHSA will be consulted in all cases.
Gastroenteritis	Symptoms include three or more liquid or semi-liquid stools in a 24-hour period.	The UKHSA 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

Disease	Symptoms	Considerations	Exclusion period
			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 UKHSA.	Microbiological clearance is required for some types of shigella. The UKHSA will advise.
Campylobacter	Symptoms include diarrhoea, headache, fever and, in some cases, vomiting.		Cases will be excluded until 48 hours have passed since symptoms were present.
Cryptosporidiosis	Symptoms include abdominal pain, diarrhoea and occasional vomiting.		Cases will be excluded until 48 hours have passed since symptoms were present.
Glandular fever	Symptoms include severe tiredness, aching muscles, sore throat, fever, swollen glands and occasionally jaundice.	The sufferer may feel unwell for several months and the school will provide reasonable adjustments where necessary.	Exclusion is not necessary, and cases can return to school as soon as they feel well.
Hand, foot and mouth disease	Symptoms include a fever, reduced appetite and generally feeling unwell. One or two days later, a rash with blisters will develop on cheeks, hands and feet. Not all cases will have symptoms.		Exclusion is not necessary, and cases can return to school as soon as they feel well.

Disease	Symptoms	Considerations	Exclusion period
Head lice	Other than the detection of live lice or nits, there are no immediate symptoms until two to three weeks after infection, where itching and scratching of the scalp occurs.	Treatment is only necessary when live lice are seen. Staff are not permitted to inspect any pupil's hair for head lice. 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. 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.	Exclusion is not necessary.
Hepatitis A	Symptoms include abdominal pain, loss of appetite, nausea, fever and tiredness, followed by jaundice, dark urine and pale faeces.	The illness in children usually lasts one to two weeks, but can last longer and be more severe in adults.	Cases are excluded while unwell and for seven days after the onset of jaundice (or the onset of symptoms if no jaundice presents), the

Disease	Symptoms	Considerations	Exclusion period
			case is under five years of age or where hygiene is poor. There is no need to exclude older children with good hygiene.
Hepatitis B	Symptoms include general tiredness, nausea, vomiting, loss of appetite, fever and dark urine, and older cases may develop jaundice.	The UKHSA will be contacted where advice is required. 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.	Acute cases will be too ill to attend school and their doctor will advise when they are fit to return. Chronic cases will not be excluded or have their activities restricted. 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.

Disease	Symptoms	Considerations	Exclusion period
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.
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	Cases are excluded for four days after the onset of a rash.

Disease	Symptoms	Considerations	Exclusion period
		encouraged to contact their GP immediately for advice if they come into contact with measles.	
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 UKHSA and school health advisor will be notified of a case of meningococcal disease in the school. The UKHSA will conduct a risk assessment and organise antibiotics for household and close contacts. The UKHSA will be notified if two cases of meningococcal disease occur in	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.

Disease	Symptoms	Considerations	Exclusion period
		the school within four weeks.	
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 UKHSA 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.
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,	Cases will be sent home if unwell and	Cases will be excluded until 48 hours have passed

Disease	Symptoms	Considerations	Exclusion period
	vomiting, dehydration and mild fever.	encouraged to speak to their GP.	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	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	Cases are excluded for 24 hours following appropriate antibiotic treatment.

Disease	Symptoms	Considerations	Exclusion period
	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.	UKHSA will be contacted.	
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 UKHSA 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

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

Infection Absence Periods

This table details the minimum required period for staff and pupils to stay away from school following an infection, as recommended by Public Health England.
*Identifies a notifiable disease. It is a statutory requirement that doctors report these diseases to their local Public Health England centre.

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

Infection	Recommended minimum period to stay away from school	Comments
Hand foot and mouth	None	Contact the UKHSA 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 UKHSA 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 UKHSA will advise on any action needed.
Meningitis* due to other bacteria	Until recovered	Hib and pneumococcal meningitis are preventable by vaccination. The UKHSA 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 UKHSA should be consulted.
Mumps*	Five days after onset of swelling	Preventable by vaccination with two doses of MMR.

Infection	Recommended minimum period to stay away from school	Comments
Ringworm	Exclusion is not usually required	Treatment is required.
Rubella (German measles)	Four days from onset of rash	Preventable by two doses of immunisation (MMR). Follow procedures for pregnant staff.
Scarlet fever	24 hours after commencing antibiotic treatment	Antibiotic treatment is recommended, as a person is infectious for two to three weeks if antibiotics are not administered. If two or more cases occur, the UKHSA 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 UKHSA 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	Preventable by vaccination. Non-infectious coughing can continue for many weeks after treatment. The UKHSA will organise any necessary contact tracing.

Infection	Recommended minimum period to stay away from school	Comments
	antibiotic treatment is given	

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 (UKHSA) 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 UKHSA is informed of any planned events at the school.			
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 (UKHSA):

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