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Local Authority Code: 895
Establishment Number: 3821

Local Authority Code: 895
Establishment Number: 3810

School Principal: Mr C Adlington

Federation Headteacher: Mrs A J Booth

School Principal: Mrs J Nurse

Federation Infection Control Policy

Important coronavirus (COVID-19) update

This policy has been updated in line with the current guidance from the UK government. We have included an amendment to the policy in [Appendix A](#) which provides detailed infection control considerations for the current circumstances. Please have due regard for the stipulations within this amendment in 2020/2021.

The DfE coronavirus helpline is: 0800 046 8687 Monday to Friday from 8:00am to 6:00pm and weekends 10:00am to 4:00pm. You can also email the helpline on DfE.coronavirushelpline@education.gov.uk.

Reviewed: January 2023

Signed: Mrs J Sercombe (Chair of Governing Board)

Mrs AJ Booth (Federation Headteacher)

Mrs J Nurse (School Principal GPNS)

Mr C Adlington (School Principal CPS)

Next Review Date: January 2025

Contents:

Statement of intent

1. Legal framework

Preventative measures

2. Ensuring a clean environment
3. Pupil immunisation
4. Staff immunisation
5. Contact with pets and animals
6. Water-based activities

In the event of infection

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

Appendices

- a) **[Updated]** Infection Control During the Coronavirus (COVID-19) Pandemic

Statement of intent

1. Legal framework
 2. Infection control measures
 3. Preventing the further spread of infection
 4. Testing
 5. Local lockdowns
 6. Communication with parents
 7. Pupils with SEND
 8. Monitoring and review
- b) Managing Specific Infectious Diseases
 - c) Infection Absence Periods
 - d) Diarrhoea and Vomiting Outbreak Action Checklist
 - e) List of Notifiable Diseases

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' 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
- Routine immunisations
- Taking appropriate action when infection occurs

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

1. Legal framework

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

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

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

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

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**
- **Animals in School Policy**
- **Therapy Dog Policy**
- **First Aid Policy**
- **Sharps Policy**
- **Head Lice Policy**
- **Visit to the Zoo Risk Assessment**
- **Farm Visit Risk Assessment**
- **Swimming Risk Assessment**

Preventative Measures

2. Ensuring a clean environment

Sanitary facilities

- 2.1. Wall-mounted soap dispensers are used in all toilets – bar soap is never used.
- 2.2. A hands-free 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.

Nappy changing areas

- 2.5. There is a designated changing area that is separate from play facilities and food and drink areas.
- 2.6. Skin is cleaned with disposable wipes, and nappy creams and lotions are labelled with the relevant pupil's name.
- 2.7. 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.
- 2.8. 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.
- 2.9. Handwashing facilities are available in the room and soiled nappies are disposed of inside a wrapped plastic bag.

Continence aid facilities

- 2.10. 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

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

- 2.13. A cleaning contractor is employed to carry out rigorous cleaning of the premises when needed. Cleaning equipment is maintained to a high standard and is colour coded according to area of use. The site manager is responsible for monitoring cleaning standards and discussing any issues that may arise with the contractor.

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.

- 2.14. A schedule is in place to ensure that toys and equipment are cleaned on a **regular** basis. Toys that are “soft”, e.g. modelling clay and ‘Play-doh’, are discarded whenever they look dirty.
- 2.15. 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 **regular** basis.
- 2.16. 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

- 2.17. All staff and pupils are advised to wash their hands regularly, but especially after using the toilet, before eating or handling food, and after touching animals.
- 2.18. 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.

Managing cuts, bites, and other bodily fluid spills

- 2.19. Standard precautions will be taken when dealing with any cuts and abrasions. Cuts and abrasions will be cleaned under running water or using a disposable container with water and wipes. The wound will be carefully dabbed dry then covered with a waterproof dressing or plaster. The dressing will be changed as often as is necessary. Staff will wear disposable gloves when in contact with any accident or injury, e.g. washing grazes, or dressing wounds.
- 2.20. When coughing or sneezing, all staff and pupils are encouraged to cover their nose and mouth with a disposable tissue, to dispose of the tissue after use, and to wash their hands afterwards.
- 2.21. 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 (*Conformité Européene*) marked. If there is a risk of splashing to the face, a face visor is 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. The school spillage kit is stored in the site manager’s office.

Bites

- 2.23. 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.

Hypodermic needles (sharps)

- 2.24. Injuries incurred through sharps found on school grounds will be treated in line with the school's **Sharps 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. Each pupil's immunisation status is checked upon school entry.
- 3.3. Whilst the school encourages parents to have their children immunised, parental consent will always be sought before a vaccination is given.
- 3.4. The school will ensure that any pupils with existing medical conditions are medically cleared to be given the vaccine in question.
- 3.5. 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.
- 3.6. A risk assessment will be conducted before any vaccinations take place.
- 3.7. Before starting school, pupils should be given their second injection of the MMR vaccine, usually at 3 years and 4 months.
- 3.8. 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.
- 3.9. All pupils in Reception to Year 6 will be offered nasal flu vaccinations annually.
- 3.10. Any pupils who become unwell after receiving a vaccination will be treated by the healthcare team who administered the vaccine.
- 3.11. The school will permit time off for pupils to receive immunisations, where necessary.
- 3.12. Any side effects from the vaccinations, e.g. becoming unwell, will be reported to the healthcare team who administered the vaccination, allowing them to record the symptoms and the time that the vaccine was administered.
- 3.13. Any medication required to relieve the side effects of a vaccination, e.g. painkillers, will be administered in accordance with the school's Administering Medication Policy.
- 3.14. Regular communication is maintained after pupils return to lessons, as some side effects can take several hours to develop.
- 3.15. Members of staff will be with pupils before, during and after vaccinations, in order to keep the pupils relaxed and create a calming atmosphere.
- 3.16. The school will ensure that the venue used is a clean, open, well-ventilated room, where pupils can access water and fresh air.
- 3.17. Needles are kept away from pupils before and after the vaccine is administered.

- 3.18. Some vaccinations may involve an exclusion period in which pupils are not required to attend school. The administering healthcare team will provide advice in such cases.

4. Staff immunisation

- 4.1. All staff will undergo a full occupational health check 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, the school will undertake an occupational health risk assessment and pay for the vaccine if it is required.
 - **Rubella:** Female staff of childbearing age will be encouraged to check with their GP that they are up to date with their two doses of the MMR vaccine. If they are not, the school will encourage them to be immunised, except during pregnancy.
 - Where necessary, staff will be permitted time off to receive any advised immunisations.

5. Contact with pets and animals

- 5.1. There are not currently any school pets in classrooms.
- 5.2. Animals in school are only permitted in the following areas: classrooms and the main hall.
- 5.3. The Principal or Federation headteacher ensures that a knowledgeable person is responsible for any animals in school.
- 5.4. Visits to farms are strictly controlled by the policies and protocols contained in our Farm Visit Risk Assessment.
- 5.5. Visits to zoos are strictly controlled by use of our Visit to the Zoo Risk Assessment.

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 preceding the lesson will not be permitted to attend public swimming pools until two weeks after the end of symptoms.

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 immediately wash or shower.

If a member of staff or a pupil becomes ill within three to four weeks of an activity taking place, we encourage them to seek medical advice and inform their GP of their participation in these activities.

In the Event of Infection

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 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, e.g. chemotherapy, that has a similar effect.
- 8.2. The school nurse 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, where their temperature will be taken and the pupil’s parents will be informed of the situation.
- 9.3. A member of staff trained in first aid 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.

Contaminated clothing

- 9.8. If the clothing of the first-aider or a pupil becomes contaminated, the clothing is removed as soon as possible and placed in a plastic bag. The pupil's clothing is sent home with the pupil, and parents are advised of the best way to launder the clothing.
- 9.9. Contaminated clothing will be washed separately in a washing machine, using a pre-wash cycle on the hottest temperature that the clothes will tolerate.

10.Exclusion

- 10.1. Pupils suffering from infectious diseases will be excluded from school on medical grounds for the [minimum recommended period](#).
- 10.2. Pupils can be formally excluded on medical grounds by the federation headteacher or Principal.
- 10.3. If parents insist on their child returning to school when the child still poses a risk to others, the LA 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.
- 10.4. 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 team (HPT) 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. All medicine provided 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. As soon as an outbreak is suspected (even if it cannot be confirmed), the headteacher will promptly contact the 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, e.g. staff immunisation. As soon as an outbreak is suspected (even if it cannot be confirmed), the school principal will contact the HPT to discuss the situation and agree if any actions are needed.
- 12.3. The school principal 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
- 12.4. If the school principal is unsure whether suspected cases of infectious diseases constitute an outbreak, they will contact the HPT.
- 12.5. The HPT will provide the school with draft letters and factsheets to distribute to parents.
- 12.6. 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.
- 12.7. If a member of staff suspects the presence of an infectious disease in the school, they will contact the school principal for further advice.
- 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.
- 12.9. Parents/carers of a pupil returning to the school following an infectious disease will be asked to contact the school principal.
- 12.10. 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 PHE centre.
- 12.11. During an outbreak, enhanced cleaning protocols will be undertaken, following advice provided by the local HPT. The site manager will liaise with the cleaning contractor and/or school cleaning staff to ensure these take place.

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 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

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.

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.
- 16.2. The school principal will review this policy every two years and will make any changes necessary, taking into account the current effectiveness of infection control and prevention.
- 16.3. The next scheduled review date is January **2025**

Infection Control During the Coronavirus (COVID-19) Pandemic

Statement of intent

We understand that we face a time of great uncertainty and, as a school, we are doing all we can to provide clarity and safety for the school community. This appendix includes provisions which the school will have due regard for during the coronavirus (COVID-19) pandemic. The information in this section is under constant review and is updated to reflect changes to government guidance as it is released. This policy will be implemented alongside our **Coronavirus (COVID-19): Risk Assessment** and other relevant policies.

1. Legal framework

1.1. This policy has due regard to all relevant legislation and statutory guidance including, but not limited to, the following:

- DfE (2020) 'Actions for early years and childcare providers during the coronavirus outbreak'
- DfE (2020) 'Guidance for full opening: schools'
- DfE (2020) 'Safe working in education, childcare, and children's social care settings, including the use of personal protective equipment (PPE)'
- PHE (2020) 'COVID-19: cleaning in non-healthcare settings outside the home'
- DfE (2020) 'Coronavirus (COVID-19): test kits for schools and FE providers'

1.2. This policy operates in accordance with the following school policies:

- Bereavement Policy
- Staff Leave of Absence Policy
- Social Distancing Policy
- Behavioural Policy
- Coronavirus (COVID-19): Risk Assessment for Schools

2. Infection control measures

2.1. The school will conduct a risk assessment to identify sites where infection control may be more challenging, with particular regard to the needs of clinically extremely vulnerable individuals.

2.2. The school will ensure strict infection control measures can be put in place to protect clinically extremely vulnerable individuals.

2.3. The school will adhere to the government's social distancing guidelines as much as is possible, in line with the school's **Social Distancing Policy**.

2.4. All staff and pupils will be:

- Told to frequently wash their hands with soap and hot water for at least 20 seconds or use an alcohol-based sanitiser.

- Encouraged not to touch their faces.
 - Told to use a tissue or their elbow to catch coughs and sneezes, and to use bins for tissue waste.
- 2.5. Pupils who have difficulty washing their hands will be supported by a member of staff, with social distancing in place where possible.
 - 2.6. The school will promote good respiratory hygiene practices, e.g. the 'catch it, bin it, kill it' approach, throughout the school.
 - 2.7. Disposable tissues and lidded bins will be available in every classroom. If the classroom does not have a sink with hot water and soap, the school will endeavour to make hand sanitiser available.
 - 2.8. Handwashing and sanitiser stations will be available across the school.
 - 2.9. Staff will ensure thorough handwashing before and after supporting children who need help with nappy changing, going to the toilet or eating.
 - 2.10. Staff will wear face coverings in communal areas of the school, e.g. corridors, where the ability to remain two metres from others cannot be guaranteed.
 - 2.11. The school will be sensitive and accommodating towards the needs of individuals who are exempt from wearing face coverings, including those who cannot put on or wear a face covering because of a physical or mental illness, impairment or disability, and those who rely on lip-reading, clear sound or facial expressions to communicate.
 - 2.12. Sharing food, drink, utensils and equipment will be avoided as much as possible. Frequently touched surfaces will be cleaned and disinfected more often than usual.
 - 2.13. Classroom-based resources, e.g. books and games, will be used and shared within bubbles and cleaned regularly or 'quarantined' for 72 hours; however, individual and very frequently used equipment, such as pencils or pens, will not be shared.
 - 2.14. Soft furnishings and toys, and toys with intricate parts that make sanitising more difficult, will be removed where possible.
 - 2.15. The frequency of cleaning will increase, particularly for outdoor playground equipment and surfaces in classrooms, within toilet blocks and in changing rooms, in accordance with PHE's 'COVID-19: cleaning of non-healthcare settings outside the home' guidance and the school's **Cleaning Policy**.
 - 2.16. Equipment and furniture, including tables, chairs, door handles, light switches and bannisters, will be cleaned and disinfected regularly.

3. Preventing the further spread of infection

- 3.1. Staff, pupils, parents, and visitors will be told not to enter the premises if they are displaying symptoms of coronavirus.
- 3.2. Anyone who is showing symptoms of coronavirus or has tested positive within the last 10 days will be told to self-isolate at home for 10 days from the day where their symptoms first began. If the individual has not had symptoms, but tests positive for coronavirus, they will be told to self-isolate for 10 days from the day they had the test. If they subsequently develop symptoms after having a test, they will be told to self-isolate for 10 days from the day their symptoms began. Anyone displaying

symptoms will be encouraged to get tested if they have not done so already. Further actions to take following testing are outlined in section 4 of this appendix.

- 3.3. Anyone who lives with someone with a confirmed case of coronavirus, or coronavirus symptoms, will be told to self-isolate for 14 days from the day the ill individual developed symptoms or had a test. If they subsequently develop symptoms, they will be told to follow the procedure in 3.2.
- 3.4. Anyone contacted by NHS Test and Trace will self-isolate for the specified amount of time – if an individual is identified as a close contact of an infected person, this is likely to be 14 days.
- 3.5. If anyone becomes unwell with the symptoms of coronavirus, they will be sent home and advised to follow PHE's 'Stay at home: guidance for households with possible or confirmed coronavirus (COVID-19) infection'.
- 3.6. If a pupil is awaiting collection, they will be moved to a room where they can be isolated behind a closed door, depending on their age and needs, and receive adult supervision if required. Where possible, a window will be opened for ventilation. Supervising staff should wear PPE.
- 3.7. Where isolation is not possible, the pupil will be moved to an area which is at least two metres from anyone else.
- 3.8. If the pupil needs to use the toilet whilst waiting to go home, they will be required to use a separate bathroom, where possible. This bathroom will be cleaned and disinfected using standard cleaning products before anyone else uses it.
- 3.9. Staff helping someone who is unwell with coronavirus symptoms should wear PPE. If a member of staff has helped someone who is unwell with coronavirus symptoms, they will not be sent home unless they develop symptoms themselves, the symptomatic person subsequently tests positive, or they have been required to do so by NHS Test and Trace.
- 3.10. Staff will wear PPE, including gloves, a face mask, and an apron, if direct personal care or close contact with an unwell pupil is necessary, and if a two-metre distance apart cannot be maintained. If deemed necessary, eye protection will also be worn.
- 3.11. After removing their PPE, staff will wash their hands thoroughly for at least 20 seconds following any contact with someone who is unwell.
- 3.12. All used PPE will be **placed in the yellow bag provided**, placed in a second plastic bag and be disposed of as normal domestic waste unless the wearer has symptoms of coronavirus.
- 3.13. When cleaning an area where a person with possible or confirmed coronavirus has been, staff will use disposable gloves and an apron. Staff will wash their hands with soap and water for at least 20 seconds after all PPE has been removed.
- 3.14. If there is visible contamination to an area, e.g. with bodily fluids, cleaning staff will use additional PPE to protect their eyes, mouth and nose.
- 3.15. Areas where a symptomatic individual has passed through and spent minimal time, e.g. corridors, but which are not visibly contaminated with bodily fluids, will be cleaned thoroughly with normal cleaning products.

- 3.16. All surfaces that a symptomatic person has come into contact with will be cleaned and disinfected, including objects which are visibly contaminated and those which are potentially contaminated, e.g. door handles.
- 3.17. Disposable cloths or paper rolls and disposable mop heads will be used to clean all hard surfaces, floors, chairs, door handles and sanitary fittings, using one of the following options:
- A combined detergent disinfectant solution at a dilution of 1,000 parts per million available chlorine (1000 ppm av.cl)
 - A household detergent followed by disinfection (1000 ppm av.cl), following the manufacturer's instructions for dilution, application and contact times
 - An alternative disinfectant which is checked to ensure it is effective against enveloped viruses
- 3.18. Cleaning staff will be asked to:
- Avoid creating splashes and spray when cleaning.
 - Dispose of any cloths and mop heads used by putting them into waste bags.
 - Steam clean items that cannot be cleaned using detergents, e.g. upholstered furniture.
 - Dispose of items that are heavily contaminated with body fluids and cannot be cleaned by washing.
 - Ensure that bins are emptied throughout the day.
- 3.19. Used PPE and waste from possible cases and the cleaning of potentially infected areas will be put into a plastic rubbish bag which will be tied when full. The plastic bag will then be placed into a second tied bin bag, put in a suitable and secure place, and stored for 72 hours or more to reduce the risk to waste disposal workers.

4. Testing

- 4.1. To meet our duty to engage with the NHS Test and Trace process, the school will ensure that staff members and parents understand that they must be ready and willing to:
- Book a test if they, or their child, are displaying symptoms of coronavirus.
 - If they, or their child, were to test positive or contacted by NHS Test and Trace, provide details of anyone they have been in close contact with.
 - Self-isolate if they have been in close contact with someone who develops symptoms of, or tests positive for, coronavirus.
- 4.2. The school has been provided with a supply of coronavirus home-testing kits which will be distributed to parents of symptomatic pupils and staff members in exceptional circumstances, e.g. if there is reason to believe that they will face barriers to obtaining a test through the usual routes.
- 4.3. The school will not provide tests for asymptomatic pupils or staff, nor will testing take place on-site. Any home-testing kits for pupils will be given directly to their parent to take home; parents will be made aware that they will be responsible for administering the test at home if their child is under the age of 11.

- 4.4. Where a symptomatic staff member is self-isolating and cannot access testing quickly, the school will consider, on a case-by-case basis, offering home-testing kits to the staff member to ensure they can return to work as quickly as possible. This approach will not be used for pupils.
- 4.5. Parents and staff will be asked to inform the school immediately of any test results. If their test is negative, the staff member or pupil can return to school after self-isolation. If their test is positive, the staff member or pupil will stay in self-isolation and be allowed to return to school only once they do not have symptoms other than a cough, or loss of or change in their sense of smell or taste.
- 4.6. If a staff member or pupil is confirmed to have coronavirus, we will contact the dedicated PHE/NHS advice service through the DfE helpline as soon as possible. We will work with the team of advisors to understand the action we need to take – this may involve receiving help and advice from PHE’s local health protection team (HPT), if escalated. Parents will be informed of any plans in writing.
- 4.7. We will report all confirmed cases of coronavirus through the DfE’s online attendance form daily return, and inform the LA.
- 4.8. If multiple coronavirus cases are confirmed within the school, PHE will conduct an investigation and advise the appropriate action, which may include a wider group being asked to self-isolate, e.g. a whole year group.
- 4.9. To prepare for the possibility of multiple cases, we will keep a record of all pupils and staff members in each bubble, and any close contact that takes place between pupils and staff within and between bubbles.

5. Local lockdowns

- 5.1. The school will adhere to the government’s local lockdown guidance

6. Communication with parents

- 6.1. The school will inform parents about the measures being taken and request they provide support with implementation, e.g. by encouraging measures to continue at home.

7. Pupils with SEND

- 7.1. The school will work with the LA and parents to decide how best to continue supporting pupils with EHC plans whilst ensuring they stay healthy and safe.
- 7.2. Some pupils with SEND or complex needs may be unable to follow infection control guidelines. In these circumstances, staff will increase their level of self-protection by minimising close contact (where appropriate), cleaning frequently touched surfaces, and carrying out more frequent handwashing.

8. Monitoring and review

- 8.1. The **Principal** is responsible for continually monitoring local advice and updating this appendix in line with any changes to government guidance.

Any changes to this appendix 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 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.
Coronavirus (Covid-19)	A new, continuous cough, a high temperature and a loss of, or change in, sense of smell or taste are the main symptoms of coronavirus	Cases will be sent home and advised to self-isolate for 5 days, and encouraged to get a coronavirus test. The DfE helpline and, in some cases, the local HPT will be contacted if an outbreak occurs.	Cases will be required to self-isolate at home for 5 days.
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.
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, reduced appetite and generally feeling unwell. One or two days later, a		Exclusion is not necessary, and cases can return to school as soon as they feel well.

	rash with blisters will develop on cheeks, hands and feet. Not all cases will have symptoms.		
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 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 HPT 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.
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 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.
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. 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.
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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 PHE.

*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.
Coronavirus (Covid-19)	Until fully recovered and no other member of the same household is presenting symptoms (5 days if living alone, 5 days if living with others)	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.
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.
Meningitis* due to other bacteria	Until recovered	Hib and pneumococcal meningitis are preventable by vaccination. The HPT will advise on any action needed.
Meningitis viral*	None	As this is a milder form of meningitis, there is no reason to exclude those who have been in close contact with infected persons.
MRSA	None	Good hygiene, in particular environmental cleaning and handwashing, is important to minimise the spread. The local HPT should be consulted.
Mumps*	Five days after onset of swelling	Preventable by vaccination with two doses of MMR.
Ringworm	Exclusion is not usually required	Treatment is required.
Rubella (German measles)	Four days from onset of rash	Preventable by two doses of immunisation (MMR). Follow procedures for pregnant staff.
Scarlet fever	24 hours after commencing antibiotic treatment	Antibiotic treatment is recommended, as a person is infectious for two to three weeks if antibiotics are not administered. If two or more cases occur, the HPT should be contacted.
Scabies	Can return to school after first treatment	The infected person's household and those who have been in close contact will also require treatment.
Slapped cheek/Fifth disease/Parvo Virus B19	None (once rash has developed)	Follow procedures for vulnerable children and pregnant staff.
Threadworms	None	Treatment recommended for the infected person and household contacts.
Tonsillitis	None	There are many causes, but most causes are virus-based and do not require antibiotics.
Tuberculosis (TB)	Pupils with infectious TB can return to school after two weeks of treatment if well enough to do so, 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

Diarrhoea and Vomiting Outbreak Action Checklist

DATE:	
COMPLETED BY:	

ACTION	ACTION TAKEN?		COMMENTS
	YES	NO	
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 Principal 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
- Coronavirus COVID-19
- Diphtheria
- Enteric fever (typhoid or paratyphoid fever)
- Food poisoning
- Haemolytic uraemic syndrome (HUS)
- Infectious bloody diarrhoea
- Invasive group A streptococcal disease and scarlet fever
- Legionnaires' disease
- Leprosy
- Malaria
- Measles
- Meningococcal septicaemia
- Mumps
- Plague
- Rabies
- Rubella
- SARS
- Smallpox
- Tetanus
- Tuberculosis
- Typhus
- Viral haemorrhagic fever (VHF)
- Whooping cough
- Yellow fever