WyreForestSchool

Communication Specialist

Infection Control Policy

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Signature:			

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POLICY STATEMENT OF INTENT

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.

PUBLICATION

All staff are made aware of this policy. It is also available online on the school website. Parents may request a hard copy from the school or review the policy on the school website.

Introduction

Infections can easily spread in a school due to:

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

Infections commonly spread in the following ways:

- **Respiratory spread –** contact with coughs or other secretions from an infected person.
- **Direct contact spread –** direct contact with the infecting organism, e.g., skin-on-skin contact during sports.
- **Gastrointestinal spread –** contact with contaminated food or water, or contact with infected faeces or unwashed hands.
- **Blood borne virus spread –** contact with infected blood or bodily fluids, e.g., via bites or used needles.
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Transmission of coronavirus mainly occurs via respiratory droplets generated during breathing, talking, coughing and sneezing. These droplets can directly infect the respiratory tracts of other people if there is close contact. They also infect others indirectly. This happens when the droplets get onto and contaminate surfaces which are then touched and introduced into the mouth or eyes of an uninfected person. Another route of transmission is via aerosols (extremely small droplets) but this is only relevant to medical procedures for a very small number of children in education and social care settings.

In all education, childcare and children's social care settings, preventing the spread of coronavirus involves preventing:

- Direct transmission, for instance, when in close contact with those sneezing and coughing
- Indirect transmission, for instance, touching contaminated surfaces

Infection in Education and Childcare settings

Infections in children are common. This is because a child's immune system is not fully developed. Added to this, young children often have close contact with their friends, for example through play, and may lack good hygiene habits, making it easier for infections to be passed on.

Many diseases can spread before the individual shows any symptoms at all (during the infectious period)

At Wyre Forest School all pupils have special educational needs and disabilities, as well as a significant proportion of our learners that have medical and health conditions that impact on their immunity.

Infection prevention and control measures aim to interrupt the cycle of infection by promoting the routine use of good standards of hygiene so that transmission of infection is reduced overall.

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 and prompt action 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 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 2021

1.2. This policy has due regard to guidance including, but not limited to, the following

- Public Health England (2024) 'Health protection in children and young people settings, including education'
- DfE (2015) 'Supporting pupils at school with medical conditions'
- Department for Education guidance COVID-19 infection prevention and control
- Outbreak preparedness information for West Midlands Education and Childcare settings (Reviewed 2024)
- Diarrhoea and Vomiting (D&V) outbreak pack for education and childcare settings (2024)

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

- Health & Safety Policy
- Physical Contact and Intimate Care Policy
- Supporting Pupils with Medical Needs Policy
- First Aid Policy
- Risk Assessment Policy

Preventative measures

A range of approaches and actions should be employed. These can be seen as a hierarchy of controls that, when implemented, creates an inherently safer system where the risk of transmission of infection is substantially reduced. These include:

- Minimise contact with individuals who are unwell
- Clean your hands often
- Respiratory hygiene (catch it, bin it, kill it)
- Clean surfaces that are touched frequently
- Minimise contact and mixing
- Personal protective equipment (PPE)
- Social distancing measures implemented when required
- Soft furnishings, soft toys and toys that are hard to clean have been removed
- The use of shared resources has been reduced
- Air flow and ventilation is increased by opening windows and children spend more time outdoors

2. **Ensuring a clean environment in toilet and BMA areas**

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

2.2. Wastepaper bins are 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. There are designated changing areas/BMA's that are separate from play facilities, food and drink areas and learning areas

2.6. Skin is cleaned with disposable wipes, and nappy creams and lotions are labelled with the relevant pupil's name. Parent/Carers agree and sign an intimate care plan if a pupil receives personal care from WFS staff, and permission slips are signed if cream is required

2.7. Changing mats are wiped with antibacterial spray after each use. If a mat is visibly soiled, it is cleaned thoroughly with hot soapy water. Mats are checked regularly for tears and damage, and replaced if necessary.

2.8. Different mops are used in toileting areas, and propped upside to ensure cleanliness at all times.

2.9. Handwashing facilities are available in the room and soiled nappies are disposed of inside a nappy sack which is placed in a nappy bin.

Laundry

2.10. All laundry is washed in separate dedicated facilities, in The Orchard, The Main School Building, Sixth Form Area and at Russell House

2.11. 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

2.12. A cleaning contractor, Clearview, 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 WFS Business Manager is responsible for monitoring cleaning standards and discussing any issues that may arise with the contractor.

Toys and equipment

2.13. Schedules in place to ensure that toys and equipment are regularly cleaned. Toys that are "soft", such as modelling clay and 'Play–doh', are discarded whenever they look dirty.

2.14. Sandpits are covered when not in use and the sand is changed on a regular basis: half termly for indoor sandpits and, for outdoor sandpits, as soon as the sand becomes discoloured or malodorous. Sand is sieved or raked on a weekly basis.

2.15. 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.

2.16 Tuff trays should be emptied and cleaned thoroughly, at a minimum, on a daily basis

Handwashing

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

Blood and other bodily fluids

2.18. Cuts and abrasions are covered with waterproof dressings.

2.19. When coughing or sneezing, all staff and pupils are encouraged to cover their nose and mouth with their arm and to wash their hands afterwards. Pupils at WFS are taught to "Cough like Batman"

2.20. 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.

2.21. Spillages of blood, faeces, saliva, vomit, nasal and eye discharges are cleaned up immediately. They are cleaned using a mixture of detergent and disinfectant. Staff should wear PPE, and they are disposed of after use in the yellow bins stored in the First Aid Room. The school spillage kit is stored in the school office and the first Aid Room

Bites

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

2.23. If a bite breaks the skin, the affected area is cleaned with running water, the incident is recorded on a pupil accident/injury report and a bite letter is sent to the parent/carer, which includes guidance on medical intervention.

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. Parental/carer consent will always be sought before a vaccination is given.

3.3. The school nurses/ health team 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 parents/carers if there are any concerns.

3.5. Before starting school, pupils are offered their second injection of the MMR vaccine, usually at 3 years and 4 months.

3.6. Before starting school, pupils are offered their 4-in-1 pre-school booster against diphtheria, tetanus, whooping cough and polio, usually at 3 years and 4 months.

3.7. All pupils in Reception to Year 6 will be offered nasal flu vaccinations annually.

3.8. 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.

3.9. Any medication required to relieve the side effects of a vaccination, such as painkillers, will be administered in accordance with the school's Medical Conditions Policy.

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

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

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

4. Staff immunisation

4.1 All staff are offered an annual flu vaccination

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5. Contact with pets and animals

5.1. Animals in schools are strictly controlled. (See Policy Pets and Dogs in School)

5.2. Risk assessments are carried out in relation to visits to venues with animals and visits to the school involving animals and the policies and protocols contained therein are strictly adhered to.

In the event of infection

6. *Preventing the spread of infection*

6.1. Parents/carers should 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 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

7. *Vulnerable pupils*

7.1. 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 or medical condition that compromises their immune system or be undergoing treatment, such as chemotherapy, that has a similar effect.

7.2. Parents/Carers are responsible for informing the school and special school nurse team about their child's medical conditions

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

8. *Procedures for unwell pupils/staff*

8.1. 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 , vomiting, diarrhoea

8.2 Where a staff member identifies a pupil as unwell, the first aider is notified, and the pupil's parents/carers will be informed of the situation if necessary. Emergency Medical help will be sought from the Special school Nursing team and/or emergency response.
SLT will be informed.

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

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

8.5 If a staff member is suffering from vomiting and diarrhoea, they will be sent home and may return at their discretion, once the D&V symptoms have passed.

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

9. *Exclusion*

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

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

9..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/carers to require them to keep the child away from school until the child no longer poses a risk of infection.

9.4. 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.

10. Outbreaks of infectious diseases

10..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.

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

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

10.4 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

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

The HPT will provide the school with draft letters and factsheets to distribute to parents.

10.6 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.

10.7 If a member of staff suspects the presence of an infectious disease in the school, they will contact the special school nurse for further advice.

10.7 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.

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

11. Pregnant staff members

11.1. 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.

11.2. **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 to speak to her midwife or GP as soon as possible.

11.3. **Measles:** If a pregnant staff member is exposed to measles, she will inform her midwife immediately.

11.4. **Rubella (German measles):** If a pregnant staff member is exposed to rubella, she will inform her midwife immediately.

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

12. Staff handling food

12.1. 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

13. Managing specific infectious diseases

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

Appendix 1 - Managing Specific Infectious Diseases

Disease	Symptoms	Considerations	Exclusion Period
Athlete's Foot	Scaling or cracking of the skin, particularly between the toes, or blisters	Visit Pharmacy or GP for advice and treatment	Not required

	containing fluid. The infection may be itchy.		
Chicken Pox	Chickenpox has a sudden onset with fever, runny nose, cough and a generalised rash. The spotty rash starts with fluid filled blisters which then scab over and eventually drop off. Some people have only a few spots, but other people can have spots that cover their entire body. In most people, the blisters crust up and fall off naturally within one to 2 weeks.	People with chickenpox are generally infectious from 2 days before the rash appears and until all blisters have crusted over (usually 5 to 6 days after the start of the rash).	Do not allow the individual to return to the setting until all the blisters have dried and crusted over
Cold Sores	The first signs are tingling, burning or itching in the area where the sore is going to appear. This phase may last for as little as 24 hours. There is reddening and swelling of the infected area resulting in fluid filled blisters which are usually clumped together in patches. Cold sores can be painful, and the blisters may form ulcers. They then dry up and crust over.	The virus is spread by direct contact. People are at risk of getting a cold sore if they come in contact with the fluid of a cold sore or the saliva of someone who has the virus.	Not required
Conjunctivitis	The eye(s) become(s) reddened and swollen and there may be a sticky or watery discharge. Eyes usually feel sore or itchy and 'gritty'. Topical ointments or eye drops can be obtained from a pharmacy to treat the infection.	Conjunctivitis is spread by contact with discharge from the eye such as when an affected person rubs their eyes with their hands, or a towel then handles another person's face or towel. Prompt treatment and good hand hygiene helps to prevent spread	Not required
Cryptosporidiosis	Symptoms include abdominal pain, diarrhoea and occasionally vomiting. The incubation period is between 7 to 10 days but can sometimes be as long as 28 days. Shedding of the parasite by infected people begins when the symptoms begin and can last for weeks after the symptoms stop.	Cryptosporidiosis is spread from those with the infection to others when the parasite enters the gut by the mouth for example when contaminated hands or objects are put in the mouth or after eating or drinking contaminated food or drinks. It can also be spread by direct contact with farm animals particularly cattle and sheep. Spread by contaminated or untreated water and milk has also been reported.	Exclude the infected individual until 48 hours after symptoms have stopped and they are well enough to return Contact your UKHSA HPT if there are 2 or more cases with cryptosporidium. Your UKHSA HPT or the local authority environmental health officer (EHO) will advise you if any actions need to be taken.

		Cryptosporidum's high tolerance to chlorine enables it to survive for long periods of time in chlorinated drinking and swimming pool water. This means people swallowing contaminated water could get infected.	
Diarrhoea and vomiting (gastroenteritis)	People affected by infectious gastrointestinal diseases may have diarrhoea and/or vomiting. Diarrhoea is defined as 3 or more liquid or semi-liquid stools (type 6 or 7) within a 24-hour period in adults and older children or any change in bowel pattern in young children. The incubation period (the delay between infection and the appearance of symptoms) will vary depending on the cause of the infection.	All cases of gastroenteritis should be regarded as potentially infectious unless there is good evidence to suggest otherwise.	Exclude the infected individual until 48 hours after symptoms have stopped and they are well enough to return. If medication is prescribed, ensure that the full course is completed and there is no further diarrhoea and/or vomiting for 48 hours after the course is completed. Contact your UKHSA HPT if there are a higher than previously experienced and/or rapidly increasing number of absences due to diarrhoea and vomiting. For some gastrointestinal infections, longer periods of exclusion are required. For these groups, your UKHSA HPT, or the local authority Environmental Health Officer (EHO) will advise you if any action is required.
E. coli STE	Symptoms vary depending on the severity of the infection but include diarrhoea (which might be bloody), abdominal pain, and sometimes vomiting and fever. The incubation period is 1 to 10 days and cases are infectious as long as bacteria are present in the faeces. Symptoms usually resolve within 5 to 7 days but on rare occasions infection can cause serious complications such as kidney failure.	Person-to-person spread is by direct contact with someone who has the infection particularly within families and childcare settings. Outbreaks and sporadic cases have also been linked with handling animals. Therefore, adults should supervise children and young people while washing their hands during visits to petting zoos and farm centres	Exclude individual until 48 hours after diarrhoea and or vomiting symptoms have stopped, and they are well enough to return. For some groups (for example pre-school infants, food handlers, and care staff working with vulnerable people), longer periods of exclusion may be required. This could include people who have tested positive but do not have symptoms. The UKHSA HPT will advise you if any action is required.
Food Poisoning	People affected by infectious gastrointestinal diseases may experience diarrhoea and vomiting. Diarrhoea is defined as 3 or more liquid or semi-liquid stools (type 6 or 7) within a 24-hour period in	Gastrointestinal infections can be caused by a variety of bacteria, viruses or parasites; the most commonly reported bacterial infections are salmonella and campylobacter, usually associated with food poisoning. However, as a general	Exclude the infected individual until 48 hours after diarrhoea and vomiting symptoms have stopped, and they are well enough to return. For some gastrointestinal infections, longer periods of

	adults and older children or any change in bowel pattern in young children. Symptoms of food poisoning usually begin within 1 to 2 days of eating contaminated food, although they may start at any point between a few hours and several weeks later depending on the cause. The main symptoms include feeling sick (nausea), vomiting, diarrhoea, abdominal pain and fever.	principle, all cases of gastroenteritis should be regarded as potentially infectious unless there is good evidence to suggest otherwise.	exclusion are required. For these groups, your UKHSA HPT will advise you if any action is required. Inform your UKHSA HPT if there are 2 or more cases with similar symptoms linked in time or place or a greater than expected rate of infection compared with the usual rate. All outbreaks of food poisoning should be investigated, your UKHSA HPT will work with the setting and EHO from the local authority.
Group A Streptococcus (GAS)	Milder infections caused by group A streptococcus include scarlet fever, impetigo and 'strep throat'. These can be easily treated with antibiotics.		An individual with a strep A infection, should stay away from the setting for 24 hours after starting to take antibiotics. This will help stop the infection spreading to other people.
Invasive Group A Streptococcus (iGAS)	The most serious infections linked to group A streptococcus come from invasive group A strep, known as iGAS. These infections are caused by the bacteria getting into parts of the body where it is not normally found, such as the lungs or bloodstream. In rare cases an iGAS infection can be fatal.	Serious strep A infections (invasive group A strep, iGAS) may need to be treated in hospital.	Inform your UKHSA HPT if you have a case of iGAS in your setting. The HPT will carry out a risk assessment and undertake appropriate investigations and/or actions as required.
Hand, foot and mouth disease	The individual may develop a fever, reduced appetite and generally feel unwell. One or 2 days later a rash may develop with blisters, on hands, feet, insides of their cheeks, gums and on the sides of the tongue. Not all cases have symptoms. The incubation period is 3 to 5 days. Persons affected are most infectious during the first week of the illness.	Spread is caused by direct contact with the secretions of the infected person (including faeces) or by aerosol spread such as coughing and sneezing. Younger children are more at risk because they tend to play closely with their peers. Although there is usually no risk to the pregnancy or baby, it is best to avoid close contact with anyone who has hand, foot and mouth disease. This is because having a high temperature during the first 3 months of pregnancy can very rarely lead to miscarriage, and getting hand, foot and mouth disease shortly before giving birth can mean your baby is born with a mild version	Exclusion is not required

		of it. Pregnant women who have been in contact with an affected individual may wish to speak to their GP or midwife.	
Head Lice/Nits	Head lice are spread by direct head-to-head contact and therefore tend to be more common in children because of the way they play. They cannot jump, fly or swim. Itching and scratching occurs 2 to 3 weeks after coming into close contact with someone who has headlice.		Exclusion is not required.
Hepatitis A	Symptoms include abdominal pain, loss of appetite, nausea, fever and fatigue, followed by jaundice (yellowing of the skin and eyes), dark urine and pale faeces. The severity of the disease varies from a mild illness lasting 1 to 2 weeks to a more serious illness lasting several months. Young children may have mild infections without jaundice or other symptoms, and many may have no symptoms at all.	Hepatitis A is a viral infection which affects the liver. The hepatitis A virus is caught by eating or drinking contaminated food or water. The infection can also be spread by close contact with an infected person, especially where there is poor personal or public hygiene. The virus is very contagious and is found in the stools and blood of people who are infected.	Exclude the infected individual for 7 days after the onset of jaundice or from the onset of symptoms if no jaundice is present. Contact your UKHSA HPT if there are 2 or more cases with similar symptoms linked in time or place, or a greater than expected rate of infection compared with the usual background rate.
Impetigo	The sores can develop anywhere on the body but tend to occur as reddish sores on the face, especially around the nose and mouth and on hands and feet. After about a week, the sores burst and leave golden brown crusts. It can sometimes be painful and itchy. The incubation period is between 4 to 10 days.	Impetigo is a bacterial skin infection caused by Streptococcus pyogenes, or group A streptococcus (GAS). It mostly affects infants and young children. It is very infectious and appears most commonly as reddish sores on the face. It may be a primary infection or a complication of an existing skin condition such as eczema, scabies or insect bites. Impetigo can easily spread to other parts of the affected person's body or to other people such as through direct physical contact, or by sharing towels, flannels or eating and drinking utensils	Exclude the individual from the setting until all lesions (sores or blisters) are crusted over or until 48 hours after commencing treatment (antibiotics and/or hydrogen peroxide cream).
Influenza (Flu)	Influenza is a respiratory illness and commonly has a sudden onset. Symptoms include headache, high temperature, cough, sore	It is transmitted by breathing in droplets coughed out into the air by infected people or by the droplets landing on mucous membranes. Transmission may also occur by direct or indirect contact with respiratory secretions for example via soiled tissues or	Exclude individuals with symptoms of the flu, until they have recovered. However, do not exclude individuals with only mild symptoms of a respiratory illness, such as a runny nose, sore

	throat, aching muscles and joints and fatigue. Cases can be infectious one day before to 3 to 5 days after symptoms appear. Importantly, children may sometimes present differently with flu – for example, without fever but with diarrhoea.	from contaminated surfaces. It spreads easily in crowded populations and in enclosed spaces	throat, or mild cough, but who are otherwise well.
Measles	Symptoms include a high temperature, a runny or blocked nose, sneezing, a cough, conjunctivitis (red, sore, watery eyes), and small white spots (Koplik spots) inside the cheeks. A rash usually appears 2 to 4 days after the cold-like symptoms started. The rash starts on the face and behind the ears before spreading to the rest of the body. This can look different depending on skin tone. Symptoms of measles usually start between 10 and 12 days after catching the infection. Sometimes it can take up to 21 days for any symptoms to appear.	Advise people who have a weakened immune system, are unvaccinated and pregnant, or are under 12 months of age, who have been in the setting at the same time as the likely or confirmed measles case, to seek advice from their GP or midwife. They should tell their GP, or their midwife that they may have been exposed to measles.	If you are made aware of any likely or confirmed cases of measles among people who have attended your setting, who have been diagnosed by a doctor or another healthcare professional, then you should contact your local HPT. Exclude any infected individuals from the setting, on public health grounds, while they are likely to be infectious (from 4 days before rash onset and for a further 4 full days). Cases should only return to the setting when they have fully recovered; this is because they may be more likely to get other illnesses when they have measles.
Meningitis	Common signs and symptoms of meningitis and septicaemia include fever, severe headache, photophobia, neck stiffness, non-blanching rash (see glass test below), vomiting, drowsiness. The incubation period varies but for bacterial meningitis the incubation is between 2 and 10 days.	If a glass tumbler is pressed firmly against a septicaemic rash, the rash will not fade. The rash will be visible through the glass. If this happens, seek urgent medical attention.	Exclude the infected individual until they have recovered. Notify the UKHSA HPT if 2 cases of meningitis occur in your setting within 4 weeks.
Meningococcal Meningitis and septicaemia	Symptoms include fever, severe headache, photophobia, drowsiness, non-blanching rash (see glass test). Not all the symptoms will be present, and cases can	Requires immediate medical attention	Exclude the infected individual until they have been treated with antibiotics and recovered. Do not exclude household and close contacts unless they have

	have symptoms of meningitis and septicaemia.		symptoms suggestive of meningococcal infection. Inform your UKHSA HPT if you have a case of meningococcal disease in your setting. They will carry out a risk assessment and organise antibiotics for household and other close contacts.
Mumps	The first symptoms of mumps are usually a raised temperature, swelling and tenderness of salivary glands (parotid) accompanied by headaches, joint pain and general malaise. The swelling can be one sided or affect both sides.	The mumps virus is highly infectious and can be spread by droplets from the nose and throat, and by saliva.	Exclude the affected individual until 5 days after the onset of swelling and well enough to return.
Norovirus	Norovirus is the most common cause of gastroenteritis in England. Also known as the 'winter vomiting bug', it causes symptoms such as nausea, diarrhoea, and vomiting	Norovirus is the most common cause of gastroenteritis in England. Also known as the 'winter vomiting bug', it causes symptoms such as nausea, diarrhoea, and vomiting	Exclude the infected individual until 48 hours after symptoms have stopped and they are well enough to return. Contact your UKHSA HPT if there are a higher than previously experienced or rapidly increasing number of absences due to diarrhoea and vomiting.
Respiratory infections	People with respiratory infections can experience a range of symptoms including a runny nose, high temperature, cough and sore throat.	Some children aged 2 years and under, especially those with a heart condition or born prematurely, and very young infants, are at increased risk of hospitalisation from RSV. Respiratory infections can spread easily between people. Sneezing, coughing, singing and talking may spread respiratory droplets from an infected person to someone close by. Droplets from the mouth or nose may also contaminate hands, eating and drinking utensils, toys or other items and spread to those who may use or touch them, particularly if they then touch their nose or mouth.	It is not recommended that children and young people are tested for COVID-19 unless directed to by a health professional. Exclude any affected individual who has a high temperature and are unwell until they no longer have a high temperature and are well enough to attend the setting. Do not exclude individuals with mild symptoms such as a runny nose, sore throat, or mild cough, who are otherwise well. Advise individuals aged 18 years and under with a positive COVID-19 test result to try to stay at home for 3 days after the day they took their test. Advise individuals aged over 18 years with have a positive COVID-19 test result to stay at

			home for 5 days after the day they took the test. Contact your UKHSA HPT if there is: • a higher than previously experienced and/or rapidly increasing number of staff or student absences due to acute respiratory infection • evidence of severe disease due to respiratory infection, for example if a child, young person or staff member is admitted to hospital Individuals who usually attend an education or childcare setting and who live with someone who has a positive COVID-19 test result should continue to attend as normal.
Ringworm	The main symptom of ringworm is a rash. The rash may be scaly, dry, swollen or itchy and may appear red or darker than surrounding skin. Ringworm of the scalp starts as a small red spot which spreads leaving a scaly bald patch. The hair becomes brittle and breaks easily. The appearance of human scalp ringworm varies from lightly flaky areas, often indistinguishable from dandruff to small patches of hair loss on the scalp. There may be affected areas on the face, neck and trunk. Ringworm of the body is found on the trunk or legs and have a prominent red margin with a scaly central area. Ringworm of the nails often appears with infection of the adjacent	Advise affected individuals to avoid sharing towels, flannels, pillows, socks and shoes with others.	Advise the individual, parents or carers to seek advice from a general practitioner for recommended treatment. Once treatment has started, individuals can return to their setting

	skin. There is thickening and discolouration of the nail.		
Rubella (German Measles)	The symptoms of rubella are mild. Usually, the rash is the first indication of rubella infection. The main symptoms are: • swollen lymph glands around the ears and back of head 5 to 10 days before the onset of a rash • sore throat and runny nose 1 to 5 days before the rash appears • mild fever, headache, tiredness • conjunctivitis (sore, itchy, watery, red and/or sticky eyes) • red rash mostly seen behind the ears and on the face and neck • painful and swollen joints	Rubella is highly infectious. It is spread by respiratory droplets through coughing or sneezing, or by direct contact with the saliva of an infected individual. People with rubella are infectious from one week before the symptoms start and for 5 days after the rash first appears.	Exclude the infected individual for 5 days from the appearance of the rash. Any staff who are unvaccinated or partially vaccinated with the MMR vaccination should be encouraged to seek advice from their general practitioner or practice nurse Advise staff who are pregnant and not sure of their immunity, that they should seek advice from their general practitioner or midwife. When contacting the GP or midwife they should inform them that there has been exposure to a case of rubella.
Scabies	The appearance of the rash varies but most people have tiny pimples and nodules on their skin. Secondary infection can occur particularly if the rash has been scratched. The scabies mites are attracted to skin folds such as the webs of the fingers. Burrows may also be seen on the wrists, palms, elbows, genitalia and buttocks.		Young children not able to adhere to this advice due to their age (for example those under 5 years old) or additional needs, should be excluded from the setting until 24 hours after the first dose of chosen treatment. The risks and benefits of this should be reviewed on a case by case basis and take into account the holistic needs of the individual and the impact on their wellbeing, as well as the risk of transmission of scabies to the wider school population. Encourage the affected individual to complete all recommended doses of treatment. It is important

			that the full treatment course is completed. This may involve several treatments spread out over time.
Scarlet Fever	Symptoms vary but in severe cases there may be high fever, difficulty swallowing and tender enlarged lymph nodes. The rash usually develops on the first day of fever, it is red, generalised, pinhead in size and gives the skin a sandpaper-like texture and the tongue has a strawberry-like appearance.	Scarlet fever is highly infectious and is spread by close contact with someone carrying the bacteria. The incubation period is 2 to 5 days.	Exclude the affected individual from the setting until 24 hours after commencing appropriate antibiotic treatment. Individuals who decline treatment with antibiotics should be excluded until resolution of symptoms. Contacts of scarlet fever cases (including siblings or household members) who are well and do not have symptoms do not require antibiotics and can continue to attend the setting. They should seek treatment if they develop symptoms. You do not need to report single cases of scarlet fever, but you should contact your UKHSA HPT if any of the following apply: • there is an outbreak of 2 or more scarlet fever cases within 10 days of each other and the affected individuals have a link, such as mixing in the same class or year group • there are cases of serious disease which have resulted in overnight stays in hospital • the setting has cases of chickenpox and/or influenza co-circulating in the group where a case of scarlet fever has been confirmed
Slapped Cheek Syndrome	The rose-red rash makes the cheeks appear bright red, hence the name 'slapped cheek syndrome'. The rash may spread to the rest of the body but unlike many other rashes it rarely	Anyone exposed to an affected individual early in pregnancy (before 20 weeks) should be advised to seek prompt advice from whoever is providing antenatal care	Exclusion is not required

	involves the palms and soles. The affected individual begins to feel better as the rash appears. The rash usually peaks after a week and then fades. The rash is unusual in that for some months afterwards, a warm bath, sunlight, heat or fever will trigger a recurrence of the bright red cheeks and the rash itself.		
Threadworm	Threadworm infection is an intestinal infection and is very common in childhood. They are tiny worms in stools and can spread easily. Worms may be seen in stools or around an individual's bottom. They look like pieces of white thread. Symptoms include extreme itching around the anus or vagina, particularly at night. They can also cause individuals to be irritable and wake up during the night.	Pharmacies can advise on treatment.	Exclusion is not required.
Tuberculosis	People with TB might have all or some of the following symptoms: weight loss, fever, night sweats, prolonged cough, loss of appetite, fatigue, breathlessness, pains in the chest and lumps or swellings.	Some people who develop TB of the lung (pulmonary TB) are infectious to others. Spread happens when these infectious cases breathe out droplets containing TB bacteria in the air which someone else then breathes in. This happens if the person had a lot of close contact with the case (especially if the case has been coughing). The incubation period is 4 to 12 weeks but can be longer.	Exclusion is recommended for infectious TB only. Contact your UKHSA HPT, TB nurses, school nurse or health advisor if you are informed of a suspected case of TB and before taking any action. Exclude individuals whilst they are infectious, following advice from TB nurses or your UKHSA HPT. Do not exclude individuals with non-infectious TB or those with pulmonary TB who have completed 2 weeks of effective antibiotic treatment as confirmed by the TB nurses.

			Do not exclude siblings, friends or other contacts of TB cases, unless exclusion is advised by TB nurses or your HPT. Facilitate the HPT to carry out a risk assessment with the setting and follow their advice, for example regarding screening for other individuals. Support individuals with infectious TB to return to their setting or normal activities after 2 weeks of effective antibiotic treatment prescribed by specialist TB services, and if they are well enough.
Typhoid	Symptoms of typhoid fever are fatigue, fever, general aches and pains, and constipation, whereas those of paratyphoid fever are fever, diarrhoea and vomiting. The severity of the illness varies – infection can be life-threatening with typhoid, but infected people may also not show any symptoms	The incubation periods are typically (typhoid) 1 to 3 weeks and (paratyphoid) 1 to 10 days. Symptoms can last from anything from a few days (paratyphoid fever) to several weeks to months for typhoid fever.	Exclude the affected individual until 48 hours after the diarrhoea and vomiting symptoms have stopped. Inform your UKHSA HPT as soon as possible.
Whooping Cough	The early stages of whooping cough, which may last a week or so, can be very like a heavy cold with a temperature and persistent cough. The cough becomes worse and usually, the characteristic 'whoop' develops. Coughing spasms are frequently worse at night and may be associated with vomiting. The cough may last several months		Exclude the infectious individual until they have had at least 48 hours of the appropriate antibiotic or until 14 days from the onset of coughing if no antibiotics have been taken and they feel well enough to return.

Appendix 2 - Infection Absence Periods

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	Up-to-date guidance should be consulted www.nhs.uk/conditions/coronavirus-covid19/	If there are cases, consult the 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.

Infection	Recommended minimum period to stay away from school	Comments
Diphtheria*	Exclusion is essential.	Family contacts must be excluded until cleared by the HPT and the HPT must always by 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.

Infection	Recommended minimum period to stay away from school	Comments
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.

Infection	Recommended minimum period to stay away from school	Comments
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.

Appendix 3: Diarrhoea and Vomiting Outbreak Action Checklist

Date completed	Completed by

Actions to prepare for norovirus (diarrhoea / vomiting)	✓	X
Infection control precautions		
1. Ensure infection control policies are up to date, read and followed by all staff		
2. Check that you have procedures for isolating (with appropriate supervision) a child who falls ill during the day until their parent/guardian can collect them. This will include a suitable isolation room with hand washing facilities, PPE if needed (link to PPE guidance here), appropriately trained staff and plans in place for transporting children home who would usually use school bus or public transport. The isolation room should be thoroughly cleaned after use (see diarrhoea & vomiting outbreak management pack).		
3. Ensure that liquid soap and disposable paper hand towels are available in all toilets and classrooms where there are is hand washing facilities		
4. Ensure that Personal Protective Equipment (PPE) is available – i.e. disposable gloves, aprons. PPE should be used in line with risk assessments, proportionate to the risk identified.		
5. Ensure foot operated bins are in use and in working order		
Reporting to the local health protection team		
6. **Early recognition of a diarrhoea and/or vomiting (D&V) outbreak amongst staff and/or pupils/student in a school setting is vital** (i.e. two or more cases linked by time and place/higher than expected numbers than usual).		
7. **Outbreaks of D&V should be reported promptly to the local health protection team** for a full risk assessment and further guidance using the outbreak notification form (appendix 1) and email to bat@ukhsa.gov.uk (even if the nursery/school is already aware of local diarrhoea and vomiting outbreak management guidelines).		
8. Maintain high standards of record keeping in the event of an outbreak of diarrhoea and/or vomiting to help investigate the outbreak (i.e. list of staff and pupil cases incl. dates of birth, GP details, symptoms, date of onset of symptoms of the first case, total number of pupils in the setting, location of cases),		
Diarrhoea and/or vomiting outbreak control measures		
9. Immediate control measures to be put into place when an outbreak of D&V is recognised are: • Exclusion of cases for 48 hours after all symptoms have stopped, this includes staff • Enhanced cleaning of the environment with a hypochlorite solution (see diarrhoea & vomiting outbreak pack). • Effective hand washing with liquid soap and water. • Follow guidance for safe management of blood and bodily fluids		
10. Brief all staff on infection prevention and control measures during the outbreak e.g. during handover sessions throughout the day.		
11. Inform the school nurse and local authority as per local protocol		
12. Maintain high standards of record keeping to investigate the outbreak and help identify the source of the infection by keeping a log (i.e. list of staff and pupil cases including: symptoms and frequency, date of onset of symptoms of the first reported case, location of		

cases, number of pupils/staff at the setting). These details may be requested if the outbreak is not resolving or diarrhoea with blood in it is reported.		
13. Remove all alcohol gel in use in the event of a D&V outbreak, as this has limited effectiveness against diarrhoeal diseases.		
14. Discourage the sharing of communal toys/equipment. Encourage the cleaning of hands and objects when passing round shared objects/toys. Suspend use of communal soft toys (due to the problems with cleaning them adequately), water, soft dough and sand play. Do not allow children to share objects that may become contaminated. There are games/ lesson plans to teach children about infections and infection control, available at the following link Home (e-bug.eu)		
15. Stop sharing of any food items such as biscuit tins/crisp packets/bags of sweets etc in affected classrooms		
16. Increase regular cleaning of surfaces, equipment and toys using disinfectant, particularly frequently touched surfaces – taps, door handles, stair rails, light switches, computer keyboards etc. Ensure stock rotation of toys to ensure clean toys always available. Cleaning is recommended twice daily as a minimum in an outbreak and as necessary.		
17. Advise pupils/students/staff to seek advice from a healthcare provider and have stool (poo) samples taken		
18. Send information to parents informing them that there is an outbreak of diarrhoea and/or vomiting at the setting and reinforce exclusion criteria (48hours after last symptoms) and basic hygiene advice. Your local health protection team can support you in preparing the letter/information.		
19. During an outbreak, restrict visitors to the setting as much as possible and any visitors should be advised of the outbreak and the need for thorough hand washing prior to leaving the setting.		
20. Consider suspending visits to other settings, outings and any organised events such as barbecues, sports days, plays and classroom parties (including whole setting assemblies) until the outbreak is declared over (48 hours of no new cases at the setting which includes both staff and pupils/students).		
21. Contact the HPT 0344 225 3560 option 2 immediately if there is:- • a symptomatic staff member who is a food handler or a possible food source is suspected to be the cause of the outbreak. • symptoms of blood in stool reported and or an infection has been diagnosed from samples tested by GP or hospital • symptoms occur following a visit to a farm or external setting were there is contact with animals in the 10 days before symptoms start • if anybody with symptoms is hospitalised (overnight stay)		

Appendix 4 – Checklist for Acute Respiratory Illness

Date completed	Completed by		
Actions to prepare for cases of seasonal flu		✓	X
Flu vaccination			
1. Do you have any children and/or staff in clinical risk groups (including those with chronic respiratory, cardiac, kidney, neurological disease, neurodevelopmental disorders (learning disability), diabetes, pregnant, etc). • If you do, compile a list and establish if the children/staff are to be vaccinated at their GP or at the setting. This information is essential in facilitating a prompt risk assessment in the event of an outbreak			
2. Did you know children being offered the vaccine this year are: • all 2 and 3 years of age (by their GP or Practice Nurse) • all primary school-aged children • all year 7 to year 11 secondary school-aged children who are less than 18years of age • children over 6 months of age with a health condition that puts them at greater risk from flu. Link to further information and poster is here Most children will be offered the nasal flu spray, in some cases children will be given the flu vaccine as an alternative, suitability will be indicated by their healthcare provider, i.e. GP/Hospital Specialist.			
3. Local healthcare teams will be in touch with the setting where a setting-based delivery model has been agreed.			
4. Parental/guardian consent will be required, and the setting may be asked to assist with collection of the consent forms.			
Respiratory hygiene & infection control precautions			
5. Ensure infection control policies are up to date, read and followed by all staff			
6. Immediately send home staff members and/or pupils who become unwell at the setting and remind them not to return until they are fever free and well (see link to exclusion periods for specific infections here). For COVID-19, isolation period is different – please follow the latest guidance			
7. Check that you have procedures for isolating (with appropriate supervision) a child who falls ill during the day until their parents can collect them. This will include a suitable isolation room with hand washing facilities, PPE available if needed (e.g. for staff providing close personal care to an ill child, link to guidance here) – i.e. disposable gloves, aprons and surgical masks (for flu outbreaks), appropriately trained staff and plans in place for transporting children home who would usually use school bus or public transport. The isolation room should be thoroughly cleaned after use (see link to cleaning guidance here).			
8. Reinforce general education for children and staff about washing hands and respiratory hygiene ('catch it, bin it, kill it' message). Use education materials / resources (see resource page)			

9. Ensure disposable tissues are available and staff and children understand the need for using them and how to use them e.g. cover nose and mouth with tissue, use tissue, throw away and wash hands.		
10. Ensure liquid soap and disposable paper hand towels are available at each hand washing facility, this includes toileting areas and classrooms and stock levels adequately maintained in anticipation of increased use		
11. Staff to check, encourage and supervise handwashing in young children, and handwashing / use of alcohol gel (where safe) for visitors when arriving and leaving the premises		
12. If possible and safe to do so, use alcohol gel in places where handwashing facilities are not available (e.g. entrances/exits, and classrooms/settings under supervision), and maintain supplies in view of increased use		

13. Ensure foot operated bins are in use and in working order		
14. Increase regular cleaning of surfaces, equipment and toys using a a disinfectant, particularly frequently touched surfaces – taps, door handles, stair rails, light switches, computer keyboards etc. Ensure stock rotation of toys to ensure clean toys always available. Cleaning is recommended twice daily as a minimum in an outbreak and as necessary. See link to cleaning guidance here.		
15. Maintain adequate levels of cleaning materials in anticipation of increased cleaning (e.g. disposable cloths, detergent, PPE)		
Reporting to the WM Health Protection Teams (HPT) complete the outbreak notification form (attached to email) and email to bat@ukhsa.gov.uk or call 0344 225 3560 option 2 – For all respiratory outbreaks i.e. flu, respiratory illnesses and COVID-19		
16. Early recognition of an influenza/respiratory illness outbreak amongst staff and/or pupils is vital (i.e. two or more cases linked by time and place/higher than expected numbers than usual).		
17. Suspected or confirmed **outbreaks of flu/respiratory illness should be reported promptly to your HPT if a person is admitted to hospital or there has been a death related to the outbreak**. This is to enable them to work with you to risk assess the situation and to establish if any of the particularly at-risk children and staff are considered for post exposure advice		
18. Maintain high standards of record keeping in the event of an outbreak of acute respiratory illness to help investigate the outbreak (i.e. list of staff and pupil cases incl. dates of birth, GP details, symptoms, date of onset of symptoms of the first case, total number of pupils in the school, location of cases) and have to hand the documentation of the flu immunisation uptake levels		
19. The HPT will undertake a risk assessment and provide further advice .		

Actions to take in the event of a flu outbreak		
In the event of an outbreak: - Discourage the sharing of communal toys/equipment. - Encourage the cleaning of hands and objects when passing round shared toys. - Suspend use of communal soft toys due to problems with cleaning them adequately. - Do not allow children to share objects that may become contaminated with saliva and respiratory secretions (e.g. wind instruments).		
20. Avoid bringing children together in large crowds in enclosed spaces (e.g. whole school assemblies)		
21. Inform the school nurse and local authority as per local protocol		
22. Display flu posters (exclusion poster, hand washing poster)		
23. Send information to parents informing them that there is an outbreak and reinforcing exclusion criteria i.e. do not send children back to the setting until they are fever free and are well, and basic hygiene advice. For COVID-19, isolation period is different – please follow the latest guidance		

Appendix 5 – List of Notifiable Diseases

Notifiable disease	Whether likely to be routine or urgent
Acute encephalitis	Routine
Acute infectious hepatitis (A/B/C)	Urgent
Acute meningitis	Urgent
Acute poliomyelitis	Urgent
Anthrax	Urgent
Botulism	Urgent
Brucellosis	Routine. Urgent if acquired in UK
Cholera	Urgent
COVID-19	Routine
Diphtheria	Urgent
Enteric fever (typhoid or paratyphoid fever)	Urgent

Food poisoning	Routine. Urgent if part of a cluster or outbreak
Haemolytic uraemic syndrome (HUS)	Urgent
Infectious bloody diarrhoea	Urgent
Invasive group A streptococcal disease	Urgent
Legionnaires' disease	Urgent
Leprosy	Routine
Malaria	Routine. Urgent if acquired in UK
Measles	Urgent
Meningococcal septicaemia	Urgent
Mpox (previously known as monkeypox)	Urgent
Mumps	Routine

Plague	Urgent
Rabies	Urgent
Rubella	Routine
Severe Acute Respiratory Syndrome (SARS)	Urgent
Scarlet fever	Routine
Smallpox	Urgent
Tetanus	Routine. Urgent if associated with injecting drug use
Tuberculosis	Routine. Urgent if healthcare worker, or suspected cluster or multi-drug resistant
Typhus	Routine
Viral haemorrhagic fever (VHF)	Urgent
Whooping cough	Urgent if diagnosed in acute phase.
Yellow fever	Routine. Urgent if acquired in UK

A case may be urgent if:

- it's part of a current outbreak
- the suspected disease is uncommon in the UK
- the suspected disease spreads easily, or its spread is hard to control
- the patient is high risk, for example because of their age or job

Appendix 6 – Outbreak Notification form

Appendix 1

UK Health Security Agency

Please use the link below if you need to report an outbreak to the Health Protection team (HPT) and complete the on-line form. Once the completed form has been received by the HPT, we will endeavour to contact you by either phone or email within 24 hours during working hours Monday - Friday. If this has been sent for information only, and no advice is required, we will record the information and close but please do contact us again if further advice is required or the situation escalates.

https://surveys.phe.org.uk/TakeSurvey.aspx?SurveyID=l7K288l02

If you have any technical difficulties accessing the link above please complete the outbreak notification form below and email it to the HPT.

Outbreak Notification form (please do not record any personally identifiable information on this form). Please email the form to our business admin team once completed bat@ukhsa.gov.uk

Outbreak Notification form (please do not record any personally identifiable information on this form). Please email the form to our business admin team once completed bat@ukhsa.gov.uk

Questions for setting to complete	Comments
Date of notification:	
Form completed by: (name & role)	
Name and address & type of setting: Nursery/ Primary/ Secondary/SEN/Boarding school	
Contact details - telephone number and email	
Please tick below what infection you are reporting.	

Scarlet fever* ☐	Chicken pox* ☐	Diarrhoea & or vomiting ☐	Respiratory e.g., Flu * ☐	Hand Foot & Mouth ☐	other (record details)

Details of the outbreak:	
1) Total number of children attending the setting	1).
2) Total number of staff employed.	2).
3) Number of classes, rooms, year groups affected (including nursery if applicable)	3).
4) Total number of children/staff (cases) in each affected room/class/year group	4).
5) Total number of cases symptomatic in each affected room/class/year group	5)- staff: -children:
6) Date of onset of symptoms in first case?	6).
7) Date of onset of symptoms in most recent case?	7).
8) Nature of symptoms? (e.g., diarrhoea)	8).
	9).

9) Are any staff cases involved in food handling?	
10) If known, has there been any tests or clinical assessments by a doctor taken place? What were the results of test if known?	10).
11) Has anybody affected required admission to hospital (overnight admission)?	11).
Have there been any parties/events held at the school or parties you are aware of outside of school attended by children/staff within the last 72 hours?	
Has there been any school trips attended by the symptomatic children/staff in the last 72 hours? Please provide details.	
Has there been any concerns from parents?	
Are there any cases or contacts within the affected group at higher risk from severe disease (those whose conditions can cause low immunity)	
Are there any pregnant staff who have been in contact with the symptomatic cases	
Do you keep records of children's/staff vaccinations (for example for MMR and Flu vaccine)	
What languages do parents predominantly speak? (if we have specific infection letters & leaflets in different languages, we will endeavour to provide them)	
Do you have any a particular concerns/questions you would like to discuss	

'If you have cases of scarlet fever & chicken pox or flu infection within the school at the same time, please tick each of the boxes in the appropriate section above.

The West Midlands Health Protection team will review this form and either email you back or call you within 24hrs during working days Monday – Friday.