Health Protection Handbook for Education Settings

(Nursery, Primary & Secondary)

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SANDWELL METROPOLITAN BOROUGH COUNCIL

Contents

Section: Introduction

This handbook has been created to give you support locally with **known school infections, infection prevention and control measures, immunisations and outbreak management**.

Schools, nurseries and other childcare settings, are sites for transmission of infection. Children have close contact with other children, sometimes have no or incomplete vaccinations and have a poor understanding of hygiene practices. Infections may be acquired at home or within the community and brought into school or acquired and spread within school.

Control of infection among children in schools, nurseries or childcare settings depends upon:

- Prevention
- Early recognition of each case
- Prompt action and follow up

List of contact details:

- **UKHSA local office**: 0344 225 3560 (option 2), out of hours advice 0344 225 3560 (option 2) or westmidlands.arc@ukhsa.gov.uk
- **Sandwell Public Health**: Health_Protection@sandwell.gov.uk
- **Sandwell Education Department**: Contact schools department.
- **Health Visiting Service:** 0121 554 3801
- **School Health**: 0121 612 2974 or email the service at swbh.shnsandwell@nhs.net

Section: Immunisation

World Health Organisation (WHO) considers immunisation to be the most effective public health intervention for saving lives and promoting good health after clean water. Immunisation is the most effective medical intervention to prevent death and reduce disease within our communities. Achieving high levels of immunity against vaccine preventable diseases is vital to reduce the spread of infection and prevent outbreaks. Herd immunity also extends protection from immunisation programmes to individuals who cannot be vaccinated for several reasons.

Education and childcare settings have a vital role to play to support the routine immunisation programme through sharing of information with parents about when children should be up to date with at key contact points. Settings or parents and carers may wish to speak to their health visitor or school nurse about the support they can offer.

Evidence shows that school-based delivery of immunisations reduces health inequalities by making access to vaccines easier for all, for example, parents don't need to book time of to attend a vaccination appointment or children who are not registered with a GP can still access vaccination services. It is important that staff are up to date with their vaccinations especially measles, mumps and rubella (MMR) vaccine. Staff may wish to speak with their GP to obtain vaccinations missed.

Is there a difference between vaccination and immunisation?

The terms 'vaccination' and 'immunisation' don't mean quite the same thing. Vaccination is the term used for getting a vaccine — that is, getting the injection or taking an oral vaccine dose. Immunisation refers to the process of both getting the vaccine and becoming immune to the disease following vaccination.

How long do immunisations take to work?

In general, the normal immune response takes approximately 2 weeks to work. This means protection from an infection will not occur immediately after immunisation. Most immunisations need to be given several times to build long-lasting protection.

If a child who has been given only one or two doses of the DTaP vaccine their only partially protected against diphtheria, tetanus and pertussis (whooping cough) and may become sick if exposed to these diseases until they have all the doses they need. However, some vaccines, such as the meningococcal provide long-lasting immunity after only one dose.

Immunisation schedule

For an up to date immunisation schedule .

It is important that school hold a record of child vaccination status especially if a child has attended school with a preventable illness like measles.

Vaccines offered in schools

School-Aged Immunisation Service (SAIS) providers are commissioned by NHS England to deliver school age vaccination programs. **It is important to note that vaccinations for children and adolescence will need parental or carer/ guidance consent before any administration can be delivered.** However, by law, some young people may be mature enough to provide their own consent, 'Gillick competency' it is up to the health professional to assess if a child under the age of 16 can be considered competent to understand the benefits and risks.

UKHSA supporting immunisation programmes will give you some more information around immunisations and how schools can support SAIS providers.

Here is a list of vaccinations that are offered to any child/ young person

Vaccine	School years eligible	Diseases protected against	Mode of administration and schedule
Seasonal influenza vaccine	Reception to Year 11	Protects against the influenza virus.	Nasal spray One dose (unless otherwise indicated), (injected vaccine is available if nasal spray is unsuitable), Offered annually in the autumn term.
Human papillomavirus (HPV) vaccine	Year 8 and Year 9 Girls and boys eligible	Protects against genital warts and HPV related cancers such as cervical cancer, cancers of the head and neck and cancers of the genital area.	Injected, One dose.
Td/IPV (3-in-1 booster)	Year 9	Tetanus, diphtheria and polio	Injected, Final dose of the course (total of 5).
MenACWY vaccine	Year 9	Meningococcal groups A, C, W and Y	Injected, One dose
MMR check and offer	At all opportunities	Measles, mumps and rubella	Injected

Section: Infection Prevention and Control (IPC)

World Health Organisation (WHO) defines IPC are a scientific approach and practical solution designed to prevent harm caused by infection to patients and health workers.

In the context of schools and learning settings, we consider measures that can contribute to limiting the exposure to the disease and reduce the probability of its transmission amongst pupils, students, teaching staff and non-teaching staff.

What is a pathogen?

Germs or microorganisms are part of everyday life and found in our air, soil, water and in and on our bodies. Some germs are helpful, others are harmful. Many germs live in and on our bodies without causing harm and some even help us to stay healthy. Only a small portion of germs are known to cause infection.

Infections are caused by micro-organisms such as bacteria, viruses, fungi and parasites, otherwise known as germs. Microorganisms such as bacteria, viruses and fungi are everywhere and commonly do not cause infections (and can even be beneficial). However, some do cause infection resulting in symptoms such as fever and sickness.

Bacteria

Bacteria are microorganisms made of a single cell. They are very diverse, have a variety of shapes and features, and can live in just about any environment, including in and on your body. Not all bacteria cause infections. Those that can are called pathogenic bacteria.

Your body can be more prone to bacterial infections when your immune system is compromised by a virus. The disease state caused by a virus enables normally harmless bacteria to become pathogenic.

Antibiotics are used to treat bacterial infections. Some strains of bacteria have become resistant to antibiotics, making them difficult to treat. This can happen naturally, but also happens because of the overuse of antibiotics.

Viruses

Viruses are made up of a piece of genetic code, such as DNA or RNA, and protected by a coating of protein. Once you're infected, viruses invade host cells within your body. They then use the components of the host cell to replicate, producing more viruses.

After the replication cycle is complete, these new viruses are released from the host cell. This usually damages or destroys the infected cells.

Some viruses can remain dormant for a time before multiplying again. When this happens, a person appears to have recovered from the viral infection but gets sick again.

Antibiotics do not kill viruses and therefore are ineffective as a treatment for viral infections. Antiviral medications can sometimes be used, depending on the virus.

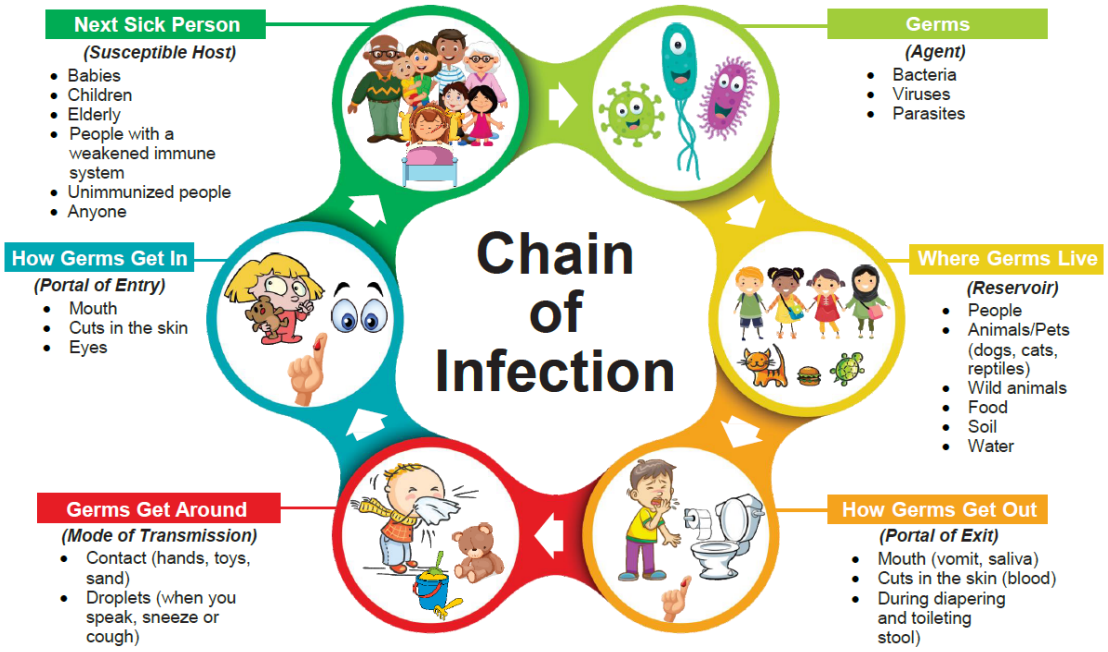
Fungi

Fungi can be found just about everywhere in the environment, including indoors, outdoors, and on human skin. They cause infection when they overgrow.

Fungi cells contain a nucleus, and other components protected by a membrane and a thick cell wall. Their structure can make them harder to kill.

Chain of infection

Describes how microorganisms are transmitted from one person to another. There are six links within the chain and if all links are connected germs can infect its host as well as transferring to another source. However, if a link is broken then germs cannot infect their host.



How do infections spread?

- **Respiratory**: Contact with cough or other secretions from an infected person, like influenza. This can happen by being near the infected person when they cough and then breathe in the germ; or by picking up the organism from an infected item, for example a used tissue or on an object in the environment, and then touching your nose or mouth.
- **Direct contact**: By direct contact with the infecting organism, for example contact with skin during contact sports such as rugby and in gyms, like impetigo or staphylococcal infections.
- **Gastrointestinal:** Resulting from contact with contaminated food or water, contact with infected faeces or unwashed hands after using the toilet.
- **Blood borne virus:** By contact with infected blood or body fluids, for example while attending to a bleeding person or injury with a used needle. Human mouths are inhabited by a wide variety of organisms, some of which can be transmitted by bites. Human bites resulting in puncture or breaking of the skin are potential sources of exposure to blood borne infections therefore it is essential that they are managed promptly.

Types of precaution

- **Droplet precaution:** Measures used to prevent, and control infections spread over short distances via droplets from the respiratory tract of one person directly onto the eyes, nose or inside the mouth (a mucosal surface or conjunctivae) of another person. Droplets then spread into the respiratory system.
- **Contact precautions**: Used to prevent and control infections that spread via direct contact with a person or indirectly from the persons immediate environment (including equipment). This is the most common route of transmission of infection from one person to another.
  Airborne precautions: Measures used to prevent, and control infection spread without necessarily having close contact with another person via small respiratory particles (aerosols) from the respiratory tract of one person directly into a mucosal surface or conjunctivae of another person. Aerosols can penetrate deep into the lungs (respiratory system).

Remember, for most children and young people, the risk from common infection is low and few will become seriously unwell. However, some children and young people have impaired immune

defence mechanisms in their bodies because of a medical condition or due to treatment they are receiving (known as immunosuppressed).

What infections are, how they are transmitted and those at higher risk of infection guidance will give extra support.

This YouTube video is a quick visual aid that can show how do people get infectious disease and the IPC measures that can be used.

How can we minimise the risk of infections spreading?

It is important to understand how germs are spread and the actions that can be taken to break the chain of infection.

Here are 10 elements of standard infection prevention and control precautions which when carried out effectively help reduce the risk of transmission of infections:

1. Environment or placement of someone who develops an infection.
2. Hand hygiene.
3. Respiratory and cough hygiene.
4. Personal protective equipment (PPE).
5. Safe management of the environment.
6. Safe management of equipment.
7. Safe management of linen or soft furnishings.
8. Safe management of blood and body fluids.
9. Safe disposal of waste (including sharps).
10. Occupational safety or managing prevention of exposure to infection (including needlestick or sharps injuries, and bites).

Some of these areas may not fully fit with educational settings but majority will be adaptable.

To reduce the transmission of infection, we need to put infection prevention and control measures into action by promoting routine use of good standards of hygiene. This can usually be achieved through:

- Good hand washing
- Keeping the environment clean
- Immunisation of pupils and staff

Introduction to infections , specific settings and population: additional health protection considerations, preventing and controlling infections

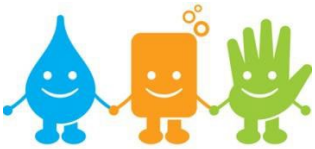
Hand hygiene

Washing hands is one of the most important practices individuals can do to prevent and control the spread of infections. Good hand hygiene will reduce the risk of cross-infection between people to people, people to surfaces and people to animals. Alcohol hand gel can be used if appropriate but should not

replace washing hands especially if hands are visibly soiled or if gastroenteritis (diarrhoea and vomiting) cases in identified within the education facility.

Toilet facilities must include liquid wall dispensed soap, warm water and paper towels. ***Bars of soap and fabric hand towels are not acceptable as it will increase cross-contamination risk.***

Hand washing with warm water and liquid soap is recommended:



- After using (or helping someone to use) the toilet
- After changing a nappy
- Before, during and after preparing food
- Before eating food
- After blowing your nose, coughing or sneezing (or helping someone to blow or wipe their nose)
- Before and after treating a cut or wound
- Immediately after hands have been contaminated with respiratory secretions, blood, faeces, urine or other body fluid
- After handling animals, pet food/treats or cleaning cages
- Whenever hands are visibly soiled

Teaching packs have a few visual posters on "how to wash your hands, have you washed your hands? and wash your hands".

Children and young people should be taught how germs are spread and how to stop this for example by washing their hands. E-bug free educational resource for ages 3-16. Germs journey is a free children's resource from ages 3 upwards .

Respiratory and cough hygiene

Coughing and sneezing easily spread infections.

- Children and adults should be encouraged to cover their mouth and nose with a tissue.
- Cough or sneeze into the inner elbow if no tissues are available instead of the hand.
- Wash hands after using or disposing of tissues. Spitting should be discouraged.
- Catch it, kill it, bin it campaign is an area of promotion around respiratory hygiene and cough etiquette (Catch it, kill it, bin it, see appendix for poster).

Personal Protective Equipment (PPE)

Disposable non-powdered vinyl/nitrile or latex-free CE-marked gloves and disposable plastic aprons must be worn where there is a risk of splashing or contamination with blood/body fluids (for example, nappy or pad changing). Wear disposable eye protection (or if reusable decontaminate prior to next use) if there is a risk of splashing to the face. Correct PPE should be used when handling cleaning chemicals.

Should schools including special education need schools (SEN) have any student with complex or additional health needs and require an aerosol generating procedure (AGP), standard PPE

recommendations for AGPs would include eye and face protection, apron and gloves to protect against the splashing or spraying of blood and bodily fluids.

Safe management of the environment and equipment

Keeping education and childcare settings clean, including toys and equipment, reduces the risk of infection. It is especially important to clean surfaces that people touch a lot.

It is important that cleaning schedules clearly describe the activities required, the frequency of cleaning and who will carry them out. Cleaning standards should be monitored regularly by the setting.

Cleaning staff should be appropriately trained and have access to the appropriate PPE, such as gloves, aprons and surgical masks.

Monitor cleaning contracts and ensure cleaners are appropriately trained with access to PPE.

See cleaning section for more information.

Safe management of linen or soft furnishings

Laundry should be dealt with in a separate dedicated facility. Soiled linen should be washed separately at the hottest wash the fabric will tolerate.

Wear PPE when handling soiled linen. Clothing may become contaminated with blood or bodily fluids. If this occurs, clothing should be removed as soon as possible and placed in a plastic bag. It should be sent home with the child with advice for the parent on how to launder the contaminated clothing.

Any contaminated clothing should be washed separately in a washing machine, using a pre-wash cycle, on the hottest temperature that the clothes will tolerate. (See UKHSA for more advice.)

Safe management of blood and body fluids

All spillages of blood, faeces, saliva, vomit, nasal and eye discharges should be cleaned up immediately (always wear PPE). When spillages occur, clean using a product that combines both a detergent and a disinfectant. Use as per manufacturer's instructions and ensure it is effective against bacteria and viruses and suitable for use on the effected surface. Never use mops for cleaning up blood and body fluid spillages – use disposable paper towels and discard clinical waste as described below. A spillage kit should be available for blood spills.

To reduce the risk of unknown and known disease transmission:

- Wearing gloves when in contact with any accident or injury (washing grazes, dressing wounds, cleaning up blood after an incident) and wearing a disposable plastic apron if possible

- Carefully cleaning the wound under running water if possible or using a disposable container with water and wipes; carefully dab dry
- Covering all exposed cuts and grazes with waterproof plasters
- Keep the dressing clean by changing it as often as is necessary
- Managing all spillages of blood or body fluids.

Safe disposal of waste (including sharps)

Always segregate domestic and clinical waste, in accordance with local policy. Used nappies/pads, gloves, aprons and soiled dressings should be stored in correct clinical waste bags in foot-operated bins. All clinical waste must be removed by a registered waste contractor. All clinical waste bags should be less than two-thirds full and stored in a dedicated, secure area while awaiting collection.

Children in nappies must have a designated changing area. This should:

- Be away from play facilities and any area where food and/or drink is prepared or consumed
- Have appropriate hand washing facilities available

Staff should wash and dry their hands after every nappy change, before handling another child or leaving the nappy changing room. **See cleaning section for more information.**

A designated sink for cleaning potties (not a hand wash basin) should be in the area where potties are used. Disposable gloves should be worn to flush contents down the toilet. The potty should be washed in hot soapy water, dried and stored upside down.

Sharps, e.g. needles, should be discarded straight into a sharps bin conforming to BS and UN standards. Sharps bins must be kept off the floor (preferably wall-mounted) and out of reach of children.

Occupational safety or managing prevention of exposure to infection (including needlestick or sharps injuries, and bites)

Occasionally children, young people or staff may injure themselves with discarded used hypodermic needles which they have found. If this happens then dispose of the needle safely to avoid the same thing happening to someone else.

If someone pricks or scratches themselves with a used hypodermic needle or has a bite which breaks the skin:

- Wash the wound thoroughly with soap and warm running water
- Cover the wound with a waterproof dressing
- Record it in the accident book and complete the accident form
- Seek immediate medical attention or advice from your local accident and emergency department or occupational health provider.

Occasionally children, young people or staff may injure themselves. Ensure all cuts and abrasions are covered with a waterproof dressing.

Keep occupied spaces well ventilated

Ventilation is the process of introducing fresh air into indoor spaces while removing stale air. We have seen with COVID-19 that ventilation can help remove air that contains virus particles and prevent the spread of COVID-19. This will work for other respiratory infections.

All education and childcare settings should keep occupied spaces well-ventilated to help reduce the number of respiratory germs.

Remember, the best way to prevent and manage infectious disease is to:

- **Promote immunisation**
- **Promptly exclude the unwell child or member of staff**
- **Check that effective hand washing is being carried out routinely**

UKHSA ventilation for school buildings, this has been created to provide guidance on ventilation, thermal comfort and indoor air quality in schools

Section: Cleaning including nappy changing facilities

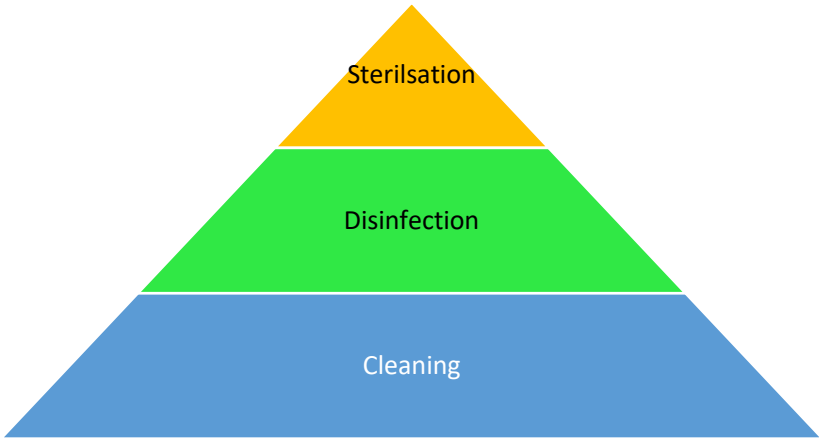
Cleaning in an important part of IPC and an important role in improving the quality of the surroundings. A clean (free from dust, dirt and grease) and dry environment poses little or no threat of infection to healthy adults and children. Cleaning of the environment, including toys and equipment.

Although there is no legislative requirement to use a colour coding system it is good practice and recommended by UKHSA specific settings and population: additional health protection considerations and preventing and controlling infections. Colour-coded equipment should be used in different areas with separate equipment for kitchen, toilet, classroom and office areas. Cleaning equipment should be disposable or, if reusable, disinfected after each use.

BLUE	Generally used when cleaning areas that are considered to **present a low risk of infection**. All equipment can be used to clean **classrooms/ offices/ reception areas** etc.
GREEN	**All kitchen areas** within the school/nursery should use green equipment.
RED	This is for **high risk areas** in relation to the spread of infection, such as **toilets/ washrooms/ showers including all fixtures and fittings**
YELLOW	**Should be used in washroom areas** for cleaning all fixtures and fittings and surfaces that are not considered critical in terms of infection. These **include worktops/ doors/pipework/towel dispensers/sink and basins**

Decontamination

Decontamination is a combination of processes that removes or destroys contamination so that infectious agents or other contaminants cannot reach a susceptible site in sufficient quantities to initiate infection, or other harmful response. When decontamination there are three known stages:



- Cleaning should always be the first stage in decontamination as it helps remove any organic matter or microorganisms that are present on a surface.

- Disinfection reduces the number of germs still further and can be carried out after adequate cleaning has been done.
- Sterilisation is the process of removing or killing all viable organisms including spores. Dead microorganisms and toxins (pyrogens) may remain. Decontamination: A process that destroys or removes all microbial contamination to render an item or the environment completely safe.

Thorough cleaning is required before high-level disinfection and sterilization because inorganic and organic materials that remain on the surfaces of instruments interfere with the effectiveness of these processes.

Detergent or Disinfection, which one to use?

Most cleaning can be done using **detergent and water** to remove majority of germs that can cause disease. Disinfection should occur when there is a risk of infection (e.g. an outbreak of diarrhoea and vomiting). There are many disinfectants that are safe to use around children and pets, your cleaning staff should have a policy in place for use of these products. Whichever solution is used, check the manufacturing label to ensure that it is used in line with directions and make sure that it states that it can kill both viruses and bacteria. Hypochlorite solutions should be diluted to 0.1% or 1000 ppm. Milton can also be used, follow instructions on packaging.

If disinfection is needed:

- The effective area needs to clean with detergent and remove any visible dirt followed by rinsing with clean water.
- Disinfect using a disinfectant at the correct dilution and contact time recommended by the manufacturer.
- Then allow to dry.

Noteworthy, disinfection will not work on visible dirty surface, ensure detergent is used first. HSE guidance for support.

Do you need to sterilise?

The answer to this question, will most likely be no. Cleaning with detergent and disinfection should be sufficient. Sterilisation is rarely performed outside of healthcare settings. If sterilisation has been requested ensure a professional is involved who understand sterilisation process.

What else should you be aware of, when cleaning?

Effective cleaning and disinfection are critical in any education or childcare setting, particularly when food preparation is taking place. The Food Safety Agency (FSA) strongly advises the use of either a dishwasher, a sterilising sink, or a steam cleaner to clean and disinfect equipment and utensils. All areas or surfaces in contact with food, dirt or bodily fluids must be regularly cleaned and disinfected. Training

should be provided for the use of any equipment and chemicals. Operation and maintenance of equipment should be according to the manufacturer's instructions and include regular dishwasher interior cleaning cycles.

Waste facilities including nappy change

Toilets

All bathrooms should have an adequate supply of wall mounted liquid soap, paper towels and access to warm water with a foot operated wastepaper bin.

Toilets should be clean and in good working order, with enough toilet paper available in each cubicle, it is not acceptable for toilet paper to be given out on request, this can increase the risk of cross-contamination (UKHSA advice on sanitary facilities). Consideration for sanity disposable facilities within bathrooms where there are females aged 9 years and over.

Nappy changing

Should staff be involved in managing nappy changing, staff should:

- Wrap soiled nappies in a plastic bag before disposal in the general setting waste
- Clean children's skin with a disposable wipe (flannels should not be used)
- Label nappy creams and lotions with the child's name and do not share with others
- Wipe changing mats with soapy water or a mild detergent wipe after each use
- Clean mats thoroughly with hot soapy water if visibly soiled and at the end of each day
- Check mats weekly for tears and discard if the cover is damaged
- A designated sink for cleaning potties (not a hand wash basin) should be in the area where potties are used. Disposable gloves should be worn to flush contents down the toilet.

Children with continence aids

Children and young people who use continence aids (like continence pads or catheters) should be encouraged to be as independent as possible. The principles of basic hygiene should be applied by both children, young people and staff involved in the management of these aids.

Continence pads should be changed in a designated area. Appropriate PPE (disposable gloves and a disposable plastic apron) should be worn and changed after every child. Hand washing facilities should be readily available.

Contact your education or childcare health team for further advice. Your local authority should be able to provide contact details for your education or childcare health team if unknown.

Enhanced/ outbreak cleaning

Clean all hard surfaces thoroughly, using detergent and hot water followed with disinfectant paying attention to frequently-touched surfaces; for example – seats, door handles, flushes and taps, contact points and switches. Allow to dry before use and dispose of any potentially contaminated items safely.

Vacuum cleaning carpets and floor buffing during an outbreak have the potential to re-circulate norovirus and are not recommended. If vacuum cleaners are to be used in non-contaminated areas, they should contain high efficiency particulate air (HEPA) filters which are regularly cleaned and disinfected.

If unable to steam clean soft furnishings, and if they are removable soft furnishings (for example cushions, covers), these should be machine washed in the hottest wash possible for the fabric.

Soft toys should also be machine washed as above and tumble dried.

Ensure (as with cleaning during the outbreak) that cloths are disposed of and non-disposable mop heads are laundered in hot wash (65°C or above) once deep cleaning is complete. They should then be dried thoroughly. (HSE guidance and UKHSA guidance)

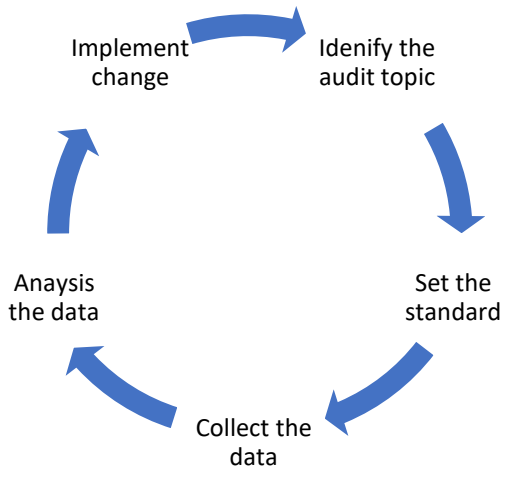
If bodily fluids contaminated an area, deep cleaning will be needed.

See section on outbreak management for more support.

Auditing

Auditing is a five-stage process and provides quality assurance to key stakeholders including Ofsted.

Audits should be conducted on a regular basis.



Stage 1- Identifying the audit topic – what area/ topic needs to be audited.

Stage 2 – Setting the standards – once the area/ topic is identified in more detail highlight the sub-areas that need to be reviewed.

Stage 3 – Collecting the data – conducting the audit.

Stage 4 – Analysing the data – reviewing all audit results.

Stage 5 – Implementing change – implementing change if needed. For example, increasing cleaning to an area.

Here is an example of a monthly cleaning audit for schools, you may already have one that you use regular.

Section: Educational visits

Education and childcare settings can benefit hugely from trips and outdoor learning activities, should you need advice on best places to visit contact your local environmental health department.

Educational visits should be subject to risk assessments as normal and reflect any public health advice or in-country advice of the international destination. Outdoor Education Advisory Panel offer specialist advice.

Farms and zoos

There are several diseases that can be passed on to pupils and staff from infected farm animals such as Shiga Toxin-producing Escherichia Coli (STEC) (including E. coli 0157), campylobacter, salmonella and cryptosporidium. These can cause serious illness, particularly in young children.

Farm animals, even those that look clean and healthy carry infections that can be harmful to people. The bacterial infection Escherichia coli 0157 (known as E. coli 0157) is a health risk, especially for children under five as they are more vulnerable to this infection and more likely to develop serious illness once infected. It should be assumed that all cattle, sheep, goats and deer are carrying this infection.

E. coli 0157 can survive outside of the body and by touching animals, fences, surfaces around the farm, or being in contact with animal droppings, bacteria can accidentally pass from your hands/ gloves to your mouth which can lead to gastrointestinal infection. Eating food that has become contaminated with the bacteria is another way of contracting the infection. It only takes a small number of bacteria to cause infection so washing hands thoroughly with soap and water immediately after contact with animals will reduce the risk of infection.

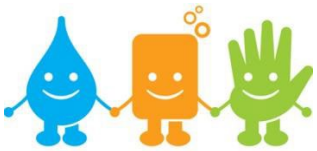
Children should not play with animals unsupervised. Hand hygiene should be supervised after contact with animals and the area where visiting animals have been kept should be thoroughly cleaned after use. Reptiles are not suitable as pets in schools and nurseries, as all species carry salmonella (for more information UKHSA, outdoor learning, DfE, Health and safety on education visits, Outdoor Education Advisory Panel (OEAP)).

The simple rules listed below will help to keep you and your children safe when visiting open farms. Pregnant women need to take care and specifically should avoid contact with sheep/ lambs and their droppings.

- Do not put hands on faces or fingers in mouths while petting animals or walking round the farm
- Do not kiss farm animals or allow children to put their faces close to animals

- Do not eat or drink while touching animals or walking round the farm: This includes not eating sweets, crisps or chewing gum.
- Do not eat anything that has fallen on the floor.
- Do not use gels or wipes instead of washing hands with soap and water. Gels and wipes cannot remove viruses or bacteria when the hands are soiled. Unless as a 'first aid' measure use if necessary. Then ensure that the person can wash their hands as soon as possible (gels and wipes can wipe away the dirt/contamination, but the affected area may still be contaminated with germs and these can only be killed by using detergent and water). Gels or wipes can then be used after hand washing to give further protection if necessary).

It is important that hands are washed thoroughly with soap and water:



- After you have touched animals, fences or other surfaces in animal areas.
- Before eating or drinking.
- After removing dirty shoes or boots that have been worn on the farm or garden.
- Supervise children closely to ensure that they wash their hands thoroughly.

If anyone who has visited a farm or zoo become unwell following, education settings should contact UKHSA for further advice. The individual should contact their GP or 111 for support and guidance or 999 if life threatening.

Section: Infectious diseases

We have included several illnesses that are found within education settings. For more information on managing specific infectious diseases and other illnesses not included below, see health protection in schools and childcare guidance. UKHSA: Exclusion table will be able to support whether students need to be excluded from school. *Caveat, UKHSA guidance can change without being informed, please be mindful when reviewing the guidance for illness.* ***Always check national guidance for updates.***

Childhood infections are common and for most children and young people the risk of severe disease is low. Some children may be at a higher risk due to their immune system is thought to have been exposed to an infection such as chickenpox or measles in their setting, the parents or carers should be informed immediately so that they can seek further medical advice from their GP or specialist, as appropriate.

Many infections start with a high temperature this is the human body's natural response to try and fight of infections ensure, children are not in school if they have a high temperature.

Chickenpox (Varicella) and shingles

What is it?

Chickenpox is a mild and common childhood illness that most children catch but there is a risk of complications in people who have a weakened immune system, including young babies and pregnant

women. Chickenpox is most common in children under the age of 10. Chickenpox and shingles are caused by the same virus which causes an itchy rash starting with flat red spots that become raised and filled with fluid.

Shingles, also known as zoster or herpes zoster, is a painful skin rash caused by the same virus responsible for chicken pox: the varicella zoster virus. An individual will only develop shingles if they have previously been in contact with the virus and had chickenpox. This is because the chickenpox virus remains in the body lying dormant in the roots of nerves and can reactivate many years later. Most cases of shingles are in men and women ages 60 and older, but children can also become affected.

Symptoms

Chickenpox generally starts with a fever and generally unwell.

- Spots will develop a few days later, these can be anywhere on the body including the mouth and genitals which can be painful (stage1).
- These spots soon begin to fill with fluid and become blisters which become itchy and may burst (stage 2).
- The spots form a scab, some scabs flake and others leak fluid (stage 3).
- The spots can be very itch and can leave scarring if they care scratched and become infected.

Stage 1

Stage 2

Stage 3

NHS: Chickenpox,

Shingles presents as a blistering rash in the area supplied by the affected nerve, usually only one side of the body. It can be very painful. Most people recover fully. There is often altered sensation before the rash appears, accompanied by 'flu like' symptoms. Direct contact with fluid from the blisters of a person that has shingles can cause chickenpox in someone who has never had it before

Is it Infectious and how can it spread?

Yes, chickenpox is highly infectious and spreads by respiratory secretions or by direct contact with fluid from blisters. People with chickenpox are generally infectious from 2 days before rash appears and until all blisters have crusted over (usually 5 - 6 days following spots appeared).

Ensure that anyone who is at higher risk (pregnant women, newborn babies, and people with a weakened immune system) seek medical advice as soon as they are exposed to chickenpox or if they develop chickenpox symptoms

Exclusion period

People with **chickenpox** should avoid contact with other people for at least 5 days from the onset of the rash and until all blisters have crusted over. The same exclusion period applies to children and adults.

A person with **shingles** is infectious to those who have not had chickenpox and should be excluded from education/childcare setting if they have a weeping rash that cannot be covered or until the blisters are dry and crusted over. UKHSA: Exclusion criteria for schools

Should anyone be notified?

Chickenpox is a notifiable diseases. UKHSA Health Protection Team and LA Health Protection Team and LA Education Team should be notified **if there is an outbreak**.

Further information

Chickenpox: Public health guidance, NHS: Chickenpox, UKHSA: Chickenpox and shingles, Shingles: guidance and vaccination programme

Cold sores

What is it?

Cold sores are caused by a virus called herpes simplex and usually appear on and around the lips, and sometimes appear on areas of the face and nose. It is estimated that more than half of us carry the virus but most of us do not develop cold sores. It is usually a mild self-limiting virus. Most people who get cold sores will have been infected early in life. Cold sores are common and usually clear up on their own.



NHS: Cold sores

After the virus infects the person, whether it shows on the skin or not, it goes to local sensory nerves and lies hidden (dormant) until reactivation (recurrence of the herpes infection). In children symptoms of the primary infection are most likely to develop in children younger than five years old.

Symptoms?

- 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.
- Other symptoms include fever, sore throat, producing more saliva, feeling nausea.

Is it infectious and how can it spread?

Cold sores are contagious and maybe irritating or painful while they heal. The virus is caught from another person through contact with mouth, eye or genital secretions or through direct contact with an active lesion. It's not possible to prevent infection with the herpes simplex virus or prevent outbreaks of cold sores, but steps can be taken to minimise the spread of infection.

Minimising the risk of the virus

- Avoid touching cold sores unless applying cold sore cream – creams should be dabbed on gently rather than rubbed in, as this can damage skin further
- Always wash hands before and after applying cold sore cream and after touching the affected area
- Don't share cold sore creams or medication with other people as this can cause the infection to spread
- Don't share items that came into contact with the affected area, such as lipsticks or cutlery
- Avoid kissing until cold sores have completely healed
- Be particularly careful around new born babies, pregnant women and people with a low immune system, such as those with HIV or those having chemotherapy

Exclusion

None needed, however the individual may feel unwell.

Should anyone be notified?

No agencies been to be informed.

Further information

NHS: Cold sores, UKHSA: Cold sores

Conjunctivitis

What is it?

Conjunctivitis (also known as "pink eye") is an inflammation of the thin layer of tissue that covers the front of the eye and effects outer lining of the eye and eyelid causing a sore or itchy red eye(s) with a sticky or watery discharge. It can be caused by bacteria or viruses or allergies Prompt treatment and good hand washing helps to prevent spread. It usually affects both eyes.

Symptoms?

Symptoms for conjunctivitis includes:

- Swelling and watering of the eyes
- Burning sensation
- Feeling of grit in the eye
- Itchy eyes

Is it infectious and how can it spread?

Yes, bacterial or viral conjunctivitis is usually spread from person to person by direct or indirect contact with the discharge from the eye.

Exclusion period?

None needed, however the individual may feel unwell.

Should anyone be notified?

No agencies been to be informed.

Further information

UKHSA: Conjunctivitis, NHS: Conjunctivitis UKHSA: Exclusion criteria for schools

COVID-19

What is it?

COVID-19 is caused by a virus which is usually spread from person to person by droplets, aerosols or indirect contact (via inanimate objects e.g. tables, door handles) when an infected person sneezes or coughs.

Most people with COVID-19 (coronavirus) will experience mild to moderate respiratory symptoms and recover without needing treatment. Children can catch COVID-19 but seem to be less affected. However, some people, particularly the elderly or those with other underlying health conditions, can develop serious breathing difficulties and other problems.

Symptoms?

- New, continuous cough: coughing a lot in an hour, or 3 or more coughing episodes in 24 hours (an existing cough would be worse than usual)
- High Temperature: feel hot to touch on chest or back (do not need to measure temperature)
- Loss of or change to your sense of smell or taste: cannot smell or taste anything, or things smell or taste different to normal

Is it infectious and how can it spread?

You can pass on the infection to others, even if you have no symptoms. Many people with COVID-19 will no longer be infectious after 5 days.

Exclusion period?

If a child or young person has a positive COVID-19 test result, should not attend the setting for 3 days after the day of the test. After 3 days, if they feel well and do not have a high temperature, the risk of passing the infection on to others is much lower. This is because children and young people tend to be infectious to other people for less time than adults. UKHSA: Exclusion criteria for schools

Children and young people who usually go to school, college or childcare and who live with someone who has a positive COVID-19 test result should continue to attend as normal.

Should anyone be contacted?

COVID-19 is a notifiable diseases. UKHSA Health Protection Team, LA Health Protection Team and LA Education Team should be notified **if there is an outbreak**.

Further information?

UKHSA: People living with symptoms of a respiratory infection including COVID-19,

UKHSA: emergency planning and response for education and childcare settings, NHS: COVID-19

UKHSA: Living safely with respiratory infections UKHSA Respiratory infections, including COVID-19

UKHSA: Exclusion criteria for schools

Diarrhoea and vomiting (gastroenteritis)

What is it?

Diarrhoea and/or vomiting may be due to a variety of causes including germs, toxins or non-infectious diseases. However, as a general principle, all cases of gastroenteritis should be regarded as potentially infectious unless there is good evidence to suggest otherwise.

Common causes:

- Stomach bugs (gastroenteritis)
- Norovirus – (vomiting bug or winter bug)
- Rotavirus (causes gastroenteritis)
- Food poisoning

Encouraging effective hand washing will reduce the spread, washing hands before handling food and after going to the toilet or after playing.

Symptoms?

Diarrhoea is having loose liquid stools. Vomiting is being sick. This may include feeling sick (nausea), high temperature/ fever, headache and/ or aching arms and legs.

Is it infectious and how can it spread?

Yes, these infections can spread by close contact, touching surfaces or objects that have the disease or eating food that is contaminated or prepared by someone with the illness. Ensure PPE is worn when handing faecal/ vomited clothes.

Exclusion period?

Children and adults should be excluded until 48 hours after diarrhoea and vomiting has stopped and the individual is well enough to come back to school. UKHSA: Exclusion criteria for schools

Should anyone be notified?

If there are a high number of students and/or staff absences due to diarrhoea and vomiting contact, UKHSA Health Protection Team, Local Authority (LA) Health Protection Team and Local Authority (LA) Education Team

Further information

UKHSA: Diarrhoea and vomiting, UKHSA guidance on gastrointestinal infections, NHS: Diarrhoea and vomiting NHS: Norovirus UKHSA: Norovirus guidance,

Hand, foot and mouth disease

What is it?

Hand, foot and mouth disease is a common viral illness in childhood and can affect adults. To note, this is different to Foot and Mouth disease (which affects animals).

Symptoms?

- Initially the individual will develop a fever
- Reduced appetite
- Sore mouth
- Generally, fell unwell
- 1-2 days later spots develop into blisters, on hands, feed and inside of mouth.
- Caveat, not all cases have symptoms

Is it infectious and how can it spread?

Spread by direct contact with nasal and throat secretions or faeces of the infected person. There is a slight risk to pregnant staff and may wish to avoid close contact with an affected child.

The virus can also be transmitted by aerosol spread such as:

- Coughing and sneezing.
- Hands contaminated from secretions which, if not washed thoroughly may transmit infection

Promote good hand washing in both those affected and the staff who carry out nappy changing and/or assist with toileting to reduce the risk of transmission.

Exclusion period?

Exclusion of a well pupil is not required. If a child is feeling unwell, they can stay at home and return to education or childcare setting as soon as they are feeling better, there is no need to stay off until the blisters have all healed. Keeping your child off for longer periods is unlikely to stop the illness spreading.
UKHSA: Exclusion criteria for schools

Should anyone be notified?

None needed.

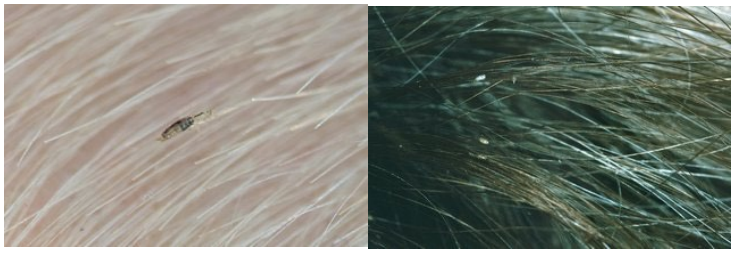
Further information

NHS: Hand, foot and mouth UKHSA: Hand, foot and mouth disease

Head Lice

What is it?

Common in young children and their families. It has nothing to do with dirty hair and are picked up by head to head contact. These insects only live on humans, lay eggs and hatch within 7-10 days. The empty eggshells (nits) are white and shiny.



NHS: Head lice

Symptoms

- Itchy head
- Feels like something is moving in your hair

Is it infectious and how can it spread?

Infectious rate remains low and can spread through direct, prolonged head-to-head contact. Sport and transmission through close contacts at home are also common routes for spread. The only way to be sure someone has head lice is by finding live lice. You can do this by combing their hair with a special fine-toothed comb (detection comb). You can buy these online or at pharmacies.

Exclusion period

No exclusion

Should anyone be contacted?

Not needed.

Further information

NHS: Head lice UKHSA: Head lice UKHSA: Head lice

Impetigo

What is it?

Impetigo is a bacterial skin infection which mainly affects infants and young children. It may be a primary infection or a complication of an existing skin condition such as eczema, scabies or insect bites. Once someone is infected with the bacteria, the infection can be spread easily through close contact such as through direct physical contact, by sharing towels or flannels. It's not usually serious and often improves within a week of treatment.


NHS: Impetigo

Symptoms?

- Sores/ blisters can develop anywhere on the body but tend to occur as reddish sores on the face, especially around the nose and mouth and on the hands and feet.

Is it infectious and how can it spread?

It is very infectious, whilst the sores are discharging pus. It is spread by direct contact with the lesions and pus. Impetigo can affect people of any age, but it tends to affect children more often than adults.

Exclusion period

Individuals should be excluded from school until lesions (sores or blisters) are crusted over or 48 hours after commencing antibiotic treatment. UKHSA: Exclusion criteria for schools

Should anyone be notified?

Not needed.

Further information

NHS: Impetigo, UKHSA: Impetigo

Influenza (Flu)

What is it?

Influenza (commonly known as flu) is a viral respiratory illness (usually influenza A or B). Flu viruses are always changing so this winter's flu strains will be slightly different from previous winters.

Flu can affect anyone but if people have a long-term health condition the effects of flu can make it worse even if the health condition is well managed and they normally feel well. Some people associate colds as being flu which is incorrect as they are caused by different viruses.

Antibiotics are not recommended for flu because they will not relieve your symptoms or speed up your recovery due to be a viral infection and not bacterial.

Encourage individuals to implement good hand hygiene and respiratory hygiene practices. Use education materials (E-bug and Germ Journey) to support.

Symptoms?

- Headache
- Fever/ high temperature
- Shivering
- Dry Cough
- Sore throat
- Aching muscles and joints
- Fatigue

Symptom	Common Cold	Influenza with symptoms
Fever	Uncommon and then low (under 38°)	Common and often a high fever (over 38°)
Aching muscles – body	Rare	Common
General illness and lack of energy	Rare	Common
Headache	Common	Common
Running nose	Almost always	Common but a minor feature
Sneezing	Almost always	Common but a minor feature
Watery eyes	Common	A minor feature
Throat irritation	Almost always	A minor feature
Coughing	Common	Common

Is it contagious and how does it spread?

Influenza is highly infectious and spreads easily in crowded or enclosed spaces, 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 and surfaces.

Ask children to cover their noses and mouths with a tissue when coughing or sneezing and discard tissues after use. Ensure regular hand washing with soap and water, especially after coughing or sneezing.

Exclusion period

Exclude individuals with symptoms of 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, or mild cough, but who are otherwise well. UKHSA: Exclusion criteria for schools.

Children and young people who are **unwell and have a high temperature** should stay at home and where possible avoid contact with other people. They can go back to education or childcare setting when they no longer have a high temperature and they are well enough.

Should anyone be notified?

If you have an outbreak or an individual is hospitalised inform UKHSA Health Protection Team, LA Health Protection Team and LA Education Team.

Further information

NHS: Flu, UKHSA: Influenza, NHS: Respiratory tract infection, UKHSA: Living with respiratory infections including COVID-19, UKHSA: Seasonal influenza guidance

Influenza-like illness

What is it?

It's normal for a child to have 8 or more colds a year. This is because there are hundreds of different cold viruses and young children have no immunity to any of them as they have never had them before. They gradually build up immunity and get fewer colds. For most children these illnesses will not be serious, and they soon recover.

Sore throats can often be caused by viral illnesses such as colds or flu.

Children often cough when they have a cold because of mucus trickling down the back of the throat.

Symptoms?

Symptoms may vary,

- High temperature / fever
- Pain
- Stuffy or runny nose
- Coughing
- Sore throat
- Headaches
- Muscle aches

Is it infectious and how can it spread?

Coughs and colds are highly infectious. Respiratory infections can spread easily between people especially when people cough or sneeze. Handwashing can dramatically reduce the risk of cross-infection. Encouraging children and staff to cover mouth and nose with a tissue. 'Catch it, kill it, bin it' terminology should be used (see appendix).

Exclusion period?

None needed. Children and young people who are **unwell and have a high temperature** should stay at home and were possible avoid contact with other people. They can go back to education or childcare setting when they no longer have a high temperature and they are well enough. UKHSA: Exclusion criteria for schools

Should anyone be notified?

UKHSA Health Protection Team, LA Health Protection Team and LA Education Team if:

- 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 pupil, student, child or staff member is admitted to hospital

Further information

NHS: Cold, coughs and ear infections in children , NHS: respiratory tract infection , UKHSA: people with symptoms of a respiratory infection, UKHSA: Respiratory infections including COVID-19, UKHSA: Living with respiratory infections including COVID-19, UKHSA: outbreak management for influenza like illness

Measles

What is it?

Highly infectious viral illness that can be very unpleasant and can sometimes lead to serious complications). MMR (measles, mumps and rubella) vaccine is the safest and most effective way to protect against measles. People need 2 doses of MMR vaccine to be protected against measles, mumps and rubella. **Parents must seek medical advice if measles is suspected.**





NHS: Measles

Symptoms?

First symptoms may include:

- Fever / high temperature
- A runny or blocked nose
- Sneezing
- A cough
- Red, sore, watery eyes
- Small white spots inside the cheek
- Diarrhoea and vomiting are common

Three or four days after first symptom

- A rash of flat red or brown blotches appear, beginning on the face, behind the ears and spreading over the body.

Is it infectious and how can it spread?

Measles is highly infectious and transmitted via airborne or droplet spread, or direct contact with nasal or throat secretions of infected persons. MMR vaccine is the only preventative measure for measles.

Exclusion period

As soon as measles is suspected until five days after the onset of rash. UKHSA: Exclusion criteria for schools.

Should anyone be notified?

Measles is a notifiable diseases, if there are any suspected or confirmed cases contact UKHSA Health Protection Team, LA Health Protection Team and LA Education Team should be notified if there is an outbreak.

Further information

UKHSA: Measles factsheet, NHS: Measles, NHS Publications: Measles, don't let your child catch it, UKHSA: Measles.

Meningitis

What is it?

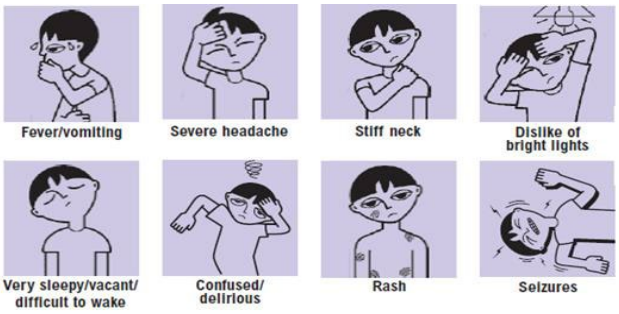
There are many different causes of meningitis, but the two most common organisms are viruses and bacteria.

- **Viral meningitis is usually a mild disease, but it can make people very unwell**. Many cases occur each year, mostly affecting babies and children. Although most people will make a full recovery some are left with serious and debilitating after-effects.
- **Bacterial meningitis can be life-threatening and needs urgent medical attention**. Most people who suffer from bacterial meningitis recover but many can be left with a variety of after effects. Meningococcal disease is a serious bacterial infection which causes meningitis and septicaemia.

Childhood immunisation can protect against meningitis caused by mumps, polio, Haemophilus influenzae type b (Hib), pneumococcus and Neisseria meningitidis group A, B, C, W and Y.

Symptoms

- Fever/ high temperature
- Severe headache,
- Photophobia,
- Neck stiffness,
- Non-blanching rash (see glass test),
- Vomiting,
- Drowsiness.



If a glass tumbler is pressed firmly against a rash, the rash will not fade. The rash will be visible through the glass. If this happens urgent medical attention should be sought. Note that the rash is a late symptom – if any of the other symptoms have already occurred seek medical advice immediately.

Is it infectious and how can it spread?

Spread is from person to person through respiratory droplets and direct contact with nose and throat secretions. Infections that cause meningitis can be spread through sneezing, coughing, and kissing.

You should get medical advice as soon as possible if you're concerned that you or your child could have meningitis.

Exclusion period

Once the child has been treated (if necessary) and has recovered, they can return to their education or childcare setting. UKHSA: Exclusion criteria for schools

Should anyone be notified?

Meningitis is a notifiable diseases. UKHSA Health Protection Team if 2 cases of meningitis occur in the education/childcare setting within 4 weeks, LA Health Protection and LA Education Team.

Further information

UKHSA: Meningitis, UKHSA: Meningitis, NHS: meningitis, meningitis: action checklist

Meningococcal

What is it?

The bacteria *Neisseria meningitidis* causes meningococcal meningitis and meningococcal septicaemia (known collectively as 'meningococcal infection'). Meningococcal infection is a rare but serious disease and is fatal in around 1 in 10 people with the illness. Effective childhood vaccinations can prevent some types of meningococcal illnesses.

Symptoms

- Fever/ high temperature
- Severe headache,
- Photophobia,
- Neck stiffness,
- Non-blanching rash (see glass test),
- Vomiting,
- Drowsiness

If a glass tumbler is pressed firmly against a rash, the rash will not fade. The rash will be visible through the glass. If this happens urgent medical attention should be sought. Note that the rash is a late symptom – if any of the other symptoms have already occurred seek medical advice immediately.

Be aware - symptoms can develop within hours and immediate treatment is vital.

Is it infectious and how can it spread?

Spread is from person to person through respiratory droplets and direct contact with nose and throat secretions. Infections that cause meningococcal can be spread through: sneezing, coughing and kissing.

You should get medical advice as soon as possible if you're concerned that you or your child could have meningococcal.

Exclusion period

Once the child has been treated (if necessary) and has recovered, they can return to their education or childcare setting. UKHSA: Exclusion criteria for schools

Should anyone be notified?

Meningococcal septicaemia is a notifiable diseases. UKHSA Health Protection Team, LA Health Protection Team and LA Education Team should be notified if there is an outbreak.

Further information

UKHSA: Meningococcal,

Mumps

What is it?

Mumps is a contagious viral infection that used to be common in children before the introduction of the MMR vaccine. MMR (measles, mumps and rubella) vaccine is the safest and most effective way to protect against mumps. People need 2 doses of MMR to be protected against measles, mumps and rubella.

NHS: Mumps

Symptoms?

- Fever/ high temperature
- Swelling and tenderness of salivary glands (parotid) (The swelling can be one sided or affect both sides)
- Headaches
- Joint pain
- General malaise.
- Mumps is usually mild in young children, but can cause swelling of the testicles and rarely, infertility in males over the age of puberty.
- Mumps is most recognisable by the painful swellings in the side of the face under the ears (the parotid glands), giving a person with mumps a distinctive "hamster face" appearance.

Is it infectious and how can it spread?

The mumps virus is highly infectious and can be spread by droplets from the nose and throat, and by saliva. An infected person touching their nose or mouth, then transferring the virus onto an object, such as a door handle, or work surface; if someone else touches the object shortly afterwards, they are highly likely to transfer the virus from their hands into their mouth, nose or some other route.

Exclusion period

Infected children can return to education or childcare setting 5 days after the onset of swelling, if feeling well. UKHSA: Exclusion criteria for schools

Should anyone be notified?

Mumps is a notifiable diseases. UKHSA Health Protection Team, LA Health Protection Team and LA Education Team should be notified if there is an outbreak.

Further information

NHS: Mumps, UKHSA: Mumps,

Ringworm

What is it?

Ringworm is a common fungal infection and is not caused by worms. Ringworm affect any part of the body but mainly face, groin, foot, hand, scalp area and nails, depending on the individuals skin tone depends if the rash looks, red, silver or darker.




NHS: Ringworm

Symptoms?

Rash which maybe scaly, dry, swollen or itchy.

Is it infectious and how can it spread?

Ringworm is highly infectious, and spread is by direct skin to skin contact with an infected person or animal, by indirect contact with contaminated surfaces such as bedsheets, combs or towels.

- Encourage staff and children to wash their hands regularly with soap and water.
- Affected persons should not share towels, flannels, pillows, socks or shoes.
- Ensure the child with ringworm to the feet are wearing socks and trainers. The child should have his or her feet covered for physical education or other activities.
- Advise the parents to seek advice from a General Practitioner (GP) for recommended treatment.

Exclusion period

None needed. Parents should notify the school if their child has ringworm. UKHSA: Exclusion criteria for schools

Should anyone be notified?

None needed.

Further information

UKHSA: Ringworm, NHS: Ringworm,

Rubella (German Measles)

What is it?

Rubella is a viral infection and generally a mild illness however, it can be serious during pregnancy. MMR (measles, mumps and rubella) vaccine is the safest and most effective way to protect against rubella. People need 2 doses of MMR to be protected against measles, mumps and rubella.



NHS: Rubella

Symptoms?

- Swollen lymph glands around the ears and back of the head before onset of rash
- Sore throat and runny nose before rash appears

- Mild fever/ high temperature, headache and tiredness
- Conjunctivitis
- A transient red rash behind ears and on the face and neck
- Painful and swollen joints.

Is it infectious and how can it spread?

Rubella, is highly infectious. Transmission is spread by respiratory droplets through coughing or sneezing, or by direct contact with the saliva of an infected individual. For example, coughing, sneezing or talking, sharing food and drinks, touching a surface contaminated with the droplets.

Exclusion period

Exclude from education or childcare setting or work for 5 days from the appearance of the rash. Rubella is infectious from 1 week, before the symptoms start and for 5 days after the rash first appears. UKHSA: Exclusion criteria for schools

Should anyone be notified?

Rubella is a notifiable diseases. UKHSA Health Protection Team, LA Health Protection Team and LA Education Team should be notified if there is an outbreak.

Further information

UKHSA: Rubella, NHS: Rubella

Scabies

What is it?

Scabies is a skin infection caused by tiny mites that burrow in the skin. Scabies are common and should be treated quickly to prevent spread. Scabies mites cannot live outside the human body and cannot be picked up from just clothes. Individuals with scabies are expected to complete two courses of treatment, second course should be one week after the first course. All household contacts or any other very close contacts should have one treatment at the same time.

Symptoms?

- Intense itching, especially at night
- Raised rash or spots
- Spots/ rash may look red

Is it infectious and how can it spread?

Scabies is infectious and spread by skin-to-skin contact.

Exclusion period

None (to avoid close physical contact with others until 24 hours after the first dose of chosen treatment). Those unable to adhere to this advice (such as under 5 years or additional needs), should be excluded until 24 hours after the first dose of chosen treatment. UKHSA: Exclusion criteria for schools

Should anyone be notified?

UKHSA Health Protection Team, LA Health Protection Team and LA Education Team should be contacted if there is an outbreak.

Further information

NHS: Scabies, UKHSA: Scabies,

Scarlet Fever

What is it?

Scarlet fever is a bacterial infection that causes a distinctive pink-red rash ad sometimes called scarlatina. Scarlet fever usually follows a sore throat or a skin infection, such as impetigo, caused by certain strains of streptococcus bacteria. Scarlet fever is part of the same group of bacterial infection as Group A Streptococcus (GAS).


NHS: Scarlet fever

Symptoms?

- Fever/ high temperature
- Sore throat
- Difficulty swallowing
- Tender enlarged lymph nodes
- Rash develops on first day of fever, it appears as a red pinhead in size and the skin a sandpaper-like texture
- Tongue is strawberry-like appearance

Is it infectious and how can it spread?

Scarlet fever, is highly infectious and can be spread from person to person through respiratory droplets and direct contact with nose and throat, from sneezing and coughing. Touching the skin if someone has impetigo. Droplets from the mouth or nose may also contaminate hands, eating and drinking utensils,

toys or other items can spread to others that use or touch them, particularly if they then touch their nose or mouth.

1. Encourage staff and children to wash their hands regularly with soap and water.
2. Encourage covering of the nose and mouth with a tissue when coughing or sneezing. Tissues should be disposed, and hands washed with soap and water.
3. Send the child home if unwell.

Exclusion period

Children can return to their education or childcare setting 24 hours, after commencing appropriate antibiotic treatment. If no antibiotics have been administered the person will be infectious for 2 to 3 weeks. UKHSA: Exclusion criteria for schools

Should anyone be notified?

Scarlet fever is a notifiable diseases. UKHSA Health Protection Team, LA Health Protection Team and LA Education Team should be notified if there is an outbreak.

If there is an outbreak of scarlet fever and chickenpox co-circulating at the education or childcare setting inform UKHSA.

Further information

UKHSA: Scarlet Fever, NHS: Scarlet fever,

Slapped Cheek Syndrome

What is it?

Slapped check syndrome (also called fifth disease or parvovirus B19) is common in children and should get better on its own. The affected individual begins to feel better as the rash appears. The rash usually peaks after a week and then fades. There is no specific treatment.


NHS: Slapped Cheek Syndrome

Symptoms?

- Rose-red rash to cheeks but may also spread of the rest of the body. It may be harder to see on darker skin.
- Mild fever

Is it infectious and how can it spread?

Spread is by the respiratory route and a person is infectious 3 to 5 days before the appearance of the rash. Individuals are no longer infectious once the rash appears. **Pregnant contacts of case should consult with their GP or midwife.**

Exclusion period

None needed. Children and young people who are **unwell and have a high temperature** should stay at home and where possible avoid contact with other people. They can go back to education or childcare setting when they no longer have a high temperature and they are well enough. UKHSA: Exclusion criteria for schools

Should anyone be notified?

No

Further Information

UKHSA: Slapped Cheek Syndrome NHS: Slapped Cheek Syndrome

Sore Throat and Tonsillitis

What is it?

Sore throats are very common and are usually caused by viruses like colds or influenza but, can also become bacterial such as strep throat. They normally get better by themselves within a week. Tonsillitis is inflammation of the tonsils and an infection of the tonsils at the back of your throat. It is a common childhood illness, but teenagers and adults can get it too.

Symptoms?

Tonsillitis

- Sore throat
- Problems swallowing
- Fever/ high temperature
- Coughing
- Headache
- Feeling sick
- Earache
- Feeling tired
- A scratchy, muffled or throaty voice
- Swollen, painful glands in your neck (feels like a lump on the side of your neck)
- White pus-filled spots on your tonsils
- Bad breath

Sore Throat

- Painful throat especially when swallowing
- A dry, scratchy throat
- Redness in the back of the mouth
- Bad breath
- A mild cough
- Swollen neck glands
- Fever/ high temperature

Is it infectious and how can it spread?

Tonsillitis can be contagious, due to the infections that causes it, for example, colds and flu.

To stop these infections spreading:

1. If the individual has a high temperature or does not feel well enough to do your normal activities, advise to stay at home and avoid contact with other people until you feel better
2. Encourage tissues when you cough or sneeze and throw them away
3. Wash your hands after coughing or sneezing

Exclusion period

None needed. Children and young people who are **unwell and have a high temperature** should stay at home and where possible avoid contact with other people. They can go back to education or childcare setting when they no longer have a high temperature and they are well enough. UKHSA: Exclusion criteria for schools

Should anyone be notified?

No one

Further information

NHS: Tonsillitis, NHS: Sore throat

Threadworm

What is it?

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?

- Itching around anus or vagina, particularly at night.
- Irritability and waking up during the night

Is it infectious and how can it spread?

It is infectious and can spread easily and treated by visiting the pharmacy.

Regular hand washing, laundry and regular cleaning can help reduce the risk of infection and re-infection. Transmission is uncommon in education or childcare settings.

Exclusion Period

None needed

Should anyone be notified?

No

Further information

NHS: Threadworms UKHSA: Threadworm

Tuberculosis (TB)

What is it?

TB can be found in any part of the body (extrapulmonary) but is commonly found in the lungs (pulmonary TB). TB is a bacterial infection and is almost always curable, a course of antibiotics for six months if not longer will be needed. The Bacillus Calmette–Guérin (BCG) vaccine is no longer routinely given to anyone over the age of 35. The BCG vaccine will be offered to babies, children, and adults under the age of 35 who are at high risk.

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 individuals only

At risk groups include:

- Children living in areas with high rates of TB
- People with close family members from countries with high TB rates
- People going to live and work with local people for more than 3 months in an area with high rates of TB

Countries with high TB rates:

- Parts of the world with high rates of TB include:
- Africa, particularly sub-Saharan Africa (all the African countries south of the Sahara Desert) and west Africa
- South Asia, including India, Pakistan, Indonesia and Bangladesh
- Russia
- China
- South America
- The western Pacific region (to the west of the Pacific Ocean) including Vietnam, Cambodia and the Philippines

Symptoms?

Pulmonary TB

- Weight loss
- Fever/ high temperature
- Night sweats
- Prolonged cough
- Loss of appetite
- Fatigue
- Breathlessness
- Pains in the chest

Extrapulmonary TB

- Limps or swelling
- Confusion
- A persistent headache
- Fits (seizures)
- Persistently swollen glands
- Abdominal pain
- Pain and loss of movement in an affected bone or join

Is it infectious and how can it spread?

Infectious TB develops in the lungs (pulmonary TB) and is spread through inhaling droplets from coughs and sneezes.

1. Stay away from work, school or college until your TB treatment team advises you it's safe to return
2. Always cover your mouth when coughing, sneezing or laughing
3. Carefully dispose of any used tissues in a sealed plastic bag
4. Open windows when possible to ensure a good supply of fresh air in the areas where you spend time
5. Avoid sleeping in the same room as other people

Can a contact of someone with TB attend school?

- When someone is diagnosed with TB their treatment team will assess whether other people are at risk of infection and require screening.
- Close contacts (usually people living in the same household as the individual with TB) may be screened.
- Occasionally wider social and workplace contacts may also require screening.
- The TB team will work with the Health Protection Team to assess screening requirements and arrange appointments as required

Exclusion period

People with infectious TB can usually return to their education or childcare setting or normal activities after 2 weeks of effective antibiotic treatment prescribed by specialist TB services, and if they are well enough. **TB consultants/ nurses will advise/ confirm return date.**

Children, young people and staff with **non-infectious TB do not require exclusion** and can return to their education or childcare setting as soon as they are well enough. TB doctor or nurses or UKHSA Health Protection Team will advise on exclusion for the child or staff member affected.

Don't exclude siblings, friends or other contacts of TB cases, unless exclusion is advised by your TB team or UKHSA Health Protection Team. UKHSA: Exclusion criteria for schools

Should anyone be notified?

TB is a notifiable diseases. UKHSA Health Protection Team, LA Health Protection Team and LA Education Team should be notified if there is an outbreak.

The UKHSA Health Protection Team may carry out a risk assessment with the education or childcare setting and advise or arrange screening for other pupils or staff.

Further information

UKHSA: TB, UKHSA: TB guidance for schools, NHS: Tuberculosis UKHSA: TB, further guidance

Warts and Verrucae

What is it?

Warts and verrucas are small, rough lumps or growths on your skin caused by the human papilloma virus (HPV). Many people get one at some point in their lives. They're most common in children and young adults. A wart on the sole of your foot is called a verruca.

NHS: Warts and verruca

Symptoms?

Warts are not usually painful, but some types, such as verrucas, may hurt. They can occasionally itch or bleed. There are several different types of warts, all varying in size and shape.

Is it infectious and how can it spread?

Warts and verrucas are not infectious and are difficult to spread. But measures should be followed to help stop the spread.

- Avoid touching other warts and verrucas but, ensure hands are washed if individuals touch their own.
- Ensure individuals have their own towels, flannels shoes and socks.
- Encourage individuals to wear clean socks every day.
- Discourage walking barefoot in school (or any public place)
- Ensure warts and verrucas are covered with a waterproof plaster or sock when swimming.

Exclusion period

None needed

Should anyone be notified?

No

Further information

NHS: Warts and verrucas UKHSA: Exclusion criteria for schools

Whooping Cough (Pertussis)

What is it?

Whooping cough is a bacterial infection of the lungs and airways which leads to a build-up of mucus and swollen airways. Antibiotics may be prescribed, to prevent spread and last up to three months. Routine childhood immunisation against whooping cough is a recommended vaccination and pregnant women are encouraged to vaccine their unborn due to seriousness of whooping cough poses on newborns.

Symptoms?

- Dry and irritating cough
- Gasping for breath after a coughing bout causes a 'whooping' sound
- Running nose
- Fever/ high temperature
- Vomiting after coughing

Is it infectious and how can it spread?

People with whooping cough are infectious from six days after exposure to the bacteria to 21 days after the "whooping" cough begins (without treatment). The bacteria are passed from person to person by infected droplets which are spread by coughing and sneezing.

1. Advise parents to seek medical review for their child as soon as possible if whooping cough is suspected.
2. Good respiratory hygiene should be encouraged (covering noses and mouths with tissues when coughing or sneezing and discarding it after use). Catch it, kill it, bin it.
3. Good hand hygiene should also be encouraged (after using the toilet and before eating as per usual but also after coughing, sneezing or assisting others with respiratory hygiene).

Exclusion period

A child or staff member should not return to their education/childcare setting until they have had 48 hours of appropriate treatment with antibiotics, and they feel well enough to do so or 21 days from onset of illness if they have not received antibiotic treatment. UKHSA: Exclusion criteria for schools

Should anyone be notified?

Pertussis is a notifiable diseases. UKHSA Health Protection Team, LA Health Protection Team and LA Education Team should be notified if there is an outbreak.

Further information

UKHSA: Whooping cough (pertussis), NHS: Whooping cough

Section: What to do in an outbreak or incident and who to contact?

An outbreak is defined as two or more linked cases with similar symptoms over and above that which would normally be expected. Schools or childcare facilities should contact the Health Protection Team as soon as they suspect an outbreak to discuss the situation and agree if any actions are required. More information can be found in UKHSA health protection in schools and childcare facilities guidance.

Health protection in schools and other childcare facilities in specific education setting

UKHSA: emergency planning and response for education and childcare settings

When to seek advice:

Registered medical practitioners in England and Wales have a statutory duty to notify their local UKHSA Health Protection Team, of suspected cases of notifiable infectious diseases. All laboratories in England performing a primary diagnostic role must notify UKHSA when they confirm a notifiable organism. Educational and childcare settings will be contacted as part of public health management.

Education and childcare settings may consider seeking specialist advice from the relevant UKHSA HPT if they are concerned and have seen:

- A higher than previously experienced and/or rapidly increasing number of staff or student absences due to acute respiratory infection or diarrhoea and vomiting.
- Evidence of severe disease due to an infection, for example if a pupil, student, child or staff member is admitted to hospital
- More than one infection circulating in the same group of students and staff for example chicken pox and scarlet fever.

Education and childcare settings are asked to contact the UKHSA Health Protection Team and LA Health Protection Team as soon as an outbreak, serious or unusual illness for example:

- E. coli 0157 or E. coli STEC infection
- Food poisoning
- Hepatitis
- Measles, mumps and rubella
- Meningococcal meningitis
- Scarlet fever (if an outbreak or co-circulating chicken pox)
- Tuberculosis (TB)
- Typhoid
- Whooping cough (pertussis)

There is a list of notifiable diseases that UKHSA require notifying if cases are identified.

Classification of an outbreak

An outbreak or incident may be defined as one of the following:

- Two or more persons with the same disease or symptoms or the same organism isolated from a diagnostic sample who are linked through common exposure, personal characteristics, time or place.
- A greater than expected rate of infection compared with the usual background rate for a place and time.
- A single case of a rare or serious disease.

For example:

- 2 or more cases of diarrhoea or vomiting which are in the same classroom, shared communal areas or taking part in the same activities
- Higher than usual number of people diagnosed with scabies
- Higher than usual number of people with respiratory symptoms

What to do if an outbreak or incident is suspected

Firstly, don't panic! Take a few deep breathes and try to relax. Attempt and do things methodically, work through a step-by-step guide/ list.

What to do next?

- Review this document, UKHSA: Outbreak management and list of notifiable diseases to see whether the illness needs to be reported. Review UKHSA: Exclusion table if illnesses are not in this guidance to see if child/ren should be excluded from school or not.
- Contact UKHSA Health Protection Team and LA Health Protection Team if you suspect an outbreak to discuss the situation (that has been mentioned above or on UKHSA website).
- If you are unsure if the illness needs to be reported contact UKHSA Health Protection Team or LA Health Protection Team for support.
- Involve stakeholders so they are aware of what is happening:
    - Head Teacher/ Principal and Manager
    - Teachers/ Teaching assistants/ Domestics/ any staff members working within the school that need to be informed.
    - School Nurse
    - UK Health Security Agency (UKHSA) Health Protection Team
    - Local Authority Health Protection Team
- Other professionals or stakeholders who may be involved directly or indirectly.
    - General Practitioner
    - Consultant Microbiologists
    - Specialist Consultants/ professionals
    - Health Visitor (for children in nurseries or playgroups)
    - Other stakeholders may include, Paediatrician, Environmental Health and Occupational Health.
    - Ofsted
- Review all infection prevention and control measures that are currently in place and think if more robust measures are needed. This can usually be achieved through:
    - Good hand washing
    - Keeping the environment clean or enhanced cleaning
    - Encouraging staff and students who are ill to not attend the setting

- Immunisation of pupils and staff if acceptable
- Ventilation and letting in fresh air within occupied spaced
- Communications between education setting and parents and/or carers informing of the outbreak/ incident and reinforce key messages around hand hygiene and respiration etiquette. This could be used to raise awareness.
- Using programmes such as E-Bug and Germ Journey to reinforce hygiene and germ theory with students and staff.

What information will be needed

It is useful to have the information listed below available before contacting UKHSA or LA to discuss this situation as it will help to inform UKHSA and LA Health Protection Team the size and nature of the outbreak:

- Total numbers affected (staff and children)
- Symptoms
- Date(s) when symptoms started
- Number of classes affected

UKHSA: outbreak management discusses what to do in an outbreak and other areas/ answers that maybe asked.

Here you will be able to find out your UKHSA, local Health Protection Team

UKHSA HPT, may conduct a risk assessment of the situation based on the information provided, and the type of infection.

The risk assessment will inform the need for any further actions which may include:

- Reinforcement of baseline infection prevention and control measures communication to parents and carers
- Exceptionally, temporary advice to reduce mixing among a targeted group
- Exceptionally, the temporary use of face coverings in communal areas
- Your UKHSA HPT will advise on whether any of these actions are recommended.
- They may consider holding an incident management team (IMT)

In exceptional circumstances and as a last resort, should limiting the number of children or young people attending the setting is considered, an IMT meeting will be needed.

A risk assessment completed by the school will also be needed, including exclusion and when till, pregnant staff/ young people. Once your outbreak has ended it may be a good idea to look at the affected area and complete an audit.

Confidentiality

It is important to note that Health Protection Teams (HPT) are bound to manage personal case details in strict confidence. Therefore, information given to settings from the team for distribution during an outbreak will never name cases or give out any personal details. Organisations where cases are identified are also bound to manage personal case details in strict confidence.

Section: Staff wellbeing

This section will give an overview of staff wellbeing in relation to health protection including pregnant women and staff immunisation. These sections UKHSA: health protection in schools, UKHSA: Exclusion criteria for schools will give more in-depth information around staff health in relation to health protection, if you are unsure whether staff should be isolated or you have a staff pregnant and unsure what to do, speak with your local UKHSA Health Protection Team and/ or LA Health Protection Team.

Staff exclusion

Staff employed in schools, nurseries and other childcare settings should have the same rules regarding exclusion applied to them as are applied to the children. They may return to work when they are no longer infectious, provided they feel well enough to do so. UKHSA: Exclusion criteria for schools

Staff immunisation

All staff should undergo an occupational health check before starting employment; this includes ensuring they are up to date with immunisations, including Measles, Mumps, Rubella (MMR). Having staff vaccinated around illness that can affect children could potentially reduce the risk of a serious outbreak. However, the Public Health (Control of Disease) Act 1984, states that members of the public should not be compelled to undergo any mandatory medical treatment, including vaccinations.

Pregnant women (staff or students)

Women who are pregnant should ensure they are up to date with the recommended immunisations and vaccinations, including COVID-19. **Pregnant women should consult their midwife or GP immediately** if they encounter anyone with positive cases of measles, mumps, rubella, slapped cheek syndrome and chickenpox as contact with these illnesses can affect the pregnancy and/or development of the unborn baby. They should also avoid contact with animal litter trays due to the risk of toxoplasmosis.

A risk assessment should be completed if any staff members become pregnant and reviewed when diseases/ infectious agents are found. HSE guidance for pregnant workers and new mothers

Chickenpox

Chickenpox can affect the pregnancy if a woman has not already had the infection. Shingles is caused by the same virus as chickenpox therefore anyone who has not had chickenpox is potentially vulnerable to the infection if they have close contact with a case of shingles.

Measles

Measles during pregnancy can result in early delivery or even loss of the baby.

Rubella (German measles)

If a pregnant woman encounters anyone with rubella, she should inform her GP and midwife immediately. The infection may affect the developing baby if the woman is not immune and is exposed in early pregnancy.

Mumps and pregnancy

In the past it was thought developing mumps during pregnancy increased the risk of miscarriage, but there's little evidence to support this. But as a general precaution it's recommended pregnant women avoid close contact with people known to have an active mumps infection (or any other type of infection).

Whooping Cough (Pertussis)

Whooping cough can be very serious for newborn babies who are too young to be immunised themselves, so the national immunisation schedule recommends that women between 16 and 32 weeks pregnant be immunised to maximise the likelihood that the baby will be protected from birth.

Mental health

Most people within their lives may need help with their mental health. There are several organisations that can support and can point your colleagues in the right direction.

Sandwell Healthy Minds, NHS Every Mind Matters website, Children's mental health – NHS Every Mind Matters

Section: Appendix

A variety of tools will help support your school, for everyday and if you have an infectious disease.

Appendix 1: Free training on preventing and managing infections

Future learn training - preventing and managing infections in childcare and school settings

Appendix 2: Emergency planning and response

UKHSA created emergency planning and response to support with responding to emergency's.

Appendix 3: Links to relevant information and resources

These resources below are available to the public and schools.

Twinkl handwashing resource

Scotland children's handwashing resources

Hand hygiene poster

UKHSA promotional material including posters

Catch it, kill it, bin it poster

E bug

Germs journey


Do I need to keep my child of school.p

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Documents can be disseminated with parents

Appendix 4: General Infection Control Preparedness

General Infection Control Preparedness		
Infection Control Preventions	√	X
1. Infection control policies Ensure infection control policies are up to date, read and followed by all staff.		
2. Cleaning Ensure a regular cleaning schedule is in place. Reduce clutter and remove difficult to clean items to make cleaning easier. Increase the frequency of cleaning, using standard cleaning products such as detergents and bleach, paying attention to all surfaces but especially ones that are touched frequently, such as door handles, light switches, work surfaces, remote controls and electronic devices. Frequently touched surfaces should be wiped down at least twice a day.		
3. Cleaning materials Ensure appropriate and sufficient quantities of cleaning materials are available. A chlorine-releasing product that is active against viruses e.g. sodium hypochlorite 0.1% solution, 1000ppm available chlorine or Milton should be used, Disposable cloths, mop heads etc also need to be available for cleaning after a confirmed		
4. Personal protective equipment Ensure that Personal Protective Equipment (PPE) is available – i.e. disposable gloves and aprons.		
5. Hand washing facilities 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. If possible and safe to do so, use alcohol gel in places where handwashing facilities are not available (e.g. entrances/exits, and classrooms under supervision), and maintain supplies in view of increased use. **Please note that alcohol gel is not effective against norovirus, the winter vomiting bug.** If you have cases of diarrhoea and vomiting in your setting, please reinforce the need for handwashing.		
6. Respiratory Hygiene: Catch it, Bin it, Kill it Ensure disposable tissues are available and staff and children understand the need for using them (whilst waiting for collection) and how to use them e.g. cover nose and mouth with tissue, use tissue, throw away and wash hands.		
7. Ensure foot operated bins are in use and in working order		
8. General infection control education of children and staff Please reinforce general education for children and staff about washing hands and respiratory hygiene ('catch it, bin it, kill it' message). Use education materials / resources such as e-bug.		

9. Isolation facilities 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 if needed, 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 with a chlorine-based cleaning product.		
10. Staying away from school if unwell For staff or pupils who become unwell at the setting, immediately send them home and remind them not to return until they are symptom free. • For diarrhoea and vomiting, people need to be 48 hours free of symptoms to return to the setting		
Reporting to the UKHSA Health Protection Team (HPT) and local HPT	√	X
Acute Respiratory Illness (fever, cough, sore throat) The DfE has now defined 'thresholds' to indicate that transmission may be occurring within a setting and additional control measures may be needed. For most education and childcare settings, whichever of these thresholds is reached first: • You have > 5 cases of confirmed COVID-19 within 10 days of each other or ARI (e.g. Fever **AND** at least one other respiratory symptom). • 10% of children, pupils, students or staff who are likely to have mixed closely test positive for COVID-19 within a 10-day period. • There are any admissions to hospital for ARI/COVID-19. • You are having problems implementing the control measures. • You have applied the control measures and are still seeing a significant rise in cases. For special schools, residential settings, and settings that operate with 20 or fewer children, pupils, students and staff at any one time: • 2 children, pupils, students and staff, who are likely to have mixed closely, test positive for COVID-19 within a 10-day period. If you meet any of these thresholds, follow your local process. The DfE helpline will escalate to the HPT. You do not need to do this directly.		
Outbreaks of D&V (i.e. two or more cases linked by time and place). - **Recognise and report early** - **HPT** will assist with a full risk assessment and further guidance (even if the nursery/school is already aware of local diarrhoea and vomiting outbreak management guidance).		
Outbreak control measures update	√	X
Follow your local process - The DfE helpline will escalate to the HPT. You do not need to do this directly (ARI/COVID-19)		
Contact your local HPT (D&V)		
Refer to the relevant checklist (gastroenteritis/norovirus or acute respiratory illness)		

Date completed	Completed by	
Preparing for Seasonal Flu		
Vaccination	√	X
1. Do you have any children and/or staff in clinical risk groups (including those with chronic respiratory, cardiac, kidney, neurological disease, diabetes, pregnant or obese)? These people are eligible for flu vaccination and can obtain it through their GP or local pharmacy.		
2. All pre-school children from age 2 will be given the vaccination at their general practice usually by the practice nurse. All primary school-aged children will be offered the flu vaccine in school. For most children, the vaccine will be given as a spray in each nostril.		
3. Parental/guardian consent will be required, and schools may be asked to assist with collection of the consent forms.		
4. Particularly if you are a residential establishment or special school, please consider vaccinating your staff. Now, the school may have to cover the cost of this, but you should factor in staff absence, the need for replacement staff and the disruption to school processes and learning if an outbreak should occur.		
Renal impairment	√	X
5. If you are a residential establishment or special school, do any of your children have chronic renal impairment and if so, please keep a record of this together with their Creatinine Clearance or Urea & Electrolyte (U&E) results (if available). [This is so that if an outbreak occurs, the correct antiviral and dose can be prescribed without delay]		
Respiratory hygiene & infection control precautions	√	X
6. For staff or pupils who become unwell at school/nursery, immediately send them home and remind them not to return until they are symptom free.		

Appendix 5: Respiratory Outbreaks

	Respiratory Outbreaks **This action card aims to explain the key actions for managing respiratory infections in an education or childcare setting. It is in line with the guidance** health protection in education and childcare settings
Transmission Route:	Person to person spread through small droplets, aerosols and through direct contact. Surfaces and belongings can also be contaminated when people with the infection cough or sneeze or touch them. The risk of spread is greatest when people are close to each other, especially in poorly ventilated indoor spaces.
Exclusion:	Guidance for children in educational settings included in people with symptoms of a respiratory infection including COVID-19 • Children and young people who are unwell and have a high temperature should stay at home and where possible avoid contact with other people. They can go back to an education or childcare setting when they no longer have a high temperature and they are well enough. • It is not recommended that children and young people are tested for COVID-19 unless directed to by a health professional. • If a child or young person has a positive COVID-19 test result they should try to stay at home and where possible avoid contact with other people. • Adults with a positive COVID-19 test result should try to stay at home and avoid contact with other people. • Children and young people who usually go to school, college or childcare and who live with someone who has a positive COVID-19 test result should continue to attend as normal. • Children with mild symptoms such as a runny nose, sore throat, or mild cough, who are otherwise well, can continue to attend their education or childcare setting.
Closures:	It is not necessary to close the school, unless there are operational reasons such as significant staff absence, which would be a decision for the school in conjunction with the relevant educational authority.
Recommended actions for limiting transmission	
Hand and respiratory hygiene:	• Children should be supervised and/or encouraged to wash their hand regularly • Hand washing with liquid soap and warm water preferred over alcohol gel • Paper towels should be used for drying hands and a wastepaper bin provided for disposal. • Encourage good respiratory hygiene (using and disposing of tissues) • e-Bug | England Home has arrange of educational resources for ages 3-16 to learn about microbes, infection prevention and control, antibiotics and vaccination.
Cleaning and disinfection:	• Regular cleaning using standard cleaning products such as detergents and bleach is an important part of reducing transmission • Frequently touched surfaces such as door handles, light switches and work surfaces should be wiped down twice a day and one of these should be at the beginning or the end of the working day. • Cleaning of frequently touched surfaces is particularly important in bathrooms and communal kitchens.
Ventilation and use of outdoor space	• Consider use of outdoor spaces if possible • Ensure occupied spaces are well ventilated and let fresh air in. Further information: ○ Ventilating classrooms to reduce the spread of COVID 19 doesn't mean pupils need to be cold ○ COVID-19: ventilation of indoor spaces to stop the spread of coronavirus
Communications	• Consider communications to raise awareness among parents and guardians of the outbreak and reinforce key messages, including the use of hand and respiratory hygiene measures

Appendix 6: Diarrhoea and vomiting outbreak: education and childcare settings action checklist

Date Completed:			
Checklist Completed By (Print Name):			
Name and Telephone Number of Institution:			
Name of Head Teacher/Manager:			
	Yes	**No**	**Comments:**
Deploy 48-hour exclusion rule for ill children, young people and staff.			
Individuals with symptoms to wait in an area away from communal/busy areas where they can be observed until parent/ carer collects them			
Liquid soap and paper hand towels available at all hand wash basins			
Staff to check, encourage and supervise hand washing in children.			
Check that enhanced cleaning using appropriate products, that is, twice daily (min) cleaning is being carried out, (especially toilets, frequently touched surfaces, for example, handles and taps and including any special equipment and play areas). (See Preventing and controlling infections section for detail). Ensure that all staff and contractors involved are aware of and are following the guidance.			
Disposable protective clothing available (for example, non-powdered latex or synthetic vinyl gloves and aprons).			
Appropriate waste disposal systems in place for infectious waste.			
Appropriate spill kit in place. Staff to wear appropriate PPE when dealing with spills, which should be removed and disposed of quickly			

Advice given on cleaning of vomit (including steam cleaning carpets and furniture or machine hot washing of soft furnishings).			
Clean and disinfect hard toys daily (with detergent and water followed by bleach/Milton). Limit and stock rotate toys.			
Suspend use of soft toys plus water and sand play and cookery activities during outbreak.			
Segregate infected linen (and use dissolvable laundry bags where possible).			
Consider having a box of spare clean clothing to replace soiled clothing			
Visitors restricted. Essential visitors informed of outbreak and advised on hand washing.			
New children joining affected class or year group suspended.			
Keep staff working in dedicated areas (restrict food handling if possible). Inform HPT of any affected food handlers			
Trays of fruit/snacks to be covered until point of serving. Snacks should be served in individual bowls handed directly to individuals			
Drink bottles clearly labelled with names			
Consider signage on doors advising of circulating illness with exclusion advice			
Check if staff work elsewhere and that all staff are well (including agency). Exclude if unwell (see above regarding 48-hour rule).			
HPT informed of any planned events at the institution.			