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# **KITE ACADEMY TRUST**

## INFECTION CONTROL POLICY

P1075

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# 1 Introduction

The Kite Academy Trust is committed to promoting the health and welfare of all staff, children and families. The Trust strives to ensure that everyone within its community is healthy and, while there will be infectious illnesses that affect our staff, children, families and visitors, the effects of any outbreak of illness are minimised to reduce the spread.

Children and staff are in close proximity on a daily basis by virtue of the education, support and care that is provided within our academies. This close proximity can facilitate the spread of infections due to:

- A child's immune system being immature;
- No vaccinations or incomplete courses of vaccinations;
- Children can lack an understanding of good hygiene practices.

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

# 2 Key Principles

Infections commonly spread in the following ways:

- **Respiratory spread** – contact with coughs or other secretions from an infected person. Infected people can pass a virus to others through large droplets when coughing, sneezing or even talking within a close distance;
- **Direct contact spread** – direct contact with an infected person, e.g. if you shake or hold their hand, and then touch your own mouth, eyes or nose without first washing your hands;
- **Gastrointestinal spread** – contact with contaminated food or water, or contact with infected faeces or unwashed hands;
- **Blood borne virus spread** – contact with infected blood or bodily fluids, e.g. via bites or used needles.

Infections can also be spread by touching objects (e.g. door handles, light switches) that have previously been touched by an infected person, without first washing your hands.

To reduce the risk of infection and its subsequent spread, our academies encourage all staff and children to:

- Be up to date with all recommended immunisations;
- Maintain a clean environment;
- Ensure high standards of personal hygiene, particularly hand washing practices (thorough and regular);
- Taking appropriate action when infection occurs.

During an outbreak of an infectious illness, the academy will seek to operate as normally as possible while ensuring the health, safety and welfare of its staff children and families. Academy closures may be necessary in exceptional circumstances in order to control an infection. The decision on whether an academy should remain open in these circumstances will be based on medical evidence with guidance sought from Public Health England and the Department for Education. Our academies will strive to remain open, however we recognise that both the illness itself and the caring responsibilities of staff will impact staff absence levels. The academy will close if staff absence levels mean there is not adequate supervision for the children.

In the event of academy closure, children will be assigned tasks to complete at home to a timeframe set by their teacher. The Academy Head Teacher will maintain their plan for children's continued education during a period of closure to ensure there is minimal disruption to children's learning.

## Preventative Measures

### 3 Ensuring a Clean Environment

#### **Sanitary facilities**

Wall-mounted soap dispensers are used in all toilets – bar soap is not used.

Toilets have roll towels, paper towels or hand dryers for the drying of hands.

Toilet paper is always available in cubicles.

Suitable sanitary disposal facilities are provided where necessary.

#### **Nappy Changing & Continence Aid Facilities**

Within our academies and nurseries, there are designated changing areas that are separate from play facilities and food and drink areas. Disposable gloves, aprons and face protection are available along with handwashing facilities. Children who use continence aids (e.g., continence pads and catheters) will be encouraged to be as independent as possible.

Used nappies and continence aids, gloves, aprons and soiled dressings are stored in correct clinical waste bags in foot-operated bins

#### **Cleaning**

Rigorous cleaning of our premises is carried out by both contractors and our staff. Cleaning equipment is maintained to a high standard and is colour coded according to area of use.

During an outbreak of an infectious illness, extra consideration and attention will be given to the cleaning standards of the academy. This will be monitored by the Academy Head Teacher and Site Manager/Maintenance Technician in liaison with the Estates Manager. Daily, thorough cleaning procedures that follows national guidance and is compliant with the COSHH will be followed. Cleaning contractors will be notified of a suspected/confirmed case by academy staff so that enhanced cleaning may be undertaken. Any additional measures required with regards to managing the spread of the infectious illness will be agreed with cleaning staff and contractors. Surfaces that children touch, such as toys, books, desks, chairs, doors, sinks, toilets, light switches, bannisters will be cleaned more regularly than normal.

Please see The Kite Academy Trust Health, Safety & Environment Policy.

#### **Clinical Waste**

Domestic and clinical waste must always be segregated. All clinical waste bags should be removed safely and promptly. Clinical waste must be collected by an appropriate, registered waste contractor.

Sharps containers must be kept off the floor and out of the reach of children. Once filled, boxes must be sealed immediately and removed by a clinical waste contractor or a specialist collection service. Arrangements for the provision and collection of sharps boxes used for ongoing medical conditions in individual children will be documented in the child's Individual Care Plan.

#### **Toys & Equipment**

Outdoor/indoor sandpits should be covered when not in use and the sand is changed as necessary, as a minimum when the sand becomes discoloured or malodorous.

Water play troughs are emptied, washed with detergent and hot water, dried and stored upside-down when not in use for long periods. When in use, the water is replenished, at a minimum, on a daily basis, and the trough remains covered overnight.

Other pieces of play equipment are washed/cleaned on a regular basis.

During an outbreak of an infectious illness, the use of shared resources and equipment should be limited and disinfected where not possible to avoid spread of infection. Consideration will be given to which resources and equipment are suitable and safe to use in such circumstances, and any items deemed unsuitable will be removed (such as soft toys and furnishings and toys that cannot easily be cleaned every day). The following should be actioned:

- The use of play dough should be suspended until 48 hours after the symptoms end and the play dough used prior to the outbreak is disposed of;
- The use of play sand should be suspended until 48 hours after the symptoms end and the sand used prior to the outbreak is disposed of;
- The use of water should be suspended until 48 hours after the symptoms end and the water and water toys should be thoroughly cleaned prior to use;
- The use of mud kitchens should be suspended until 48 hours after the symptoms end;
- Cooking/food preparation activities should be suspended until 48 hours after the symptoms end.

### **Handwashing**

Hand washing is one of the most important and effective ways of controlling the spread of infection, especially diarrhoea, vomiting and respiratory diseases. All staff and children are advised to wash their hands after using the toilet, before eating or handling food, and after touching animals. Children are shown how to wash their hands thoroughly.

### **Blood & other Bodily Fluids**

Cuts and abrasions are covered with waterproof dressings where appropriate.

When coughing or sneezing, all staff and children are encouraged to cover their nose and mouth with a disposable tissue, dispose of the tissue after use, and wash their hands afterwards.

Personal protective equipment (PPE) is available if there is a risk of contamination with blood or bodily fluids during an activity.

All spillages of blood, faeces, saliva and vomit, nasal and eye discharges must be cleaned immediately, wearing personal protective equipment. Spillages should be cleaned using a product which combines detergent and disinfectant, ensuring it is effective against both bacteria and viruses. Disposable paper towels or cloths should be used and disposed of as clinical waste. Spillage kits available for blood spills.

Enhanced cleaning is carried out as required by cleaning staff.

### **Bites**

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

If a bite breaks the skin, the affected area is cleaned with soap and running water, the incident is recorded and parents informed. It is advised that medical attention is sought the same day.

## **4 Immunisation**

### **Pupil Immunisation**

Our academies keep up-to-date with national and local immunisation scheduling and advice via [www.nhs.uk/conditions/vaccinations/](http://www.nhs.uk/conditions/vaccinations/) and encourage parents to vaccinate their children.

Parents are requested to provide details of their child's immunisations record.

Whilst our academies encourage parents to have their children immunised, parental consent will always be sought before a vaccination is given. Any such vaccination would be administered by a local healthcare team who would be able to advise parents if there are any concerns.

### **Staff Immunisation**

All staff are encouraged to ensure their vaccinations are kept up-to-date. Further guidance should be sought from their GP.

## 5 Contact with Animals

Animals in our academies are strictly monitored and appropriate risk assessments are put in place for animal visits or visits to venues with animals.

## 6 Swimming Lessons

General swimming lessons are governed by control measures outlined in individual swimming risk assessments.

Children who have experienced vomiting or diarrhoea are not permitted to attend public or Trust swimming pools. Children with open wounds will not be permitted to swim.

For water-based activities other than swimming, children and staff cover all cuts, scratches and abrasions with waterproof dressings before taking part, and hands are washed immediately after the activity. No food or drink is to be consumed until hands have been washed.

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

## In the Event of Infection

### 7 Preventing the Spread of Infection

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

- The child shows signs of being poorly and needing one-to-one care;
- The child has a high temperature/fever;
- The child has been vomiting and/or had diarrhoea within the last 48 hours;
- The child has an infection and the minimum recommended exclusion period has not yet passed (see Appendix B)

If a child has an infection, parents should report their child's absence in the usual manner and inform the academy as to the nature of the infection. Any information provided regarding details of a child or member of staff's illness or infection is sensitive personal data and must be treated accordingly as per the Data Protection Act and General Data Protection Regulation (GDPR) 2018. Please also see the Kite Academy Trust's Data Protection (GDPR) & Freedom of Information Policy and Confidentiality Policy & Statement.

### 8 Vulnerable Children

Children with impaired immune defence mechanisms (known as immune-compromised) are more likely to acquire infections. In addition, the effect of an infection is likely to be more significant for such children. These children may have a disease that compromises their immune system or be undergoing treatment, such as chemotherapy, that has a similar effect.

Parents are responsible for notifying the academy if their child is immune-compromised and therefore more susceptible to infection.

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

## 9 Procedures for Unwell Children/Staff

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

- Not being themselves;
- Refusing food, for example at lunchtime;
- Wanting more attention/sleep than usual;
- Displaying physical signs of being unwell, e.g. watery eyes, a flushed face or clammy skin.

Where a staff member identifies a child as unwell, the child is taken to the academy office and placed in the medical room, to be monitored. The child's parent/carer will be informed of the situation and asked to collect the child early if necessary. In extreme situations an ambulance may be called.

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

If a case of an infectious illness suspected, the child must be sent home and advised to follow the staying at home guidance as detailed Appendix A.

The child's parent/carer will be informed as soon as possible. If the child's parent cannot be contacted, attempts will be made to contact other emergency contacts provided for the child.

While awaiting collection, the child should be moved, if possible, to a room where they can be isolated behind a closed door, depending on the age of the child and with appropriate adult supervision if required. Ideally, a window should be opened for ventilation.

If they need to go to the bathroom while waiting to be collected, they should use a separate bathroom if possible. This is to ensure that a child displaying infectious symptoms does not come in to contact with other children and as few staff as possible, whilst still ensuring the child is safe.

If a child's symptoms worsen while waiting to be collected, a member of staff will call for emergency assistance immediately.

Both the room/area where the child has been isolated and any bathroom they have used should be cleaned and disinfected using standard cleaning products before being used by anyone else to minimise the risk of spreading the infection.

Please also see the Kite Academy Trust's First Aid Policy and Welfare Policy.

## 11 Contaminated Clothing

If the clothing of the first-aider or a child becomes contaminated, the clothing is removed as soon as possible and placed in a plastic bag. The child's clothing is sent home with the child.

## 12 Exclusion

Children suffering from infectious illnesses should not attend school for the minimum recommended period; the academy will follow the guidelines from Public Health England in such circumstances (see Appendix B).

Children can be formally excluded on medical grounds by the Academy Head Teacher.

If a parent/carer insists on their child returning to school when the child still poses a risk to others, the Local Authority may serve notice on the child's parents to require them to keep the child away from school until the child no longer poses a risk of infection.

If a child is exposed to an infectious illness, but is not confirmed to be infected, this is not normally a valid reason for exclusion. The local Health Protection Team (HPT) may be contacted to advise on a case-by-case basis (see Appendix D for contact information).

## 13 Medication

Where a child has been prescribed medication, the first dose should be given at home, in case the child has an adverse reaction.

Prescription medication will be administered in an academy as indicated in the Kite Academy Trust's Welfare Policy.

## 14 Outbreaks of Infectious Illnesses

An incident is classed as an 'outbreak' where:

- Two or more people experiencing a similar illness are linked in time or place;
- A greater than expected rate of infection is present compared with the usual background rate, e.g. two or more children in the same classroom are suffering from vomiting and diarrhoea.

Suspected outbreaks of any of the illnesses listed on the List of Notifiable Diseases (see Appendix C) will always be reported.

As soon as an outbreak is suspected (even if it cannot be confirmed), the Academy Head Teacher, or delegated staff member, will contact the HPT to discuss the situation and agree if any actions are needed.

If the Academy Head Teacher is unsure whether suspected cases of infectious illnesses constitute an outbreak, they will contact the HPT. If the presence of an infectious illness is suspected within the academy, the Academy Head Teacher will contact the local Health Protection Team for further advice.

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

As with all sensitive personal data, outbreaks will be managed in the strictest confidence; therefore, information provided to parents during an outbreak will never include names and other personal details. Please also see The Kite Academy Trust Data Protection Policy, Freedom of Information Policy and Confidentiality Policy & Statement.

If a child is identified as having a notifiable disease, the academy will inform the parents, who should inform their child's GP. It is a statutory requirement for doctors to then notify their local Public Health England centre.

During an outbreak, enhanced cleaning protocols will be undertaken, following advice provided by the local HPT or Public Health England.

In the event of an epidemic/pandemic, we will follow advice from Public Health England and the Department for Education about the appropriate course of action.

## 15 Head Lice

Where an incidence of head lice occurs, the academy will advise parents of all children in the affected class.

## 16 Pregnant Staff Members

If a pregnant staff member develops a rash, or is in direct contact with someone who has a potentially contagious rash, they are strongly encourage them to speak to their GP midwife.

- **Chickenpox**

If a pregnant staff member has not already had chickenpox or shingles, becoming infected can affect the pregnancy. If a pregnant staff member believes they have been exposed to chickenpox or shingles and have not had either infection previously, they should speak to their GP or midwife as soon as



possible. If a pregnant staff member is unsure whether they are immune, they are encouraged to have a blood test.

- **Measles**

If a pregnant staff member is exposed to measles, they will inform their GP or midwife immediately.

- **Rubella (German Measles)**

If a pregnant staff member is exposed to rubella, they will inform their GP or midwife immediately.

- **Slapped Cheek Disease (Parvovirus B19)**

If a pregnant staff member is exposed to slapped cheek disease, they will inform their GP or midwife promptly.

## 17 Staff Handling Food

Food-handling staff suffering from transmittable diseases will be excluded from all food-handling activity. Food-handling staff, Breakfast Club staff and Midday Supervisors are not permitted to attend work if they are suffering from diarrhoea and/or vomiting. They are not permitted to return to work until 48 hours have passed since diarrhoea and/or vomiting occurred.

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

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

The member of staff would only be allowed back to their normal duties when cleared by the Environmental Health Officer.

## 18 Managing Specific Infectious Diseases

When an infectious disease occurs in an academy, the appropriate procedures will be followed as set out in 'Managing Specific Infectious Diseases' (see Appendix A).

## 19 Data Protection & Confidentiality

All staff and volunteers are aware of their responsibilities under the Data Protection Act and General Data Protection Regulation (GDPR) 2018. Any sensitive personal information which falls under the category of **special category personal data**<sup>1</sup> is given special protection and must be held in the utmost confidence.

Any information provided regarding details of illness or infection is considered **special category personal data** and therefore the names of staff, volunteers and children with either confirmed or suspected cases of illness or infection will be withheld. During an outbreak of an infectious illness, an academy may acknowledge any suspected or confirmed cases however the individuals affected will not be named.

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<sup>1</sup> Special category personal data includes: race or ethnic origin; political opinions; religious or philosophical beliefs; trade union membership; physical or mental health; an individual's sex life or sexual orientation; genetic or biometric data for the purpose of uniquely identifying a natural person. (Kite Academy Trust's Data Protection (GDPR) & Freedom of Information Policy).

Please see the Kite Academy Trust's Data Protection Policy, Freedom of Information Policy and Confidentiality Policy & Statement.

## 20 Reference

This policy has been written giving consideration to the following legislation and guidance:

**The Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013**

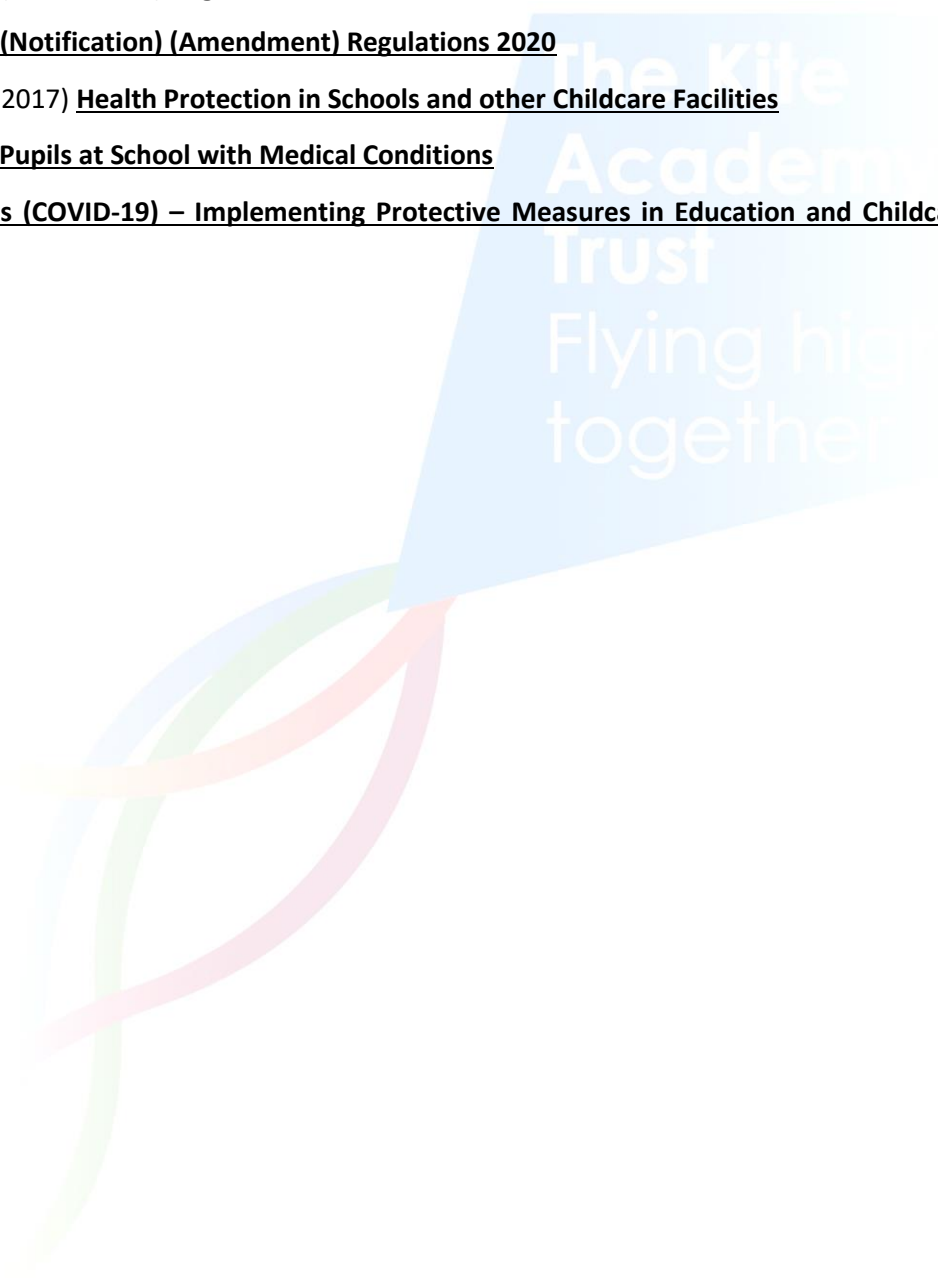
**The Health Protection (Notification) Regulations 2010**

**The Health Protection (Notification) (Amendment) Regulations 2020**

Public Health England (2017) **Health Protection in Schools and other Childcare Facilities**

DfE (2015) **Supporting Pupils at School with Medical Conditions**

DfE (2020) **Coronavirus (COVID-19) – Implementing Protective Measures in Education and Childcare Settings**



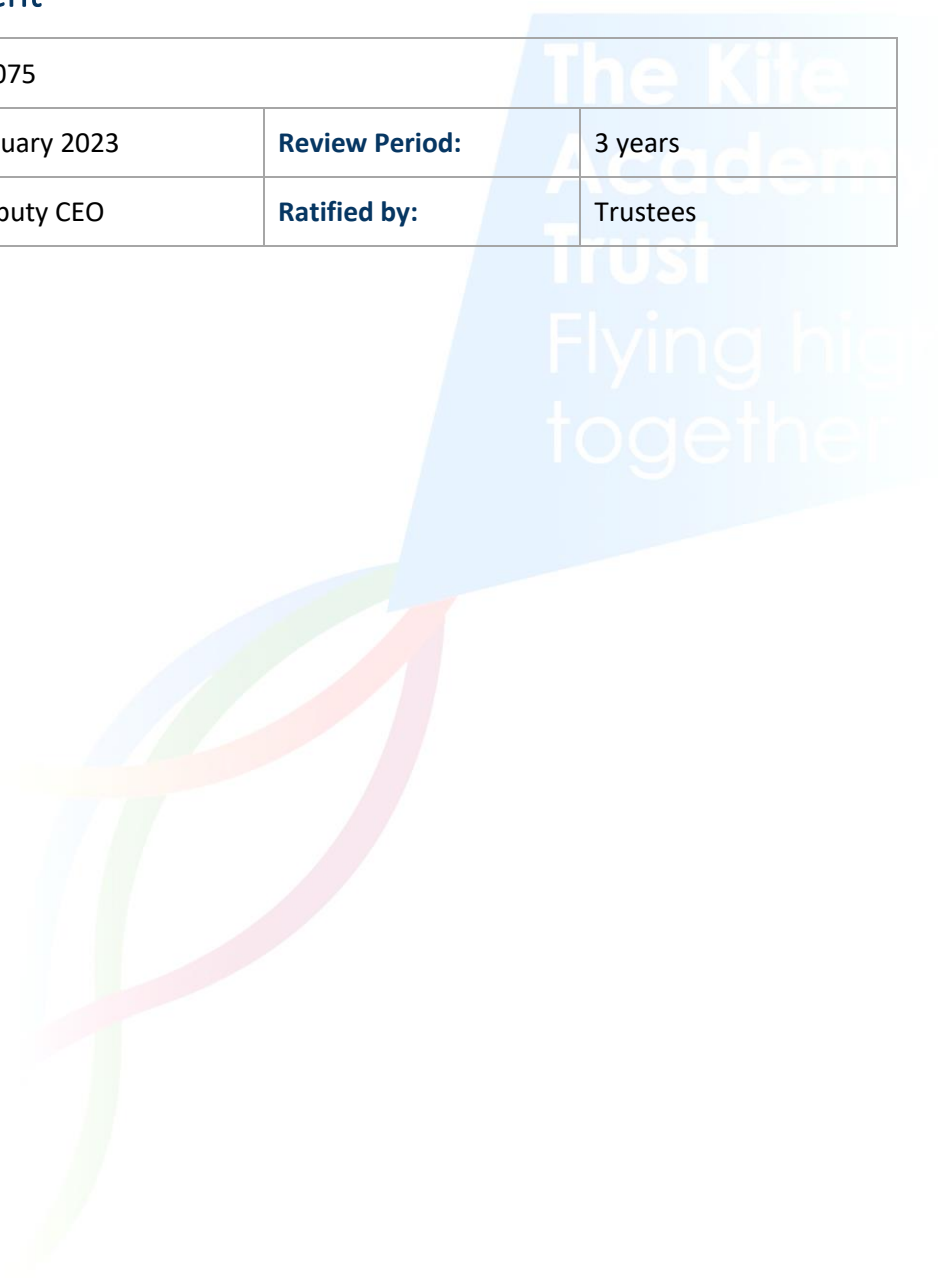
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This policy operates in conjunction with the following Kite Academy Trust policies:

- Health, Safety & Environment Policy
- Safeguarding & Child Protection Policy
- First Aid Policy
- Welfare Policy

## Document Management

<b>Document ID:</b>	P1075		
<b>Last Review:</b>	January 2023	<b>Review Period:</b>	3 years
<b>Responsibility of:</b>	Deputy CEO	<b>Ratified by:</b>	Trustees



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## Appendix A - Managing Specific Infectious Diseases

Disease	Symptoms	Considerations	Exclusion period
Athlete's Foot	Scaling or cracking of the skin, particularly between the toes, or blisters containing fluid. The infection may be itchy.	Cases are advised to see their GP for advice and treatment.	Exclusion is not necessary.
Bacillary dysentery (Shigella)	Symptoms include bloody diarrhoea, vomiting, abdominal pain and fever. It lasts four to seven days on average, but potentially several weeks.	The school will contact the HPT.	Microbiological clearance is required for some types of shigella. The HPT will advise.
Campylobacter	Symptoms include diarrhoea, headache, fever and, in some cases, vomiting.		Cases will be excluded until 48 hours have passed since symptoms were present.
Chicken Pox	Sudden onset of fever with a runny nose, cough and generalised rash. The rash then blisters and scabs over. Several blisters may develop at once, so there may be scabs in various stages of development. Some mild infections may not present symptoms.	Cases are advised to consult their GP.	Chickenpox is infectious from 48 hours prior to a rash appearing up to five days after the onset of a rash.  Cases will be excluded from school for five days from the onset of a rash. The lesions should be crusted over before children return to school.  It is not necessary for all the spots to have healed before the case returns to school.
Cold Sores	The first signs of cold sores are tingling, burning or itching in the affected area. Around 24 hours after the first signs appear the area will redden and swell, resulting in a fluid-filled blister. After blistering, they break down to form ulcers then dry up and crust over.	Cases are advised not to touch the cold sore, or to break or pick the blisters. Sufferers of cold sores should avoid kissing people and should not share items such as cups, towels and facecloths.	Exclusion is not necessary.
Conjunctivitis	The eye(s) become reddened and swollen, and there may be a yellow or green discharge. Eyes may feel itchy and 'gritty'.	Cases are encouraged to seek advice, wash their hands frequently and not to rub their eyes.  The HPT will be contacted if an outbreak occurs.	Exclusion is not necessary.
Coronavirus (COVID-19)	Symptoms include a high temperature, a new, continuous cough, or a loss or change to sense of smell or taste.	The symptoms are similar to other illnesses that are much more common, such as cold and flu.	Cases will remain home until they have fully recovered.  For the latest guidance on self-isolation see <a href="https://www.nhs.uk/conditions/coronavirus-covid-19/">www.nhs.uk/conditions/coronavirus-covid-19/</a>

Cryptosporidiosis	Symptoms include abdominal pain, diarrhoea and occasional vomiting.		Cases will be excluded until 48 hours have passed since symptoms were present.
E.coli (verocytotoxigenic or VTEC)	Symptoms vary but include diarrhoea, abdominal cramps, headaches and bloody diarrhoea.	Cases will immediately be sent home and advised to speak to their GP.	Cases will be excluded whilst symptomatic and for 48 hours after symptoms have resolved. Where the sufferer poses an increased risk, for example, food handlers, they will be excluded until a negative stool sample has been confirmed. The HPT will be consulted in all cases.
Food Poisoning	Symptoms normally appear within one to two days of contaminated food being consumed, although they may start at any point between a few hours and several weeks later. The main symptoms are likely to be nausea, vomiting, diarrhoea, stomach cramps and fever.	Cases will be sent home. The HPT will be contacted where two or more cases with similar symptoms are reported. The cause of a food poisoning outbreak will always be investigated.	Cases will be excluded until 48 hours have passed since symptoms were present. For some infections, longer exclusion periods may be required. The HPT will advise in such cases.
Gastroenteritis	Symptoms include three or more liquid or semi-liquid stools in a 24-hour period.	The HPT will be contacted where there are more cases than usual.	Cases will be excluded until 48 hours have passed since symptoms were present. If medication is prescribed, the full course must be completed and there must be no further symptoms displayed for 48 hours following completion of the course before the cases may return to school. Cases will be excluded from swimming for two weeks following their last episode of diarrhoea.
Giardia	Symptoms include abdominal pain, bloating, fatigue and pale, loose stools.	Cases will be sent home. The HPT will be contacted where two or more cases with similar symptoms are reported.	Cases will be excluded until 48 hours have passed since symptoms were present.
Glandular fever	Symptoms include severe tiredness, aching muscles, sore throat, fever, swollen glands and occasionally jaundice.	The sufferer may feel unwell for several months and the school will provide reasonable adjustments where necessary.	Exclusion is not necessary and cases can return to school as soon as they feel well.
Hand, foot and mouth disease	Symptoms include a fever and rash with blisters on cheeks, hands and feet. Not all cases will have symptoms.		Exclusion is not necessary.

Head lice	Other than the detection of live lice or nits, there are no immediate symptoms until two to three weeks after infection, where itching and scratching of the scalp occurs.	<p>Treatment is only necessary when live lice are seen.</p> <p>Staff are not permitted to inspect any pupil's hair for head lice.</p> <p>If a staff member incidentally notices head lice in a pupil's hair, they will inform the pupil's parents and advise them to treat their child's hair.</p> <p>When a pupil has been identified as having a case of head lice, a letter will be sent home to all parents notifying them that a case of head lice has been reported and asking all parents to check their children's hair.</p>	Exclusion is not necessary.
Hepatitis A	Symptoms include abdominal pain, loss of appetite, nausea, fever and tiredness, followed by jaundice, dark urine and pale faeces.	The illness in children usually lasts one to two weeks, but can last longer and be more severe in adults.	<p>Cases are excluded while unwell and for seven days after the onset of jaundice (or the onset of symptoms if no jaundice presents), the case is under five years of age or where hygiene is poor.</p> <p>There is no need to exclude older children with good hygiene.</p>
Hepatitis B	Symptoms include general tiredness, nausea, vomiting, loss of appetite, fever and dark urine, and older cases may develop jaundice.	<p>The HPT will be contacted where advice is required.</p> <p>The procedures for dealing with blood and other bodily fluids will always be followed.</p> <p>The accident book will always be completed with details of injuries or adverse events related to cases.</p>	<p>Acute cases will be too ill to attend school and their doctor will advise when they are fit to return.</p> <p>Chronic cases will not be excluded or have their activities restricted.</p> <p>Staff with chronic hepatitis B infections will not be excluded.</p>
Hepatitis C	Symptoms are often vague but may include loss of appetite, fatigue, nausea and abdominal pain. Less commonly, jaundice may occur.	<p>The procedures for dealing with blood and other bodily fluids will always be followed.</p> <p>The accident book will always be completed with details of injuries or adverse events related to cases.</p>	Cases will not be excluded or have their activities restricted.
Impetigo	Symptoms include lesions on the face, flexures and limbs.	Towels, facecloths and eating utensils will not be shared by pupils.	Cases will be excluded until lesions have healed and crusted or 48 hours after commencing antibiotic treatment.

		Toys and play equipment will be cleaned thoroughly.	
Influenza	Symptoms include headache, fever, cough, sore throat, aching muscles and joints, and tiredness.	Those in risk groups will be encouraged to have the influenza vaccine.  Anyone with flu-like symptoms will stay home until they have recovered.  Pupils under 16 will not be given aspirin.	Cases will remain home until they have fully recovered.
Measles	Symptoms include a runny nose, cough, conjunctivitis, high fever and small white spots around the cheeks. Around the third day, a rash of flat red or brown blotches may appear on the face then spread around the body.	All pupils are encouraged to have MMR immunisations in line with the national schedule.  Staff members should be up-to-date with their MMR vaccinations.  Pregnant staff members and those with weak immune systems will be encouraged to contact their GP immediately for advice if they come into contact with measles.	Cases are excluded for four days after the onset of a rash.
Meningitis	Symptoms include fever, severe headaches, photophobia, stiff neck, non-blanching rash, vomiting and drowsiness.	Meningitis is a notifiable disease.	Once a case has received any necessary treatment, they can return to school.
Meningococcal meningitis and meningitis septicaemia	Symptoms include fever, severe headaches, photophobia, stiff neck and a non-blanching rash.	Medical advice will be sought immediately.  The confidentiality of the case will always be respected.  The HPT and school health advisor will be notified of a case of meningococcal disease in the school. The HPT will conduct a risk assessment and organise antibiotics for household and close contacts.  The HPT will be notified if two cases of meningococcal disease occur in the school within four weeks.	When the case has been treated and recovered, they can return to school.  Exclusion is not necessary for household or close contacts unless they have symptoms suggestive of meningococcal infection.

Meningitis (viral)	Symptoms include headache, fever, gastrointestinal or upper respiratory tract involvement and, in some cases, a rash.	The case will be encouraged to consult their GP. If more than once case occurs, the HPT will be consulted.	No exclusion is required.
Meticillin resistant staphylococcus aureus (MRSA)	Symptoms are rare but include skin infections and boils.	All infected wounds will be covered.	No exclusion is required.
Mumps	Symptoms include a raised temperature and general malaise. Then, stiffness or pain in the jaws and neck is common. Following this, the glands in the cheeks and under the jaw swell up and cause pain (this can be on one or both sides). Mumps may also cause swelling of the testicles.	The case will be encouraged to consult their GP. Parents are encouraged to immunise their children against mumps.	Cases can return to school five days after the onset of swelling, if they feel able to do so.
Ringworm	Symptoms vary depending on the area of the body affected.	Pupils with ringworm of the feet will wear socks and trainers at all times and cover their feet during physical education.	No exclusion is usually necessary. For infections of the skin and scalp, cases can return to school once they have received treatment.
Rotavirus	Symptoms include severe diarrhoea, stomach cramps, vomiting, dehydration and mild fever.	Cases will be sent home if unwell and encouraged to speak to their GP.	Cases will be excluded until 48 hours have passed since symptoms were present.
Rubella (German Measles)	Symptoms are usually mild, with a rash being the first indication. There may also be mild catarrh, headaches or vomiting. There may be a slight fever and some tenderness in the neck, armpits or groin, and there may be joint pains.	MMR vaccines are promoted to all pupils.	Cases will be excluded for six days from the appearance of the rash.
Salmonella	Symptoms include diarrhoea, headache, fever and, in some cases, vomiting.	Cases will be sent home. The HPT will be contacted where two or more cases with similar symptoms are reported.	Cases will be excluded until 48 hours have passed since symptoms were present.
Scabies	Symptoms include tiny pimples and nodules on a rash, with burrows commonly seen on the wrists, palms, elbows, genitalia and buttocks.	All household contacts and any other very close contacts should have one treatment at the same time as the second treatment of the case. The second treatment must not be missed and should be carried out one week after the first treatment.	Cases will be excluded until after the first treatment has been carried out.



<p>Scarlet Fever (including group A streptococcus)</p>	<p>Symptoms include acute inflammation of the pharynx or tonsils, with tonsils reddening in colour and becoming partially covered with a thick, yellowish exudate. In severe cases, there may be a high fever, difficulty swallowing and tender, enlarged lymph nodes. A rash develops on the first day of fever and is red, generalised, pinhead in size and gives the skin a sandpaper-like texture. The scarlet rash may be harder to spot on darker skin, although the 'sandpaper' feel should be present. The tongue developing a strawberry-like appearance.</p>	<p>In schools and nurseries, it is recognised that infections can be spread through direct physical contact between children and staff and through shared contact with surfaces such as table tops, taps, toys and handles. During periods of high incidence of scarlet fever there may also be an increase in outbreaks in schools, nurseries and other child care settings.</p> <p>Antibiotic treatment is recommended, as a person is infectious for two to three weeks if antibiotics are not administered.</p> <p>If two or more cases occur, the HPT will be contacted.</p>	<p>Cases are excluded for 24 hours following appropriate antibiotic treatment.</p>
<p>Slapped cheek syndrome, Parvovirus B19, Fifth's Disease</p>	<p>Where symptoms develop, they include a rose-red rash making the cheeks appear bright red.</p>	<p>Cases will be encouraged to visit their GP.</p>	<p>Exclusion is not required.</p>
<p>Threadworm</p>	<p>Symptoms include itching around the anus, particularly at night.</p>	<p>Cases will be encouraged to visit their GP.</p>	<p>Exclusion is not required.</p>
<p>Typhoid and paratyphoid fever</p>	<p>Symptoms include tiredness, fever and constipation. The symptoms of paratyphoid fever include fever, diarrhoea and vomiting.</p>	<p>All cases will be immediately reported to the HPT.</p>	<p>Cases will be excluded whilst symptomatic and for 48 hours after symptoms have resolved.</p> <p>Environmental health officers or the HPT may advise the school to issue a lengthened exclusion period.</p>
<p>Tuberculosis (TB)</p>	<p>Symptoms include cough, loss of appetite, weight loss, fever, sweating (particularly at night), breathlessness and pains in the chest. TB in parts of the body other than the lungs may produce a painful lump or swelling.</p>	<p>Advice will be sought from the HPT before taking any action, and regarding exclusion periods.</p>	<p>Cases with infectious TB can return to school after two weeks of treatment if well enough to do so, and as long as they have responded to anti-TB therapy.</p> <p>Cases with non-pulmonary TB, and cases with pulmonary TB who have effectively completed two weeks of treatment as confirmed by TB nurses, will not be excluded.</p>

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

Health Protection Agency (2010) Guidance on Infection Control in Schools and other Child Care Settings. HPA: London. PHE publications gateway number 2016692. Crown Copyright 2017.

## Appendix B - Infection Absence Periods

This table details the minimum required period for staff and children to stay away from school following an infection, as recommended by Public Health England.

Infection	Recommended minimum period to stay away from school	Comments
Athlete's foot	None	Treatment is recommended; however, this is not a serious condition.
Chicken pox	Until all vesicles have crusted over	Follow procedures for vulnerable children and pregnant staff.
Cold sores	None	Avoid contact with the sores.
Conjunctivitis	None	If an outbreak occurs, consult the HPT.
Coronavirus	Up-to-date guidance should be consulted <a href="http://www.nhs.uk/conditions/coronavirus-covid19/">www.nhs.uk/conditions/coronavirus-covid19/</a>	If there are cases, consult the HPT.
Diarrhoea and/or vomiting	Whilst symptomatic and 48 hours from the last episode	GPs should be contacted if diarrhoea or vomiting occur after taking part in water-based activities.
Diphtheria*	Exclusion is essential.	Family contacts must be excluded until cleared by the HPT and the HPT must always be consulted.
Flu (influenza)	Until recovered	Report outbreaks to the HPT.
Glandular fever	None	
Hand foot and mouth	None	Contact the HPT if a large number of children are affected. Exclusion may be considered in some circumstances.
Head lice	None	Treatment recommended only when live lice seen.
Hepatitis A*	Seven days after onset of jaundice or other symptoms	If it is an outbreak, the HPT will advise on control measures.
Hepatitis B*, C* and HIV	None	Not infectious through casual contact. Procedures for bodily fluid spills must be followed.
Impetigo	48 hours after commencing antibiotic treatment, or when lesions are crusted and healed	Antibiotic treatment is recommended to speed healing and reduce the infectious period.
Measles*	Four days from onset of rash	Preventable by vaccination (MMR). Follow procedures for vulnerable children and pregnant staff.

Meningococcal meningitis*/septicaemia*	Until recovered	Meningitis ACWY and B are preventable by vaccination. The HPT will advise on any action needed.
Meningitis* due to other bacteria	Until recovered	Hib and pneumococcal meningitis are preventable by vaccination. The HPT will advise on any action needed.
Meningitis viral*	None	As this is a milder form of meningitis, there is no reason to exclude those who have been in close contact with infected persons.
MRSA	None	Good hygiene, in particular environmental cleaning and handwashing, is important to minimise the spread. The local HPT should be consulted.
Mumps*	Five days after onset of swelling	Preventable by vaccination with two doses of MMR.
Ringworm	Exclusion is not usually required	Treatment is required.
Rubella (German measles)	Four days from onset of rash	Preventable by two doses of immunisation (MMR). Follow procedures for pregnant staff.
Scarlet fever	24 hours after commencing antibiotic treatment	Antibiotic treatment is recommended, as a person is infectious for two to three weeks if antibiotics are not administered. If two or more cases occur, the HPT should be contacted.
Scabies	Can return to school after first treatment	The infected person's household and those who have been in close contact will also require treatment.
Slapped cheek/Fifth disease/Parvo Virus B19	None (once rash has developed)	Follow procedures for vulnerable children and pregnant staff.
Threadworms	None	Treatment recommended for the infected person and household contacts.
Tonsillitis	None	There are many causes, but most causes are virus-based and do not require antibiotics.
Tuberculosis (TB)	Pupils with infectious TB can return to school after two weeks of treatment if well enough to do so, and as long as they have responded to anti-TB therapy.	Only pulmonary (lung) TB is infectious. It requires prolonged close contact to spread. Cases with non-pulmonary TB, and cases with pulmonary TB who have effectively completed two weeks of treatment as confirmed by TB nurses, should not be excluded. Consult the local HPT before disseminating information to staff and parents.
Warts and verrucae	None	Verrucae should be covered in swimming pools, gymnasiums and changing rooms.
Whooping cough (pertussis)*	Two days from commencing antibiotic treatment, or 21 days from the onset of illness if no antibiotic treatment is given	Preventable by vaccination. Non-infectious coughing can continue for many weeks after treatment. The HPT will organise any necessary contact tracing.

\*Identifies a notifiable disease. It is a statutory requirement that doctors report these diseases to their local Public Health England centre.

## Appendix C - List of Notifiable Diseases

Diseases notifiable to local authority proper officers under the Health Protection (Notification) Regulations 2010 (amended 2020):

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

Report other diseases that may present significant risk to human health under the category 'other significant disease'.



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## Appendix D - Contact Information

### Local Authority Area Schools Support Services:

Surrey County Council	
<b>North West Surrey (Runnymede, Surrey Heath, Woking)</b>  Kate Charles Area Schools Officer 01483 518106 <a href="mailto:kate.charles@surreycc.gov.uk">kate.charles@surreycc.gov.uk</a>  Natalie Cull Area Schools Assistant 01483 518106 <a href="mailto:natalie.cull@surreycc.gov.uk">natalie.cull@surreycc.gov.uk</a>  Quadrant Court Guildford Road Woking GU22 7QQ	<b>South West Surrey (Guildford, Waverley)</b>  Jane van den Broeke Area Schools Officer 01483 517835 <a href="mailto:jane.vandenbroeke@surreycc.gov.uk">jane.vandenbroeke@surreycc.gov.uk</a>  Jackie Hunt Area Schools Assistant 01483 517835 <a href="mailto:jackie.hunt@surreycc.gov.uk">jackie.hunt@surreycc.gov.uk</a>  Quadrant Court Guildford Road Woking GU22 7QQ
Hampshire County Council	
<b>Hampshire County Council</b>  Eric Halton County Education Manager (Primary & Early Years) 01962 874820 <a href="mailto:eric.halton@hants.gov.uk">eric.halton@hants.gov.uk</a>  Karen Nye County Education Manager (Vulnerable Children & Young People) 01252 814755 <a href="mailto:karen.1.nye@hants.gov.uk">karen.1.nye@hants.gov.uk</a>	<b>Hart &amp; Rushmoor</b>  Sue Thackery School Improvement Manager (Hart, Rushmoor & Basingstoke) 01252 814795 <a href="mailto:susan.thackeray@hants.gov.uk">susan.thackeray@hants.gov.uk</a>

### Health Protection Teams:

Surrey	Hampshire
PHE Surrey and Sussex Health Protection Team (South East) County Hall, Chart Way Horsham RH12 1XA <a href="mailto:PHE.sshpu@nhs.net">PHE.sshpu@nhs.net</a> 0344 225 3861	PHE Hampshire and Isle of Wight Health Protection Team (South East) Fareham Borough Council Civic Offices Civic Way Fareham PO16 7AZ 0344 225 3861