



HIGH WELL SCHOOL
Preparing for Positive Futures

Infectious Disease Policy

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1. Aims of the Policy

This policy aims to:

- Provide a clear framework that outlines how the school will respond to specific infectious diseases, helping staff to prevent and manage infections in school
- Support the health and wellbeing of all members of the school community by avoiding the spread of infectious diseases
- Ensure the school's response to specific infectious diseases remains proportionate and in line with guidance from public health
- Ensure that staff understand their role in working towards the above aims

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

2. Statement of Intent

Infections can easily spread in a school due to:

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

Infections commonly spread in the following ways:

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

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

- Maintaining high standards of personal hygiene and practice
- Maintaining a clean environment
- Taking appropriate action when infection occurs

3. Legal Framework

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

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

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

- Public Health England (2019) 'Health protection in schools and other childcare facilities'
- DfE (2015) 'Supporting pupils at school with medical conditions'
- Reducing the spread of respiratory infections, including COVID-19, in the workplace (published 1st April 2022)
- People with symptoms of a respiratory infection, including COVID-19 (published 1st April 2022)
- Living safely with respiratory infections, including COVID-19 (published 1st April 2022)
- Guidance for people whose immune systems means that they are at higher risk (published 4th April 2022)

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

- Health and Safety Policy
- First Aid Policy
- Administering Medication Policy

4. Preventative Measures

4.1 Ensuring a clean environment

Sanitary facilities

- Wall-mounted soap dispensers are used in all toilets – bar soap is never used
- Toilet paper is always available in cubicles
- Suitable sanitary disposal facilities are provided where necessary

Cleaning

- Cleaning staff are employed to carry out rigorous cleaning of the premises
- Cleaning equipment is maintained to a high standard
- The business manager and caretaker are responsible for monitoring cleaning standards and discussing any issues that may arise with cleaning staff, and informing Frealex.

Equipment

- Equipment is cleaned regularly.

Handwashing

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

4.2 Other Measures

Blood and other bodily fluids

- Cuts and abrasions are covered with waterproof dressings
- When coughing or sneezing, all staff and pupils are encouraged to cover their nose and mouth with a disposable tissue and dispose of the tissue after use, and to wash their hands afterwards
- Personal protective equipment (PPE) are worn where there is a risk of contamination with blood or bodily fluids during an activity. Gloves are disposable, non-powdered vinyl or latex.
- Spillages of blood, faeces, saliva, vomit, nasal and eye discharges are cleaned up immediately. They are cleaned using a mixture of detergent and disinfectant. Paper towels or cloths are used, with staff wearing appropriate levels of PPE (e.g. gloves) and they are disposed of after use.

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 using the school's accident and incident recording systems and medical advice is sought promptly

Pupil immunisation

- The school keeps up-to-date with national and local immunisation scheduling and advice via www.nhs.uk/conditions/vaccinations
- Whilst the school encourages parents to have their children immunised, parental consent will always be sought before a vaccination is given on the school premises
- A healthcare team may visit the school in order to carry out vaccinations and will be able to advise parents if there are any concerns
- A risk assessment will be provided by the healthcare team before any flu vaccinations take place
- All eligible pupils will be offered nasal flu vaccinations annually
- Regular communication is maintained after pupils return to lessons, as some side effects can take several hours to develop
- The school will ensure that the venue used is a clean, open, well-ventilated room, where pupils can access water and fresh air
- Needles are kept away from pupils before and after the vaccine is administered

Contact with pets and animals

- Visits to farms and zoos are strictly controlled by the risk assessments, including seeking consent from parents
- Any activities or events that involve animals visiting school are strictly controlled by the risk assessments provided by school, including seeking consent from parents

Swimming

- General swimming lessons are governed by the control measures outlined in the relevant risk assessments as approved by the school
- Pupils who have experienced vomiting or diarrhoea in the 48 hours preceding any swimming-based activities are not permitted to attend public swimming pools; pupils should also not be in school if they have experienced such symptoms in the previous 48 hours

5. In the event of Infection

There are a number of procedures in place that outline how the school manages and responds to the risk that infection presents.

5.1 Preventing the spread of infection

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

- The child has a high temperature/fever
- The child has a high temperature/fever combined with symptoms of a respiratory illness
- The child has been vomiting and/or had diarrhea within the last 48 hours
- The child has an infection and the minimum recommended exclusion period has not yet passed
- The child has untreated conjunctivitis
- The child has any infectious disease that precludes attendance at school for a given length of time

5.2 Vulnerable members of the school community

Pupils and staff with impaired immune defence mechanisms (known as immune compromised) are more likely to acquire infections. In addition, the effect of an infection is likely to be more significant for such pupils and staff. These pupils and staff may have a disease that compromises their immune system or be undergoing treatment, such as but not limited to chemotherapy, that has a similar effect.

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.

If a vulnerable member of staff is thought to have been exposed to an infectious disease, they will be informed and encouraged to seek medical advice from their doctor or specialist.

5.3 Procedures for unwell members of the school community

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

- Not being themselves
- Not eating or drinking as normal
- 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 pupil as being unwell, the pupil may initially be taken to a first aider and the pupil's parents will be informed of the situation, if this is deemed necessary. In the event of a pupil having a high temperature and/or sickness/diarrhoea, parents/carers will be contacted immediately to come and collect their child.

In the case of a high temperature, pupils may return to school when their temperature has returned to normal. In the case of sickness and/or diarrhoea, pupils may return to school after 48 hours have passed without any symptoms. If the school is unable to contact a pupil's parents/carers in any situation, the pupil's emergency contacts will be contacted.

Pupils and members of staff with a confirmed diagnosis of certain infectious diseases will be asked to not attend school for the minimum recommended period. Some of the most common diseases and their respective timeframes for staying away from school are:

- **Chickenpox:** chickenpox is infectious from 48 hours prior to a rash appearing up to 5 days after the onset of a rash –
 - pupils with chickenpox will not be allowed to attend school for a period of at least 5 days after the onset of a rash
 - members of staff with chickenpox will need to have a discussion with the HR Manager about attending school
- **COVID-19:**
 - pupils who test positive for COVID-19 will not be allowed to attend school for a period of 3 days after their positive test
 - members of staff who test positive for COVID-19 will not be allowed to attend school for a period of 5 days after their positive test
- **Gastroenteritis (or generalised vomiting / diarrhoea):**
 - pupils with these symptoms will not be allowed to attend school for a period of 48 hours after symptoms were last present
 - members of staff with these symptoms should not attend school until their symptoms have cleared and they feel well enough to be in work
- **Hand, foot and mouth:** there is no requirement for members of staff or pupils with this diagnosis to stay away from school

- **Impetigo:**
 - pupils with impetigo will not be allowed to attend school until lesions have healed and crusted or for 48 hours after commencing antibiotic treatment
 - members of staff with impetigo will attend work as usual, with the lesions covered

- **Ringworm:**
 - there is no requirement for members of staff or pupils with this diagnosis to stay away from school

- **Scarlet fever:**
 - pupils can return to school after 24 hours, once antibiotic treatment is started. If no antibiotic treatment is given, pupils may be required to stay away from school for longer periods of time
 - members of staff can return to work after 24 hours, once antibiotic treatment is started and if they feel well enough to be in work

- **Slapped cheek syndrome:**
 - there is no requirement for members of staff or pupils with this diagnosis to stay away from school

- **Whooping cough:**
 - Pupils with whooping cough will not be allowed to attend school until they have had 48 hours of appropriate treatment with antibiotics and appear well in themselves

Where a pupil has been prescribed medication by a medical professional, such as antibiotics, the first dose must be given at home, in the case the pupil has an adverse reaction. The pupil will only be allowed to return to school 24 hours after the first dose of medication, to allow it time to take to effect.

5.4 Contaminated Clothing

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

A first aider or other suitable qualified member of staff may assist in:

- attempting to cool the pupil down if they are too hot, by opening a window and
- suggesting that the pupil removes their top layers of clothing.
- providing the pupil with a drink of water.
- moving the pupil to a quieter area of the classroom or school.
- ensuring there is a staff member available to comfort the pupil.
- summoning emergency medical help if required.

5.5 Outbreaks of infectious diseases

An outbreak is defined as:

- two or more people experiencing a similar illness that can be linked by time or place
- a greater than expected rate of infection is present compared with the usual background rate e.g.
 - two or more pupils/members of staff in the same classroom are suffering from vomiting and diarrhoea
 - there are two or more cases of COVID-19 confirmed infection at the school
 - a greater number of pupils than usual are diagnosed with scarlet fever
 - there are two or more cases of measles at the school

Suspected outbreaks of any of the diseases listed on the List of Notifiable Diseases (see Appendix C for a list of all notifiable diseases) will always be reported to:

healthprotection@wakefield.gov.uk (and infection.control@kirklees.gov.uk for COVID) who then cascade to: **UK Health Security Agency** (formerly Public Health England)

As soon as an outbreak is suspected (even if it cannot be confirmed), the headteacher will discuss with relevant staff members, SLT and Chair of Governors to agree if any actions are needed.

The headteacher will provide the following information:

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

If the headteacher is unsure whether suspected cases of infectious diseases constitute an outbreak, they will contact healthprotection@wakefield.gov.uk.

Information provided to parents during an outbreak will never include names and other personal details.

If a member of staff suspects the presence of an infectious disease in the school, they will contact the Head or SLT for further advice.

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

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

5.6 Pregnant Staff

Pregnant staff members will be informed by SLT / HR Manager immediately when any outbreak is suspected that may present additional risk to them.

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

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

If a pregnant staff member is unsure whether they are immune, High Well School encourage them to take a blood test.

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

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

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

5.7 Staff Handling Food

Any member of staff or pupil presenting as unwell will not prepare or handle food for others e.g. as part of food technology or other cookery sessions. They should not prepare or handle food until they are feeling well again in themselves.

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

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

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

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

5.8 Managing Specific Infections

When an infectious disease occurs in the school, school will follow the appropriate procedures set out in this policy (including its appendices)

6. Monitoring Arrangements

This policy will be reviewed annually by the SLT Team and approved by the full governing body.

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

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.
Chicken pox	Sudden onset of fever with a runny nose, cough and generalised rash. The rash then blisters and scabs over. Several blisters may develop at once, so there may be scabs in various stages of development. Some mild infections may not present symptoms.	Cases are advised to consult their GP.	Chickenpox is infectious from 48 hours prior to a rash appearing up to five days after the onset of a rash. Cases will be excluded from school for five days from the onset of a rash. It is not necessary for all the spots to have healed before the case returns to school.
Cold sores	The first signs of cold sores are tingling, burning or itching in the affected area. Around 24 hours after the first signs appear the area will redden and swell, resulting in a fluid-filled blister. After blistering, they break down to form ulcers then dry up and crust over.	Cases are advised not to touch the cold sore, or to break or pick the blisters. Sufferers of cold sores should avoid kissing people and should not share items such as cups, towels and facecloths.	Exclusion is not necessary.
Conjunctivitis	The eye(s) become reddened and swollen, and there may be a yellow or green discharge. Eyes may feel itchy and 'gritty'.	Cases are encouraged to seek advice, wash their hands frequently and not to rub their eyes. The HPT will be contacted if an outbreak occurs.	Exclusion is not necessary.

Disease	Symptoms	Considerations	Exclusion Period
COVID-19 (Coronavirus)	Symptoms of COVID-19 may include: <ul style="list-style-type: none"> ▪ Continuous cough ▪ High temperature, fever or chills ▪ Loss of, or change in, your normal sense of taste or smell ▪ Shortness of breath ▪ Unexplained tiredness, lack of energy ▪ Muscle aches or pains that are not due to exercise ▪ Not wanting to eat or not feeling hungry ▪ Headache that is unusual or longer-lasting than usual ▪ Sore throat, stuffy or runny nose ▪ Diarrhoea, feeling sick or being sick 	Confirmed cases will be sent home and advised to contact 111 for advice, or 999 if they become seriously ill or believe their life is at risk. The local Health Protection Team (HPT) will be contacted if an outbreak occurs.	Cases will be excluded for: <ul style="list-style-type: none"> ▪ 3 days after the onset of symptoms (pupils) ▪ 5 days after the onset of symptoms (staff)
Food poisoning	Symptoms normally appear within one to two days of contaminated food being consumed, although they may start at any point between a few hours and several weeks later. The main symptoms are likely to be nausea, vomiting, diarrhoea, stomach cramps and fever.	Cases will be sent home. The HPT will be contacted where two or more cases with similar symptoms are reported. The cause of a food poisoning outbreak will always be investigated.	Cases will be excluded until 48 hours have passed since symptoms were present. For some infections, longer exclusion periods may be required. The HPT will advise in such cases.
Giardia	Symptoms include abdominal pain, bloating, fatigue and pale, loose stools.	Cases will be sent home. The HPT will be contacted where two or more cases with similar symptoms are reported.	Cases will be excluded until 48 hours have passed since symptoms were present.

Disease	Symptoms	Considerations	Exclusion Period
Salmonella	Symptoms include diarrhoea, headache, fever and, in some cases, vomiting.	Cases will be sent home. The HPT will be contacted where two or more cases with similar symptoms are reported.	Cases will be excluded until 48 hours have passed since symptoms were present.
Typhoid and paratyphoid fever	Symptoms include tiredness, fever and constipation. The symptoms of paratyphoid fever include fever, diarrhoea and vomiting.	All cases will be immediately reported to the HPT.	Cases will be excluded whilst symptomatic and for 48 hours after symptoms have resolved. Environmental health officers or the HPT may advise the school to issue a lengthened exclusion period.
E. coli (verocytotoxigenic or VTEC)	Symptoms vary but include diarrhoea, abdominal cramps, headaches and bloody diarrhoea.	Cases will immediately be sent home and advised to speak to their GP.	Cases will be excluded whilst symptomatic and for 48 hours after symptoms have resolved. Where the sufferer poses an increased risk, for example, food handlers, they will be excluded until a negative stool sample has been confirmed. The HPT will be consulted in all cases.
Gastroenteritis	Symptoms include three or more liquid or semiliquid stools in a 24-hour period.	The HPT will be contacted where there are more cases than usual.	Cases will be excluded until 48 hours have passed since symptoms were present. If medication is prescribed, the full course must be completed and there must be no further symptoms displayed for 48 hours following completion of the course before the cases may return to school. Cases will be excluded from swimming for two weeks following their last episode of diarrhoea.
Bacillary dysentery (Shigella)	Symptoms include bloody diarrhoea, vomiting, abdominal pain and fever. It lasts four to seven days on average, but potentially several weeks.	The school will contact the HPT.	Microbiological clearance is required for some types of shigella. The HPT will advise.

Disease	Symptoms	Considerations	Exclusion Period
Campylobacter	Symptoms include diarrhoea, headache, fever and, in some cases, vomiting.		Cases will be excluded until 48 hours have passed since symptoms were present.
Cryptosporidiosis	Symptoms include abdominal pain, diarrhoea and occasional vomiting.		Cases will be excluded until 48 hours have passed since symptoms were present.
Glandular fever	Symptoms include severe tiredness, aching muscles, sore throat, fever, swollen glands and occasionally jaundice.	Symptoms include severe tiredness, aching muscles, sore throat, fever, swollen glands and occasionally jaundice.	Exclusion is not necessary, and cases can return to school as soon as they feel well.
Hand, foot and mouth disease	Symptoms include a fever, reduced appetite and generally feeling unwell. One or two days later, a rash with blisters will develop on cheeks, hands and feet. Not all cases will have symptoms.		Exclusion is not necessary, and cases can return to school as soon as they feel well.
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. 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.

Disease	Symptoms	Considerations	Exclusion Period
Hepatitis A	Symptoms include abdominal pain, loss of appetite, nausea, fever and tiredness, followed by jaundice, dark urine and pale faeces.	The illness in children usually lasts one to two weeks, but can last longer and be more severe in adults.	Cases are excluded while unwell and for seven days after the onset of jaundice (or the onset of symptoms if no jaundice presents), the case is under five years of age or where hygiene is poor. There is no need to exclude older children with good hygiene.
Hepatitis B	Symptoms include general tiredness, nausea, vomiting, loss of appetite, fever and dark urine, and older cases may develop jaundice.	The HPT will be contacted where advice is required. The procedures for dealing with blood and other bodily fluids will always be followed. The accident book will always be completed with details of injuries or adverse events related to cases.	Acute cases will be too ill to attend school and their doctor will advise when they are fit to return. Chronic cases will not be excluded or have their activities restricted. Staff with chronic hepatitis B infections will not be excluded.
Hepatitis C	Symptoms are often vague but may include loss of appetite, fatigue, nausea and abdominal pain. Less commonly, jaundice may occur.	The procedures for dealing with blood and other bodily fluids will always be followed. The accident book will always be completed with details of injuries or adverse events related to cases.	Cases will not be excluded or have their activities restricted.
Impetigo	Symptoms include lesions on the face, flexures and limbs.	Towels, facecloths and eating utensils will not be shared by pupils. Toys and play equipment will be cleaned thoroughly.	Cases will be excluded until lesions have healed and crusted or 48 hours after commencing antibiotic treatment.

Disease	Symptoms	Considerations	Exclusion Period
Influenza	Symptoms include headache, fever, cough, sore throat, aching muscles and joints, and tiredness.	<p>Those in risk groups will be encouraged to have the influenza vaccine.</p> <p>Anyone with flu-like symptoms will stay home until they have recovered.</p> <p>Pupils under 16 will not be given aspirin.</p>	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.	<p>All pupils are encouraged to have MMR immunisations in line with the national schedule.</p> <p>Staff members should be up-to-date with their MMR vaccinations.</p> <p>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.</p>	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.

Disease	Symptoms	Considerations	Exclusion Period
Meningococcal meningitis and meningitis septicaemia	Symptoms include fever, severe headaches, photophobia, stiff neck and a non-blanching rash.	<p>Medical advice will be sought immediately.</p> <p>The confidentiality of the case will always be respected.</p> <p>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.</p> <p>The HPT will be notified if two cases of meningococcal disease occur in the school within four weeks.</p>	<p>When the case has been treated and recovered, they can return to school.</p> <p>Exclusion is not necessary for household or close contacts unless they have symptoms suggestive of meningococcal infection.</p>
Meningitis (viral)	Symptoms include headache, fever, gastrointestinal or upper respiratory tract involvement and, in some cases, a rash.	<p>The case will be encouraged to consult their GP.</p> <p>If more than once case occurs, the HPT will be consulted.</p>	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.

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

Disease	Symptoms	Considerations	Exclusion Period
Scarlet Fever	Symptoms include acute inflammation of the pharynx or tonsils, with tonsils reddening in colour and becoming partially covered with a thick, yellowish exudate. In severe cases, there may be a high fever, difficulty swallowing and tender, enlarged lymph nodes. A rash develops on the first day of fever and is red, generalised, pinhead in size and gives the skin a sandpaper-like texture, with the tongue developing a strawberry-like appearance.	Antibiotic treatment is recommended, as a person is infectious for two to three weeks if antibiotics are not administered. If two or more cases occur, the HPT will be contacted.	Cases are excluded for 24 hours following appropriate antibiotic treatment.
Slapped cheek syndrome, Parvovirus B19, Fifth's Disease	Where symptoms develop, they include a rose-red rash making the cheeks appear bright red.	Cases will be encouraged to visit their GP.	Exclusion is not required.
Threadworm	Symptoms include itching around the anus, particularly at night.	Cases will be encouraged to visit their GP.	Exclusion is not required.
Tuberculosis (TB)	Symptoms include cough, loss of appetite, weight loss, fever, sweating (particularly at night), breathlessness and pains in the chest. TB in parts of the body other than the lungs may produce a painful lump or swelling.	Advice will be sought from the HPT before taking any action, and regarding exclusion periods.	Cases with infectious TB can return to school after two weeks of treatment if well enough to do so, and as long as they have responded to anti-TB therapy. Cases with non-pulmonary TB, and cases with pulmonary TB who have effectively completed two weeks of treatment as confirmed by TB nurses, will not be excluded.
Whooping cough (pertussis)	Symptoms include a heavy cold with a persistent cough. The cough generally worsens and develops the characteristic 'whoop'. Coughing spasms may be worse at night and may be associated with vomiting.	Cases will be advised to see their GP. Parents are advised to have their children immunised against whooping cough.	Cases will not return to school until they have had 48 hours of appropriate treatment with antibiotics and feel well enough to do so, or 21 days from the onset of illness if no antibiotic treatment is given. Cases will be allowed to return in the above circumstances, even if they are still coughing.

Appendix B: Infection Absence Periods

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

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

Infection	Recommended minimum period to stay away from school	Comments
Athlete's foot	None	Treatment is recommended; however, this is not a serious condition.
Chicken pox	Until all vesicles have crusted over	Follow procedures for vulnerable children and pregnant staff.
Cold sores	None	Avoid contact with the sores.
Conjunctivitis	None	If an outbreak occurs, consult the local Health Practitioner Team (HPT)
COVID-19 (Coronavirus)	3 days after the onset of symptoms (pupils) 5 days after the onset of symptoms (staff)	If an outbreak occurs, consult the HPT.
Diarrhoea and/or vomiting	Whilst symptomatic and 48 hours from the last episode (pupils)	GPs should be contacted if diarrhoea or vomiting occur after taking part in waterbased 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.

Infection	Recommended minimum period to stay away from school	Comments
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	Five days after onset of swelling
Ringworm	Exclusion is not usually required	Treatment is required.
Rubella (German measles)*	Four days from onset of rash	Preventable by two doses of immunisation (MMR). Follow procedures for pregnant staff.
Scarlet fever	24 hours after commencing antibiotic treatment	Antibiotic treatment is recommended, as a person is infectious for two to three weeks if antibiotics are not administered. If two or more cases occur, the HPT should be contacted.
Scabies	Can return to school after first treatment	The infected person's household and those who have been in close contact will also require treatment.
Slapped cheek/Fifth disease/Parvo Virus B19	None (once rash has developed)	Follow procedures for vulnerable children and pregnant staff.
Threadworms	None	Treatment recommended for the infected person and household contacts.

Infection	Recommended minimum period to stay away from school	Comments
Tonsillitis	None	There are many causes, but most causes are virus-based and do not require antibiotics.
Tuberculosis (TB)*	Pupils with infectious TB can return to school after two weeks of treatment if well enough to do so, and as long as they have responded to anti-TB therapy.	Only pulmonary (lung) TB is infectious. It requires prolonged close contact to spread. Cases with non-pulmonary TB, and cases with pulmonary TB who have effectively completed two weeks of treatment as confirmed by TB nurses, should not be excluded. Consult the local HPT before disseminating information to staff and parents.
Warts and verrucae	None	Verrucae should be covered in swimming pools, gymnasiums and changing rooms.
Whooping cough (pertussis)*	Two days from commencing antibiotic treatment, or 21 days from the onset of illness if no antibiotic treatment is given	Preventable by vaccination. Non-infectious coughing can continue for many weeks after treatment. The HPT will organise any necessary contact tracing.

Appendix C: List of Notifiable Diseases

Under the Health Protection (Notification) Regulations 2010, the following diseases will always be reported to the health protection team (HPT):

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

Appendix D: Living with COVID Operational Plan (from February 2022)

[New guidance sets out how to live safely with COVID-19 - GOV.UK \(www.gov.uk\)](https://www.gov.uk)

The School's aim throughout the pandemic has been to protect pupils and staff. As the pandemic is not yet over, the DfE have reduced significantly the need for severe restrictions as set out at the beginning of this document due to the success of the vaccination programme.

February 2022

From 24th February 2022 the Government will remove the legal requirement to self-isolate following a positive test. Staff and pupils who test positive will continue to be advised to stay at home and avoid contact with other people. After 5 days, they may take a Lateral Flow test followed by another the next day. If both are negative and they do not have a temperature then they may return to work/school. School will no longer report positive cases to the local authority.

There will also be no need to ask fully vaccinated close contacts to test daily for 7 days and remove the legal requirement for close contacts who are not fully vaccinated to self isolate. Local authorities will continue to manage local outbreaks as they would with other infectious diseases. High Well School will continue to test pupils twice weekly and staff should also test twice weekly before coming into school. Lateral Flow Tests will be available for staff and pupils to take home and these can be obtained from the Admin Office. All staff at High Well should continue with the enhanced cleaning regime which has proven to be effective.

March 2022

Summary

This Operational Plan now reflects the Government decision to relax all COVID restrictions highlighted elsewhere in this document. The Operational plan is a living document and restrictions and guidance can be reactivated at any time should there be a need.

The Government's stance is now to encourage people to take individual responsibility for managing their health and the potential impact of any illness on others in the same way as they would with other infectious conditions such as flu or norovirus.

Most particularly, it is no longer a legal requirement for individuals who are infected with and suffering from coronavirus to self-isolate although people "are encouraged to do so" in order to reduce the likelihood of passing on the virus to others.

Schools are no longer expected to facilitate the twice-weekly asymptomatic testing of staff and pupils and will not be issued with further supplies of testing kits for distribution. Testing for coronavirus is now the responsibility of individuals who need to obtain their own testing kits if they wish to assess their condition. However, High Well still have stocks available and will be made accessible to staff and pupils until they run out. If a member of staff or a pupil become unwell during the school day and display any symptoms then a lateral flow test will be offered to assess their condition.

Whilst there has been a change in the formal approach to living with coronavirus in its current form,

scientific advisors have highlighted concerns that “the virus has not gone away” and have suggested that further mutations and variants are likely to evolve over the coming months.

Therefore, the school will retain some of the practical measures and practical facilities that have been installed over the last two years, both to maintain an enhanced hygiene regime around the school and to ensure that if preventative measures need to be reinstated at some point, suitable facilities can be reactivated promptly. This means for example, that:

- Dispensers of hand sanitiser will stay in place
- Staff will continue the enhanced cleaning regime throughout the school day
- Staff to continue to maximise the ventilation of teaching areas

The DfE’s “Schools COVID-19 Operational Guidance” has been restructured following the announcement of the Government’s “Living with COVID-19” plan and is summarised below within the measures that will continue at High Well. Given the removal of almost all restrictions, some facets of the information may seem obvious given the “return to normal”, but have been included below for clarity, certainty and the avoidance of doubt.

Risk Assessment

The School will continue to comply with health and safety law and maintain proportionate control measures for the protection of staff and pupils and to monitor and respond to any changes in public health guidance.

Contact Tracing

Responsibility for identifying close contacts was removed from schools in autumn 2021 and its management passed to NHS Test and Trace. Schools may continue to be asked by health protection teams for assistance in the identification of close contacts in the event of a significant local outbreak of coronavirus, just as they might with any other infectious disease. It is possible that public health professionals may recommend the introduction or reinstatement of additional preventative measures in extreme circumstances, but currently this is not anticipated.

Face coverings

The official DfE guidance states that “Face coverings are no longer advised” for pupils, staff and visitors in classrooms or communal areas. Staff and pupils should follow wider advice on face coverings outside of school, including on transport to and from school. This information has been shared with parents and pupils.

Control measures

A number of measures that have been introduced over the last two years are recommended to be continued as a matter of best practice:

- Frequent washing of hands or use of hand sanitiser on arrival at school and throughout the day

especially before and after lunch.

- Tissues and bins will remain in the classroom to support the “Catch it, bin it, kill it” mantra.
- The school will continue with the enhanced cleaning regime and Frealex will continue their enhanced daily cleaning measures.
- Maintaining increased ventilation and use of mechanical air purifiers is still considered to be a significant factor in mitigating the transmission of coronavirus. Staff are encouraged to continue to keep windows and doors open wherever possible to facilitate this and continue Co2 monitoring.

Remote Education

During the periods of closure in 2021 the school delivered a full programme of tuition online. Subsequently, pupils who have been self- isolating have been invited to join lessons remotely. The school will retain the capacity to reintroduce remote education for individual pupils if appropriate or to respond to guidance from public health authorities. Should any pupils suffer with any long term illness or suspension then, we have capacity to introduce them joining a class via Teams and other web based software such as Hegarty Maths.

Pupil Well-being

We have become an emotional wellbeing centre of excellence, and are a happy, healthy and resilient school community. As most staff are trained in Mental Fitness and Mental Health First Aid they should monitor the health and wellbeing of pupils and arrange support with the Schools ELSA staff should they feel there is a need who will in turn arrange appropriate support.

School meals

High Well School will continue to make provision to support any pupils who qualify for Free School Meals who are unable to attend the school during term time as a result of any illness.

Educational visits

Educational visits can and have resumed and all trips proposed must be subject to risk assessments as normal and submitted to the Headteacher. Risk assessments should also reflect any public health advice given at the time.

Staff and pupil COVID Related Absence

At present, we are asking that any staff who test positive for coronavirus to follow previous guidance and isolate to avoid the risk of infecting colleagues. The period of isolation should be up to 5 days for staff and three days for pupils. No other special measures will remain, in general for employees concerning self-isolation or the management of confirmed cases of COVID-19. Exceptions will be allowed where any staff have different individual advice from their doctor or other health professional. Anyone who qualifies for separate consideration should discuss their requirements with the school’s HR Manager as soon as the information becomes available to them.