

High Tunstall College of Science



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Infection Control Policy

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Statement of intent

Infections can easily spread in a college due to:

- Students' undeveloped immune systems
- The close-contact nature of the environment
- Some students having not yet received full vaccinations
- Students' 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.

The college actively prevent the spread of infection via the following measures:

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

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

1. **[Updated]** Legal framework

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

- Control of Substances Hazardous to Health Regulations (COSHH) 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 (RIDDOR) 2013
- The Health Protection (Notification) Regulations 2010
- The Health Protection (Local Authority Powers) Regulations 2010
- **[New]** Animal Welfare Act 2006

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

- **[Updated]** UK Health and Security Agency (2024) 'Health protection in schools and other childcare settings'
- **[Updated]** DfE (2015) 'Supporting students at school with medical conditions' (Updated 2017)

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

- Health and Safety Policy
- Supporting Students with Medical Conditions Policy
- Administering Medication Policy
- First Aid Policy
- Sharps Policy
- **[New]** Animals in College Policy
- Swimming Risk Assessment.

Preventative measures

2. Ensuring a clean environment

Sanitary facilities

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

A wastepaper bin is always made available where disposable paper towels are used.

Toilet paper is always available in cubicles. Suitable sanitary disposal facilities are provided where necessary, including where there are female staff and students aged nine (9) and above.

Continence aid facilities

Students who use continence aids, e.g., continence pads and catheters are encouraged to be as independent as possible. Pads are changed in a designated area with adequate handwashing facilities, and disposable powder-free latex gloves and a disposable plastic apron are worn.

Laundry

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

Manual sluicing of clothing is not permitted, and gloves and aprons are worn when handling soiled linen or clothing. Hands are thoroughly washed after gloves are removed.

Cleaning

All cleaning staff will be appropriately trained and appropriate PPE, e.g. gloves, aprons, surgical masks, will be available. The Operations Manager will devise a cleaning schedule that clearly describes the activities required, the frequency of cleaning and who will carry out which activities. Cleaning standards will be regularly monitored to ensure effectiveness and that all areas or surfaces in contact with food, dirt or bodily fluids are regularly cleaned and disinfected.

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

Ventilation

Indoor spaces will be kept well-ventilated to help reduce the amount of respiratory germs. Areas of the college where there may be poor ventilation will be identified,

e.g. through the use of CO2 monitors, and appropriate action taken, e.g. partially opening windows and doors to let fresh air in. The need for increased ventilation will always be balanced against the need to maintain a comfortable temperature for staff, students and visitors.

Toys and equipment

A written schedule is in place to ensure that toys and equipment are cleaned on a daily basis. Toys that are “soft”, such as modelling clay’, are discarded whenever they look dirty.

Handwashing

The college will ensure all staff and students have access to liquid soap, warm water and paper towels – bar soap will not be used. Staff will check, encourage and supervise handwashing where appropriate.

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

Managing cuts, bites and bodily fluid spills

Standard precautions will be taken when dealing with any cuts and abrasions. Cuts and abrasions will be cleaned under running water or using a disposable container with water and wipes. The wound will be carefully dabbed dry then covered with a waterproof dressing or plaster. The dressing will be changed as often as is necessary. Staff will wear disposable gloves when in contact with any accident or injury, e.g. washing grazes, or dressing wounds.

If a student suffers a bite or scratch that does not break the skin, the affected area is cleaned with soap and warm running water. If a bite, scratch or puncture injury breaks the skin or may have introduced someone else’s blood, the affected area is rinsed well with water, the incident is recorded in the student accident log, the wound is covered with a waterproof dressing and medical advice is sought immediately.

When coughing or sneezing, all staff and students 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) is worn where there is a risk of contamination with blood or bodily fluids during an activity. Gloves are disposable, non-powdered vinyl or latex and CE marked. If there is a risk of splashing to the face, disposable eye protection, or reusable eye protection that is decontaminated prior to next use, is worn.

Spillages of blood, faeces, saliva, vomit, nasal and eye discharges are cleaned up immediately. The on-call cleaner will be called and asked to clean the area using the appropriate cleaning products and in line with the LA's cleaning policy.

Hypodermic needles (sharps)

Injuries incurred through sharps found on college grounds will be treated in line with the college's Sharps Policy. All sharps found on college premises will be disposed of in the sharps bin wearing PPE.

3. [Updated] Student immunisation

The college keeps up-to-date with national and local immunisation scheduling and advice via www.nhs.uk/conditions/vaccinations/.

Whilst the college encourages parents to have their children immunised, parental consent will always be sought before a vaccination is given.

A healthcare team will visit the college in order to carry out vaccinations and will be able to advise students if there are any concerns.

Students aged between 12 and 13 can choose to get the HPV vaccine to protect themselves against cervical cancer, some mouth and throat cancers and some cancers of the anal and genital areas. This vaccine comprises two injections given 6-12 months apart.

All students aged 14 will be offered the 3-in-1 teenage booster vaccination to top-up the effects of the pre-school vaccines against diphtheria, polio and tetanus.

All students aged 14 will be offered the MenACWY vaccine as part of the routine adolescent college programme.

The college will notify its regional DfE team of any anti-vaccination activity, e.g. campaign letters and emails spreading misinformation about vaccination programmes. Only information from trusted sources, e.g. the NHS, and where its authenticity is assured will be shared by the college.

Any students who become unwell after receiving a vaccination will be treated by the healthcare team who administered the vaccine, or by the First Aider, following the college's procedures for sick and unwell students.

Any side effects from the vaccinations, such as becoming unwell, will be reported to the healthcare team who administered the vaccination, allowing them to record the symptoms and the time that the vaccine was administered.

Any medication required to relieve the side effects of a vaccination, such as painkillers, will be administered in accordance with the college's Administering Medication Policy.

Regular communication is maintained after students return to lessons, as some side effects can take several hours to develop.

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

The college will ensure that the venue used is a clean, open, well-ventilated room, where students can access water and fresh air. Needles are kept away from students before and after the vaccine is administered.

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

4. **[New]** Staff immunisation

All staff will undergo a full occupational health check prior to employment, which confirms they are up to date with their immunisations. Staff will be encouraged to check their immunisation records and contact their GP practice if they are unsure if they are up to date or if they need to catch up.

For the following vaccinations: the college will take the following position:

MMR vaccination: The MMR vaccine is the safest and most effective way to protect against measles, mumps, and rubella, which are viral infections that can quickly spread and cause outbreaks. College will liaise with staff to ensure they have had two doses of the MMR vaccine. Female staff of childbearing age will be encouraged to check their immunisation status and contact their GP for any further medical advice.

Hepatitis B: The hepatitis B vaccine is recommended for staff who are involved in the care of individuals with severe learning disability or challenging behaviour who live in institutional accommodation. In all circumstances the college will undertake an occupational health risk assessment and pay for the vaccine if it is required.

Influenza: vaccination: College will encourage staff to have an annual vaccination, either through their own GP, pharmacy or via the college voucher sponsored inoculations.

[Updated] Pneumonia vaccination: College will encourage staff to have a vaccination when available, usually every ten (10) years up to the age of sixty-five (65) and annually afterwards through their own GP or pharmacy.

COVID-19: Although post-epidemic Staff who remain vulnerable or by age maybe considered at risk are encouraged to undertake an annual inoculation through their own GP or pharmacy.

Where necessary, staff will be permitted time off to receive any advised immunisations.

5. **[New]** Contact with pets and animals

Animals in the college will be strictly controlled under our Animals in College Policy.

The Headteacher will assign members of staff with suitable knowledge and experience to be responsible for animals and abide by the Animal Welfare Act 2006, which places a duty on animal owners to ensure their animal's welfare needs are met.

All animals will receive recommended treatments and immunisations, be groomed daily, and checked for any signs of infection on a weekly basis by the designated members of staff.

Where a student has a support animal, a member of staff will be assigned responsibility for infection prevention measures and supporting the student to follow these.

The college will only consider the following animals as school pets: guinea pigs, rabbits, hen chicks (spring season), chickens and tropical fish. The guinea pigs and tropical fish are kept within the control of the ARC, the hen chicks in the science room and the chickens within the SHINE farm facility coop and enclosure.

College risk assessments for these are maintained within the facilities.

The college will consider the following insurance arrangements in place for the animals it keeps.

Animals will always be supervised when in contact with students and anyone handling animals will wash their hands immediately before and after touching them, their bedding, food or equipment.

Pregnant staff will be advised to avoid contact with any animal litter trays on the school premises due to the risk of toxoplasmosis.

Bedding will be changed and laundered on a weekly basis.

Feeding areas will be kept clean and pet food is stored away from human food. Any food that has not been consumed within twenty (20) minutes will be taken away or covered.

Visits to farms and zoos will be suitably risk assessed.

6. **[Updated]** Water-based activities

Swimming lessons

General swimming lessons are governed by the control measures outlined in our college Tunstall Active Swimming & Hydrotherapy Risk Assessments.

[Updated] Advice from the UK NHS is stay off college or do not swim again until you have had no diarrhoeal symptoms for at least forty-eight (48) hours, or a longer period is advised by a doctor.

Other activities

Alternative water-based activities are only undertaken at reputable centres.

Students 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.

After canoeing or rowing, staff and students immediately wash or shower.

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

In the event of infection

7. Preventing the spread of infection

Parents will not bring their child to college 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.

8. Vulnerable students

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

The SENDCo will be notified if a child is "vulnerable". Parents are responsible for notifying the college if their child is "vulnerable".

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

9. **[Updated]** Procedures for unwell students/staff

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

- Not being themselves
- Not having a snack
- Not eating at lunchtimes
- Wanting more attention/sleep than usual
- Displaying physical signs of being unwell, e.g., watery eyes, a flushed face or clammy skin.

Where a staff member identifies a student as unwell, the student is sent to their Student Support Officer and they will decide if parents should be contacted and the student should be sent home.

Whilst a student is waiting to go home, staff will:

- Attempt to cool the student down if they are too hot, by opening a window and suggesting that the student removes their top layers of clothing
- Provide the student with a drink of water
- Move the student to a quieter area of the classroom or college
- Ensure there is a staff member available to comfort the student
- Summon emergency medical help if required.

Students and staff displaying any of the signs of becoming unwell outlined above will be sent home, and we will recommend that they see a doctor.

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

If a staff member is suffering from vomiting and diarrhoea, they will be sent home and may not return until 48 hours have passed without symptoms.

If the college is unable to contact a student's parents in any situation, the student's alternative emergency contacts will be contacted.

Contaminated clothing

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

Contaminated clothing should be washed separately in a washing machine, using a pre-wash cycle on the hottest temperature that the clothes will tolerate.

10. **[Updated]** Exclusion

Students suffering from infectious diseases will be excluded from college on medical grounds for the [minimum recommended period](#). Staff who are unwell with an infectious disease will also be promptly excluded and sent home to recover.

[New] The college will follow the recommendations of the UKHSA in determining the minimum required period for staff and pupils to stay away from college following an infection, as laid out in [Appendix B: infection absence periods](#).

Students can be formally excluded on medical grounds by the Headteacher.

If parents insist on their child returning to college when they are still symptomatic, the college can take the decision to refuse the child's attendance if it reasonably judges that this is necessary to protect other students and staff.

If a student or member of staff is a close contact of someone unwell with an infectious disease, but is not confirmed to be infected, this is not normally a valid reason for exclusion; however, the local health protection team (HPT) may advise on specific precautions to take in response to a case or outbreak.

11. Medication

Where a student has been prescribed medication by a doctor, dentist, nurse or pharmacist, the first dose will be given at home, in case the student has an adverse reaction.

The student will only be allowed to return to college twenty-four (24) hours after the first dose of medication, to allow it time to take effect.

All medicine provided in college will be administered in line with the Administering Medication Policy.

12. Outbreaks of infectious diseases

An incident is classed as an 'outbreak' where two or more people experiencing a similar illness are linked in time or place or a greater than expected rate of infection is present compared with the usual background rate, e.g.:

- Two or more students in the same classroom are suffering from vomiting and diarrhoea.
- A greater number of students than usual are diagnosed with scarlet fever.
- There are two or more cases of measles at the college.

Suspected outbreaks of any of the diseases listed on the [List of Notifiable Diseases](#) will always be reported.

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

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 the HPT.

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

The HPT will always treat outbreaks in the strictest confidence; therefore, information provided to parents during an outbreak will never include names and other personal details.

If a member of staff suspects the presence of an infectious disease in the college, they will contact the Headteacher who will then contact the school nurse service for further advice.

If a parent informs the college that their child carries an infectious disease, other students will be observed for similar symptoms by their teachers.

A student returning to the college following an infectious disease will be asked to contact the school nurse.

If a student is identified as having a notifiable disease, as outlined in [the guide to Infection Absence Periods](#), the college will inform the parents, who should inform their child's GP. It is a statutory requirement for doctors to then notify their local UK Health Security Agency centre.

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

13. Pregnant staff members

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.

Pregnant staff members will be advised to ensure they are up to date with the recommended vaccinations, including against coronavirus.

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 will speak to her midwife or GP as soon as possible. If a pregnant staff member is unsure whether they are immune, the college will encourage them to speak to their midwife or GP.

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.

14. Staff handling food

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

The college 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 college 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

'Formal' exclusions will be issued where necessary, but employees are expected to provide voluntary 'off work' certificates from their GP.

15. Managing specific infectious diseases

When an infectious disease occurs in the college, we will follow the appropriate procedures set out in the [Managing Specific Infectious Diseases](#) appendix.

16. [Updated] Monitoring and review

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

The Headteacher will review this policy every two years and will make any changes necessary, taking into account the current effectiveness of infection control and prevention.

The next scheduled review date is October 2026.

[Updated] Appendix A - Managing Specific Infectious Diseases

Disease	Symptoms	Considerations	Exclusion period
Athlete's foot	Scaling, peeling or cracking of the skin, particularly between the toes and soles of the feet, or blisters containing fluid. The infection may be itchy, and toenails can become discoloured, thick and crumbly.	Cases are advised to see their local pharmacy or 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. Blisters typically crust up and fall off naturally within one to two weeks. Some mild infections may not present symptoms.	Cases are advised to consider pharmacy remedies to alleviate symptoms and consult their GP. Immediate medical advice should be sought if abnormal symptoms develop, e.g. infected blisters, chest pain or difficulty breathing.	<p>Chickenpox is infectious from 48 hours prior to a rash appearing and until all blisters have crusted over, typically five to six days after the onset of a rash.</p> <p>Cases will be excluded from college for at least five days from the onset of a rash and until all blisters have dried and crusted over.</p> <p>It is not necessary for all the spots to have healed before the case returns to college.</p>
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 sticky or watery discharge. Eyes may feel itchy and 'gritty'.	<p>Cases are encouraged to seek advice and treatment from their local pharmacist.</p> <p>The HPT will be contacted if an outbreak occurs.</p>	<p>Exclusion is not necessary.</p> <p>In the case of an unmanageable outbreak, exclusion may become necessary, as per the HPT's advice.</p>

Disease	Symptoms	Considerations	Exclusion period
Cryptosporidiosis	Symptoms include abdominal pain, diarrhoea and occasionally vomiting.	Staff and students will be asked to wash hands regularly. Kitchen and toilet areas will be cleaned regularly.	Cases will be excluded until 48 hours have passed since symptoms were present.
Diarrhoea and vomiting (gastroenteritis)	Symptoms include diarrhoea and/or vomiting; diarrhoea is defined as 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.	<p>Cases will be excluded until 48 hours have passed since symptoms were present – for some infections, longer periods are required, and the HPT will advise accordingly.</p> <p>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 college.</p>
E. coli STEC	Symptoms vary but include diarrhoea which can be bloody, abdominal pain, vomiting and fever	Cases will immediately be sent home and advised to speak to their GP.	<p>Cases will be excluded whilst symptomatic and for 48 hours after symptoms have resolved.</p> <p>Where the sufferer poses an increased risk, for example, food handlers, they will be excluded until a negative stool sample has been confirmed.</p> <p>The HPT will be consulted in all cases.</p>

Disease	Symptoms	Considerations	Exclusion period
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	Infection can be asymptomatic, and the incubation period is between 5 and 25 days. Symptoms can 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, high fever, swollen glands in the neck and occasionally jaundice.	The sufferer may feel unwell for several months with fatigue and the college will provide reasonable adjustments where necessary.	Exclusion is not necessary, and cases can return to college as soon as they feel well.
[New] Group A Streptococcus (GAS)	Symptoms include flu-like symptoms, sore throat, rough rash, scabs and sores (impetigo), pain and swelling, severe muscle aches, nausea and vomiting.	GAS can cause a number of infections, some mild and some more serious. Milder infections can be easily treated with antibiotics and usually recover at home in a few days.	Cases will be excluded for 24 hours after starting to take antibiotics.
Hand, foot and mouth disease	Symptoms include a fever, reduced appetite and generally feeling unwell. One or two days later, a rash with blisters may develop on the inside of cheeks, gums, sides of the tongue, hands and feet. Not all cases will have symptoms.	Where rare additional symptoms develop, e.g. high fever, headache, stiff neck, back pain or other complications, prompt medical advice should be sought.	Exclusion is not necessary, and cases can return to college as soon as they feel well.

Disease	Symptoms	Considerations	Exclusion period
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 student's hair for head lice.</p> <p>If a staff member incidentally notices head lice in a student's hair, they will inform the student's parents and advise them to treat their child's hair.</p> <p>Upon noticing, staff members are not required to send the student home; the student is permitted to stay in college for the remainder of the day.</p>	<p>Exclusion is not necessary, as headlice are not considered a health hazard.</p> <p>In severe, ongoing cases, the LA does have the power to exclude. This use of power must be carefully considered, and exclusion should not be overused.</p>
Hepatitis A	Infection can be asymptomatic. Symptoms can include abdominal pain, loss of appetite, nausea, fever and fatigue, 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).
Hepatitis B	Infection can be asymptomatic. Symptoms can include general fatigue, nausea, vomiting, loss of appetite, fever and dark urine, and older cases may develop jaundice. It can cause an acute or chronic illness.	<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 college 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>

Disease	Symptoms	Considerations	Exclusion period
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 sores, typically on the face and on the hands and feet. After around a week, the sores burst and leave golden brown crusts, and can sometimes be painful and itchy.	Towels, facecloths and eating utensils will not be shared by students. Equipment will be cleaned thoroughly.	Cases will be excluded until all sores or blisters are crusted or 48 hours after commencing antibiotic treatment.
Influenza	Symptoms include headache, high temperature, cough, sore throat, aching muscles and joints, and fatigue. Younger cases may present different symptoms, e.g. without fever but with diarrhoea.	Those in risk groups will be encouraged to have the influenza vaccine. Anyone with flu-like symptoms will stay home until they have recovered. Students under 16 will not be given aspirin.	There is no specific exclusion period; cases will remain home until they have fully recovered.
[New] Invasive Group A Streptococcus (iGAS)	Symptoms include flu-like symptoms, sore throat, rough rash, scabs and sores (impetigo), pain and swelling, severe muscle aches, nausea and vomiting	These infections are caused by the bacteria getting into parts of the body where it is not normally found, such as the lungs or bloodstream. In rare cases an iGAS infection can be fatal.	Inform HPT if any cases reported. The HPT will carry out a risk assessment and undertake appropriate investigations and/or actions as required
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 students are encouraged to have MMR immunisations in line with the national schedule. Staff members should be up-to-date with their MMR vaccinations.	Cases are excluded while infectious, which is from four days before the onset of a rash to four days after.

Disease	Symptoms	Considerations	Exclusion period
		<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>	
Meningitis	<p>Symptoms include fever, severe headaches, photophobia (aversion to light), stiff neck, non-blanching rash, vomiting and drowsiness.</p>	<p>Students are encouraged to be up-to-date with their vaccinations.</p> <p>Meningitis is a notifiable disease.</p>	<p>Once a case has received any necessary treatment, they can return to college once they have recovered.</p>
<p>[Updated] Meningococcal meningitis and septicaemia (Sepsis)</p>	<p>Symptoms include fever, severe headache, photophobia, drowsiness and a non-blanching rash. Not all symptoms will be present.</p>	<p>Medical advice will be sought immediately.</p> <p>The confidentiality of the case will always be respected.</p> <p>The HPT and college health advisor will be notified of a case of meningococcal disease in the college.</p> <p>The HPT will be notified if two cases of meningococcal disease occur in the college within four weeks.</p>	<p>When the case has been treated and recovered, they can return to college.</p> <p>Exclusion is not necessary for household or close contacts unless they have symptoms suggestive of meningococcal infection.</p>
Methicillin resistant staphylococcus aureus (MRSA)	<p>Symptoms are rare but include skin infections and boils.</p>	<p>All infected wounds will be covered.</p>	<p>No exclusion is required.</p>
<p>[New] Mpox (monkeypox)</p>	<p>Symptoms are rare but begin within 5 to 21 days after a close physical contact with someone who has mpox infection and may include flu like symptoms, fever, low energy, swollen glands, general body aches.</p>	<p>The case will be encouraged to consult their GP. Any close contacts will be advised to contact their local HPT for advice.</p>	<p>Exclude until the rash has scabbed, all the scabs have fallen off and a fresh layer of skin has formed underneath.</p>

Disease	Symptoms	Considerations	Exclusion period
Mumps	Symptoms include a raised temperature, swelling and tenderness of salivary glands, headaches, joint pain and general malaise. 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 college five days after the onset of swelling if they feel able to do so.
Panton-Valentine Leukocidin Staphylococcus aureus (PVL-SA)	Symptoms can include recurrent boils, skin abscesses and cellulitis.	The HPT will be contacted if there are two or more cases.	Exclusion is not necessary unless cases have a lesion or wound that cannot be covered. Cases should not visit gyms or swimming pools until wounds have healed.
[Updated] Respiratory infections, including coronavirus (COVID-19)	Symptoms can be caused by several respiratory infections including the common cold, coronavirus (COVID-19), flu, and respiratory syncytial virus (RSV). Symptoms can be wide-ranging, including a runny nose, high temperature, cough and sore throat, and loss or change in sense of smell or taste.	Students with symptoms will be encouraged to cover their mouth and nose with a tissue when coughing and sneezing, and to wash their hands afterwards. The DfE helpline and/or the local HPT will be contacted if an outbreak occurs or there is evidence of severe disease, e.g. hospital admission.	Cases with mild symptoms, e.g. a runny nose and/or sore throat, can continue to attend if they are otherwise well. Cases who are unwell and have a high temperature should remain at home until they no longer have a high temperature. It is not recommended that children and young people are tested for coronavirus unless directed to by a health professional. Cases aged 18 years and under with a positive test result should stay at home for 3 days after the day they took their test.
Ringworm	Symptoms vary depending on the area of the body affected. The main symptom is a rash, which can be scaly, dry, swollen or itchy and may appear red or darker than surrounding skin.	Students with ringworm of the feet will wear socks and trainers at all times and cover their feet during PE. Parents will be advised to seek advice from a GP for recommended treatment.	No exclusion is usually necessary. For infections of the skin and scalp, cases can return to college once they have received treatment.

Disease	Symptoms	Considerations	Exclusion period
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, symptoms include a rash, swollen lymph glands, sore throat and runny nose, mild fever, headache, tiredness, conjunctivitis, painful and swollen joints.	MMR vaccines are promoted to all students.	Cases will be excluded for five days from the appearance of the rash.
Scabies	Symptoms include tiny pimples and nodules on the skin. Burrows may be present on the wrists, palms, elbows, genitalia and buttocks.	<p>All household contacts and any other very close contacts should have one treatment at the same time as the second treatment of the case.</p> <p>The second treatment must not be missed and should be carried out one week after the first treatment.</p>	Cases will be excluded until after the first treatment has been carried out.
<p>[Updated] Scarlet Fever and Invasive group A Streptococcal Disease</p>	<p>[New] Scarlet fever is highly infectious. It is usually a mild illness, though severe complications can occur in rare circumstances. It may be confused with measles. Symptoms include:</p> <ul style="list-style-type: none"> • Flu-like symptoms, e.g. a high temperature, swollen glands and an aching body • Sore throat and/or tonsillitis • A rash that feels rough, like sandpaper, i.e. scarlet fever, typically on the chest and stomach • Flushed cheeks • Scabs and sores • [New] A white coating on tongue 	<p>[New] Cases will be encouraged to visit their GP. The HPT will be contacted if:</p> <ul style="list-style-type: none"> • Two or more cases occur within 10 days of each other, and the affected individuals have a link. • There are cases of serious disease which have resulted in overnight stays in hospital. • There are cases of chickenpox and/or influenza co-circulating in the group where a case of scarlet fever has been confirmed. 	<p>[Updated] Cases are excluded and can return 24 hours after commencing appropriate antibiotic treatment – cases not receiving treatment will be excluded until resolution of symptoms.</p>

Disease	Symptoms	Considerations	Exclusion period
Slapped cheek syndrome, Parvovirus B19, Fifth's Disease	Where symptoms develop, they include a rose-red rash making the cheeks appear bright red may appear several days after a mild feverish illness. The rash usually peaks after a week and then fades.	Cases will be encouraged to visit their GP. Parents are requested to inform the college of a diagnosis of slapped cheek syndrome and those infected should avoid contact with anyone who is pregnant.	Exclusion is not required – cases are not infectious by the time the rash occurs.
Threadworm	Symptoms include itching around the anus or vagina, particularly at night, and worms may be seen in stools or around the bottom.	Cases will be encouraged to visit their pharmacy for advice on treatment.	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 college 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.
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 college to issue a lengthened exclusion period.
Whooping cough (pertussis)	Symptoms include a heavy cold with a persistent cough. The cough generally worsens and develops the characteristic	Cases will be advised to see their GP. Parents are advised to have their children immunised against whooping cough.	Cases will not return to college until they have had 48 hours of appropriate treatment with antibiotics and feel well enough to

Disease	Symptoms	Considerations	Exclusion period
	<p>'whoop'. Coughing spasms may be worse at night and may be associated with vomiting.</p>		<p>do so, or 21 days from the onset of illness if no antibiotic treatment is given.</p> <p>Cases will be allowed to return in the above circumstances, even if they are still coughing.</p>

[Updated] Appendix B - Infection Absence Periods

This table details the minimum required period for staff and students to stay away from college following an infection, as recommended by UK Health Security Agency.

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

Infection	Recommended minimum period to stay away from college	Comments
[Updated] Athlete's foot	None	Advise cases to visit their local pharmacy or GP for advice and treatment. Individuals should not be barefoot at their setting e.g. in changing areas) and should not share towels, socks or shoes with others.
[Updated] Chicken pox	At least 5 days from onset of rash and until all blisters have crusted over.	Pregnant staff contacts should consult with their GP or midwife.
Cold sores	None	Avoid contact with the sores.
[Updated] Conjunctivitis	None	Advise cases to visit their local pharmacy or GP for advice and treatment. If an outbreak occurs, 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.

Infection	Recommended minimum period to stay away from college	Comments
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. Exclusion is not normally permitted. In severe, ongoing cases, the LA does have the power to exclude; however, exclusion should not be overused.
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.
[Updated] Measles*	Four days from onset of rash and well enough	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.

Infection	Recommended minimum period to stay away from college	Comments
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.
[Updated] Respiratory infections, including coronavirus (COVID-19)	Cases should not attend if they have a high temperature and are unwell. Cases who have a positive test result for COVID-19 should not attend the setting for 3 days after the day of the test.	Cases with mild symptoms such as runny nose, and headache who are otherwise well can continue to attend.
Ringworm	Exclusion is not usually required	Treatment is required.
[Updated] Rubella (German measles)	Five days from onset of rash	Preventable by two doses of immunisation (MMR). Pregnant staff contacts should seek prompt advice from their GP or midwife.
[Updated] Scabies	Can return to college after first treatment	The infected person's household and those who have been in close contact will also require treatment at the same time.
[Updated] Scarlet Fever* and Invasive group A Streptococcal Disease	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.

Infection	Recommended minimum period to stay away from college	Comments
[Updated] Slapped cheek/Fifth disease/Parvo Virus B19	None (once rash has developed)	Pregnant contacts of case should consult with their GP or midwife.
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.
[Updated] Tuberculosis (TB)	If pulmonary TB - until at least 2 weeks after the start of effective antibiotic treatment. Exclusion not required for non-pulmonary or latent TB infection.	Only pulmonary (lung) TB is infectious. It requires prolonged close contact to spread. Consult the local HPT before disseminating information to staff and parents. The HPT will organise any necessary contact tracing.
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.

[Updated] Appendix C - Diarrhoea and Vomiting Outbreak Action Checklist

Date:	
Completed by:	

Action	Action taken?		Comments
	Yes	No	
A 48-hour exclusion rule has been enforced for ill student and staff.			
[New] Individuals with symptoms have been kept in an area away from communal areas where they can be observed until parents / cares can collect them.			
Liquid soap and paper hand towels are available at all hand wash basins.			
Enhanced cleaning is undertaken twice daily and an appropriate disinfectant is used.			
Advice has been given on the cleaning of vomit, e.g. steam cleaning carpets and furniture and machine hot washing of soft furnishings.			
[New] Appropriate disposable personal protective equipment (PPE) is available.			
Appropriate waste disposal systems are available for removing infectious waste.			
[New] Appropriate spill kit is in place. Staff wearing appropriate PPE when dealing with spills, which will be removed & disposed of quickly.			
Hard toys are cleaned and disinfected on a daily basis, and their use is limited and rotated.			
The use of soft toys, water and sand play, and cookery activities has been suspended.			

Infected linen is segregated, and dissolvable laundry bags are used where possible.			
Visitors are restricted, and essential visitors are informed of the outbreak and advised on hand washing.			
New children joining the college are delayed from joining.			
The health protection team (HPT) has been informed of any infected food handlers.			
Staff work in dedicated areas and food handling is restricted.			
All staff (including agency) are asked if they are unwell and excluded for 48 hours if unwell.			
[New] Trays of fruit/snacks covered until point of serving. Snacks served in individual bowls handed directly to students.			
[New] Drink bottles clearly labelled with names.			
Staff work in dedicated areas where possible.			
The HPT is informed of any planned events at the college.			
The College Office is informed.			

Appendix D - List of Notifiable Diseases

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

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