International School of London

Infection Control Policy

Date reviewed:
August 2026

To be reviewed:
August 2027

Mission statement

Since 1972, we have established a welcoming and inclusive community. Our diverse cultures and languages drive all our learning experiences.

We nurture creativity and curiosity to stimulate deep thinking. We foster insight, compassion and resilience to enable us to play a meaningful part in a changing world.

Vision statement

We celebrate our stories, our worth and our purpose to make a difference in a shared world.

At the International School of London, we believe in:

- Empowering students to maximise their learning opportunities and to fulfil their potential.
- Actively integrating cultural diversity in the curriculum.
- Creating inclusive, vibrant and innovative learning communities.
- Offering a diverse and extensive international programme that supports personal, social and professional growth.

1.1 1 Policy Statement and Legal Framework

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

- Control of Substances Hazardous to Health Regulations 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

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

- Public Health England (PHE) (2019) 'Health protection in schools and other childcare facilities'
- DfE (2015) 'Supporting pupils at school with medical conditions'

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

- **Health and Safety Policy**
- **Supporting Pupils with Medical Conditions Policy**
- **Administering Medication Policy**
- **First Aid Policy**
- **Sharps Policy**
- **Swimming Risk Assessment**

1.2 2 Purpose

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

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1.3 1 Statement of intent and Preventative Measures

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
- Routine immunisations
- Taking appropriate action when infection occurs

Ventilation

Evidence and practice in other European countries, notably Germany, suggests that frequent airing of internal spaces reduces the potential viral load and thus infection risk. To this end, **teachers will be encouraged to keep their windows open all day.** The School's heating system should be sufficient to ensure a comfortable working temperature but students are encouraged to bring warm clothing when the weather becomes colder.

We remain mindful of our desire to maintain a comfortable working environment. Although the School Premises (England) Regulations 2012 do not in fact specify a minimum working temperature for schools, trde union guidance refers to the earlier (but superseded) 1999 act in recommending 18°C for classrooms where no strenuous physical activity is taking place. If one feels that the room is becoming colder than this, then windows should be closed.

2. Ensuring a clean environment

Sanitary facilities

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

2.2. A foot-operated wastepaper bin is always made available where disposable paper towels are used.

2.3. Toilet paper is always available in cubicles.

2.4. Suitable sanitary disposal facilities are provided where necessary.

Continence aid facilities

2.5. 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 Head of Admin is responsible for monitoring cleaning standards and discussing any issues that may arise with the contractor.

Equipment

2.6. A written schedule is in place to ensure that equipment is cleaned on a regular basis. Toys that are "soft", e.g. modelling clay and 'Play–doh', are discarded whenever they look dirty.

2.7. All staff and pupils are advised to wash their hands after using the toilet, before eating or handling food, and after touching animals, blood and other bodily fluids

2.8. Cuts and abrasions are covered with waterproof dressings.

2.9. 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.

2.10. Personal protective equipment (PPE) are worn where there is a risk of contamination with blood or bodily fluids during an activity. Gloves are disposable, non-powdered vinyl or latex and CE (Conformité Européene) marked. If there is a risk of splashing to the face, goggles are worn.

2.11. 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, always wearing PPE, and they are disposed of after use. The school spillage kit is stored in the Medical Room cupboard.

2.12. If a bite does not break the skin, the affected area is cleaned with soap and water or an antiseptic wipe.

2.13. If a bite breaks the skin, the affected area is cleaned with soap and running water or an antiseptic wipe, the incident is recorded in the pupil accident log and medical advice is sought immediately.

3. Pupil immunisation

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

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

3.3. A local authority healthcare team will visit the school in order to carry out vaccinations and will be able to advise pupils if there are any concerns.

3.4. A risk assessment will be conducted before any vaccinations take place.

3.5. [Primary schools only] All pupils in EC to Grade 5 will be offered nasal flu vaccinations annually.

3.6. [Secondary schools only] Girls and boys aged between 12 and 13 can choose to get the HPV vaccine to protect themselves against some types of cervical cancer. This vaccine comprises two injections given 6-12 months apart.

3.7. [Secondary schools only] All pupils 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.

3.8. [Secondary schools only] All pupils aged 14 will be offered the MenACWY vaccine as part of the routine adolescent schools programme.

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

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

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

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

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

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

4. Staff immunisation

4.1. All staff will complete a health form prior to employment.

5. Water-based activities

5.1. General swimming lessons are governed by the control measures outlined in our Swimming Risk Assessment.

Other activities

5.2. Water-based activities are only undertaken at reputable centres.

5.3. Children and staff cover all cuts, scratches and abrasions with waterproof dressings before taking part, and hands are washed immediately after the activity. No food or drink is to be consumed until hands have been washed.

5.4. After canoeing or rowing, staff and pupils are encouraged to immediately wash or shower.

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

In the event of infection;

6. Preventing the spread of infection

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

- The child shows signs of being poorly and needing one-to-one care
- The child has untreated conjunctivitis
- The child has a high temperature/fever
- The child has untreated head lice
- The child has been vomiting and/or had diarrhoea within the last 48 hours
- The child has an infection and the minimum recommended exclusion period has not yet passed

7. Vulnerable pupils

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

7.2. The designated medical staff will be notified if a child is “vulnerable”. Parents are responsible for notifying the school if their child is “vulnerable”.

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.

8. Procedures for unwell pupils/staff

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

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

8.2. Where a staff member identifies a pupil as unwell, the pupil is taken to the First Aid Room, where their temperature will be taken by the Designated First Aider and the pupil's parents will be informed of the situation.

8.3. Where the Designated First Aider is unavailable, staff will:

- Attempt 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.
- Provide the pupil with a drink of water.
- Move the pupil to a quieter area of the classroom or school.
- Ensure there is a staff member available to comfort the pupil.
- Summon emergency medical help if required.

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

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

8.6. 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.

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

Contaminated clothing

8.8. If the clothing of the 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 of the best way to launder the clothing.

9. Exclusion

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

9.2. Pupils can be formally excluded on medical grounds by the Principals or Head of School.

9.3. If parents insist on their child returning to school when the child still poses a risk to others, the local authority (LA) may serve notice on the child's parents to require them to keep the child away from school until the child no longer poses a risk of infection.

9.4. If a pupil is exposed to an infectious disease, but is not confirmed to be infected, this is not normally a valid reason for exclusion; however, the local health protection team (HPT) may be contacted to advise on a case-by-case basis.

10. Medication

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

10.2. The pupil will be allowed to return to school as per the prescribed medication instructions.

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

11. Plan for Managing Outbreaks of infectious diseases

11.1. An incident is classed as an 'outbreak' where:

- Two or more people experiencing a similar illness are linked in time or place.
- A greater than expected rate of infection is present compared with the usual background rate, e.g.:
  - Two or more pupils in the same classroom are suffering from vomiting and diarrhoea or Covid symptoms.
  - A greater number of pupils than usual are diagnosed with scarlet fever.
  - There are two or more cases of measles at the school.

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

11.3. As soon as an outbreak is suspected (even if it cannot be confirmed), the Head of School will contact the HPT to discuss the situation and agree if any actions are needed. The Head of School will convene the School's Infectious Diesease Response Team (SIDT) to plan and implement appropriate action. The SIDTT consists of Head of School, Middle and Primary Principal, High School Principal, and Head of Administration/Designated First Aider

11.4. The Head of School 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

11.5. If the Head of School is unsure whether suspected cases of infectious diseases constitute an outbreak, they will contact the HPT.

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

11.7. 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.

11.8. If a member of staff suspects the presence of an infectious disease in the school, they will contact the Designated First Aider for further advice.

11.9. If a parent informs the school that their child carries an infectious disease, other pupils will be observed for similar symptoms by their teachers and the designated first aiders.

11.10. A pupil returning to the school following an infectious disease will be asked to contact the Designated First Aider.

11.11. 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 PHE centre.

11.12. During an outbreak, enhanced cleaning protocols will be undertaken, following advice provided by the local HPT. The Head of Admin will liaise with the cleaning contractor to ensure these take place.

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

In the case of a Covid outbreak, please refer to the section on Covid specific measures below (section 15).

12. Pregnant staff members

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

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

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

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

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

13. Staff handling food

13.1. Food handling 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 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 environmental health officer that they are allowed to return to work.

13.2. 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.

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

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

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

14. Monitoring and review

The Designated First Aider will review this policy on an annual basis and will make any changes necessary, taking into account the current effectiveness of infection control and prevention.

Infection Control During a Coronavirus (COVID-19) Pandemic

Statement of intent

The provisions outlined below should be viewed as initial guidance and framework for the school with regard to a Coronavirus (COVID-19) pandemic. The information in this section is under constant review and should, be aligned with any government legislation introduced at the time of a new outbreak.

Social distancing measures

The school will adhere to the government's social distancing guidelines as much as is possible.

14.1. To ensure the risk of Coronavirus transmission in school is as low as possible, the following actions may be taken depending on current government legistlation:

- Staff, pupils, parents, carers and any visitors will be told not to enter the premises if they are displaying symptoms of Coronavirus.

- **[Early years settings]** We will ensure reasonable endeavours are made to minimise mixing within the setting, e.g. by using different rooms for different age groups and keeping these groups apart as much as possible.
- **[Primary schools]** Pupils will be grouped into bubbles which will remain consistent to ensure the risk of transmission is reduced. Bubbles will be equivalent to the size of a full class where possible. Larger bubbles will only be used where necessary.
- **[Secondary schools]** Pupils may be organised into bubbles, if the situation demands.
- The way pupils arrive at school will be reviewed, with a view to reducing any unnecessary travel on public transport. Pupils will be encouraged to walk or cycle to school if they are able.
- Separate classroom areas will be used for different groups or bubbles, where possible.
- The use of outside space will be maximised to support the delivery of the curriculum.
- Classroom doors and windows will be opened for air flow whenever possible.
- Where possible and helpful, one-way systems will be implemented in busy areas and 'pinch points', eg. corridors, staircases, entrances and exits. Some areas may be temporarily closed if needed.
- Break and lunch times and the movement of pupils around the school will be staggered to prevent large groups of pupils from gathering.
- School meals will be prepared safely, with additional hygiene measures in place and, where possible, social distancing between kitchen staff.
- Parents will be discouraged from gathering at school gates. Parents will also be informed where and when to drop off and pick up their children via school communication, and with signage at the school.
- The school will receive a limited number of visitors at any one time, and only when necessary.
- Early years settings staff will consider using age- and developmentally-appropriate ways to encourage children to follow

increased hygiene measures and other guidance - e.g. through games, songs and stories.

- Staff will be permitted to move between bubbles, where and when we have them, but will be reminded to follow the school's social distancing measures as much as possible.
- All staff will be encouraged to wear face masks or shields in communal areas.

14.2. The school will conduct a risk assessment to identify sites where social distancing and infection control may be more challenging, with regard to the needs of clinically extremely vulnerable individuals.

14.3. The school will ensure strict social distancing and infection control measures can be put in place to protect clinically extremely vulnerable individuals.

15. Additional hygiene and cleaning measures

15.1. Anyone who is showing symptoms of Coronavirus, lives with someone who does, or has tested positive within the last ten days will be told to self-isolate at home for 10-days. Anyone displaying symptoms is encouraged to get tested if they have not done so already. Further actions to take following testing are outlined in section 5 of this policy.

15.2. All staff and pupils will be:

- Told to frequently wash their hands with soap and hot water for at least 20 seconds or use an alcohol-based sanitiser.
- Encouraged not to touch their faces.
- Told to use a tissue or their elbow to catch coughs and sneezes, and to use bins for tissue waste.

15.3. Pupils who have difficulty washing their hands will be supported by a member of staff, with social distancing in place where possible.

15.4. Disposable tissues and lidded bins will be available in every classroom. If the classroom does not have a sink with hot water and soap, the school will endeavour to make hand sanitiser available.

15.5. Handwashing and sanitiser stations will be available across the school.

15.6. **[Early years settings]** Staff will ensure thorough handwashing before and after supporting children who need help with going to the toilet or eating.

15.7. Sharing food, drink, utensils, equipment and soft toys will be avoided as much as possible. Frequently touched surfaces will be cleaned and disinfected more often than usual.

15.8. Classroom-based resources, e.g. books and games, will be used and shared within bubbles and cleaned regularly; however, individual and very frequently used equipment, such as pencils or pens, will not be shared.

15.9. The frequency of cleaning will increase, particularly for outdoor playground equipment and surfaces in classrooms, within toilet blocks and in changing rooms, in accordance with PHE's 'COVID-19: cleaning of non-healthcare settings' guidance and the School's cleaning guidelines.

15.10. Equipment and furniture, including tables, chairs, door handles, light switches and bannisters, will be cleaned and disinfected regularly.

16. Preventing the further spread of infection

16.1. If anyone becomes unwell with the symptoms of Coronavirus, they will be sent home and advised to follow PHE's 'Stay at home: guidance for households with possible or confirmed Coronavirus (COVID-19) infection'.

16.2. If a pupil is awaiting collection, they will be moved to a room where they can be isolated behind a closed door, depending on their age and needs, and receive adult supervision if required. Where possible, a window will be opened for ventilation.

16.3. Where isolation is not possible, the pupil will be moved to an area which is at least two metres from anyone else.

16.4. If the pupil needs to use the toilet whilst waiting to go home, they will be required to use a separate bathroom. This bathroom will be cleaned and disinfected using standard cleaning products before anyone else uses it.

16.5. If a member of staff has helped someone who is unwell with Coronavirus symptoms, they will not be sent home unless they develop symptoms themselves, the symptomatic person subsequently tests positive, or they have been required to do so by NHS Test and Trace.

16.6. Staff will wear PPE, including gloves, a face mask, and an apron, if direct personal care or close contact with an unwell pupil is necessary, and if a two-metre distance apart cannot be maintained. If deemed necessary, eye protection can also be worn.

16.7. After removing their PPE, staff will wash their hands thoroughly for at least 20 seconds following any contact with someone who is unwell.

16.8. When cleaning an area where a person with possible or confirmed Coronavirus has been, staff will use disposable gloves and an apron. Staff will wash their hands with soap and water for at least 20 seconds after all PPE has been removed.

16.9. If there is visible contamination to an area, e.g. with bodily fluids, cleaning staff will use additional PPE to protect their eyes, mouth and nose.

16.10. Areas where a symptomatic individual has passed through and spent minimal time, e.g. corridors, but which are not visibly contaminated with bodily fluids, will be cleaned thoroughly with normal cleaning products.

16.11. All surfaces with which a symptomatic person has come into contact will be cleaned and disinfected, including objects which are visibly contaminated and those which are potentially contaminated, e.g. door handles.

16.12. Disposable cloths or paper rolls and disposable mop heads will be used to clean all hard surfaces, floors, chairs, door handles and sanitary fittings, using one of the following options:

- A combined detergent disinfectant solution at a dilution of 1,000 parts per million available chlorine (1000 ppm av.cl)
- A household detergent followed by disinfection (1000 ppm av.cl), following the manufacturer's instructions for dilution, application and contact times
- An alternative disinfectant which is checked to ensure it is effective against enveloped viruses

16.13. Cleaning staff will be asked to:

- Avoid creating splashes and spray when cleaning.
- Dispose of any cloths and mop heads used by putting them into waste bags.
- Steam clean items that cannot be cleaned using detergents, e.g. upholstered furniture.

- Dispose of items that are heavily contaminated with body fluids and cannot be cleaned by washing.
- Ensure that bins are emptied throughout the day.

16.14. Waste from possible cases and the cleaning of potentially infected areas will be put into a plastic rubbish bag which will be tied when full. The plastic bag will then be placed into a second tied bin bag, put in a suitable and secure place, and stored for 72 hours or more to reduce the risk to waste disposal workers.

17. Testing

17.1. To meet our duty to engage with the NHS Test and Trace process, we will ensure that staff members and parents understand that they must be ready and willing to:

- Book a test if they, or their child, are displaying symptoms of Coronavirus.
- If they, or their child, were to test positive or contacted by NHS Test and Trace, provide details of anyone they have been in close contact with.

17.2. Parents and staff will be asked to inform the school immediately of any test results. If their test is negative, the staff member or pupil can return to school after self-isolation. If their test is positive, the staff member or pupil will stay in self-isolation and be allowed to return to school only once they do not have symptoms other than a cough or loss of sense or smell or taste.

17.3. If a staff member or pupil is confirmed to have Coronavirus, we will contact the local health protection team (HPT) as soon as possible. We will work with the local HPT to understand the action we need to take. Parents will be informed of any plans in writing.

17.4. If multiple Coronavirus cases are confirmed within the school, PHE will conduct an investigation and advise the appropriate action, which may include a wider bubble being asked to self-isolate, e.g. a whole year group.

17.5. To prepare for the possibility of multiple cases, we will keep a record of all pupils and staff members in each bubble, and any close contact that takes place between pupils and staff in other bubbles.

18. Communication with parents

18.1. The school will inform parents about the measures being taken and request they provide support with implementation, e.g. by encouraging measures to continue at home.

19. Pupils with SEN

19.1. The school will work with the SEN department and parents to decide how best to continue supporting pupils plans whilst ensuring they stay healthy and safe.

19.2. Some pupils with SEN or complex needs may be unable to follow social distancing guidelines. In these circumstances, staff will increase their level of self-protection by minimising close contact (where appropriate), cleaning frequently touched surfaces, and carrying out more frequent handwashing.

20. Monitoring and review

20.1. The Head of School is responsible for continually monitoring PHE and DfE updates and updating this appendix in line with any changes to government guidance.

20.2. Any changes to this appendix will be communicated to all staff, parents and relevant stakeholders.

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.
Coronavirus	A new, continuous cough, a high temperature and a loss of, or change in, sense of smell or taste are the main symptoms of Coronavirus.	Cases will be sent home, advised to have a PCR test and self-isolate for 10 days. The local HPT will be contacted if an outbreak occurs.	Cases will be required to self-isolate at home.
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	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
	symptoms are likely to be nausea, vomiting, diarrhoea, stomach cramps and fever.	The cause of a food poisoning outbreak will always be investigated.	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.
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 or 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 semi-liquid stools in a 24-hour period.	The HPT will be contacted where there are more cases than usual.	Cases will be excluded from school 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.

Disease	Symptoms	Considerations	Exclusion period
Bacillary dysentery (Shigella)	Symptoms include bloody diarrhoea, vomiting, abdominal pain and fever. It lasts four to seven days on average, but potentially several weeks.	The school will contact the HPT.	Microbiological clearance is required for some types of shigella. The HPT will advise.
Campylobacter	Symptoms include diarrhoea, headache, fever and, in some cases, vomiting.		Cases will be excluded until 48 hours have passed since symptoms were present.
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.	The sufferer may feel unwell for several months and the school will provide reasonable adjustments where necessary.	Exclusion is not necessary, and cases can return to school as soon as they feel well.
Hand, foot and mouth disease	Symptoms include a fever, 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.	Treatment is only necessary when live lice are seen. Staff are not permitted to inspect any pupil's hair for head lice. 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. 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.	Exclusion is not necessary.
Hepatitis A	Symptoms include abdominal pain, loss of appetite, nausea, fever and tiredness, followed by jaundice, dark urine and pale faeces.	The illness in children usually lasts one to two weeks, but can last longer and be more severe in adults.	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.

Disease	Symptoms	Considerations	Exclusion period
			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.
Influenza	Symptoms include headache, fever, cough, sore throat, aching muscles and joints, and tiredness.	Those in risk groups will be encouraged to have the influenza vaccine. Anyone with flu-like symptoms will stay home until they have recovered. Pupils under 16 will not be given aspirin.	Cases will remain home until they have fully recovered.
Measles	Symptoms include a runny nose, cough, conjunctivitis, high fever and small white spots around the cheeks. Around the third day, a rash of flat red or brown blotches may appear on the face then spread around the body.	Pregnant staff members and those with weak immune systems will be encouraged to contact their GP immediately for advice if they come into contact with measles.	Cases are excluded for four days after the onset of a rash.
Meningitis	Symptoms include fever, severe headaches, photophobia, stiff neck, non-blanching rash, vomiting and drowsiness.	Meningitis is a notifiable disease.	Once a case has received any necessary treatment, they can return to school.
Meningococcal meningitis and meningitis septicaemia	Symptoms include fever, severe headaches, photophobia, stiff neck and a non-blanching rash.	Medical advice will be sought immediately. The confidentiality of the case will always be respected.	When the case has been treated and recovered, they can return to school. Exclusion is not necessary for household or close contacts unless

Disease	Symptoms	Considerations	Exclusion period
		The HPT and school health advisor will be notified of a case of meningococcal disease in the school. The HPT will conduct a risk assessment and organise antibiotics for household and close contacts. The HPT will be notified if two cases of meningococcal disease occur in the school within four weeks.	they have symptoms suggestive of meningococcal infection.
Meningitis (viral)	Symptoms include headache, fever, gastrointestinal or upper respiratory tract involvement and, in some cases, a rash.	The case will be encouraged to consult their GP. If more than once case occurs, the HPT will be consulted.	No exclusion is required.
Meticillin resistant staphylococcus aureus (MRSA)	Symptoms are rare but include skin infections and boils.	All infected wounds will be covered.	No exclusion is required.
Mumps	Symptoms include a raised temperature and general malaise. Then, stiffness or pain in the jaws and neck is common. Following this, the glands in the cheeks and under the jaw swell up and cause pain (this can be on one or both sides). Mumps may also cause swelling of the testicles.	The case will be encouraged to consult their GP. Parents are encouraged to immunise their children against mumps.	Cases can return to school five days after the onset of swelling if they feel able to do so.
Ringworm	Symptoms vary depending on the area of the body affected.	Pupils with ringworm of the feet will wear socks and trainers at all times and cover their feet during physical education.	No exclusion is usually necessary. For infections of the skin and scalp, cases can return to school once they have received treatment.
Rotavirus	Symptoms include severe diarrhoea, stomach cramps, vomiting, dehydration and mild fever.	Cases will be sent home if unwell and encouraged to speak to their GP.	Cases will be excluded until 48 hours have passed since symptoms were present.
Rubella (German Measles)	Symptoms are usually mild, with a rash being the first indication. There may also be mild catarrh, headaches or vomiting. There may be a slight fever and some tenderness in the neck, armpits or groin, and there may be joint pains.		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	Cases will be excluded until after the first treatment has been carried out.

Disease	Symptoms	Considerations	Exclusion period
		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.	
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.

Disease	Symptoms	Considerations	Exclusion period
			Cases will be allowed to return in the above circumstances, even if they are still coughing.

1.4 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 PHE.

*Identifies a notifiable disease. It is a statutory requirement that doctors report these diseases to their local PHE 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 HPT.
Coronavirus	10 days self-isolation from start of symptoms or 10-days from date of PCR if asymptomatic	If Coronavirus is suspected, PCR testing is advised.
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 by consulted.
Flu (influenza)	Until recovered	Report outbreaks to the HPT.

Infection	Recommended minimum period to stay away from school	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.
Hepatitis A*	Seven days after onset of jaundice or other symptoms	If it is an outbreak, the HPT will advise on control measures.
Hepatitis B*, C* and HIV	None	Not infectious through casual contact. Procedures for bodily fluid spills must be followed.
Impetigo	48 hours after commencing antibiotic treatment, or when lesions are crusted and healed	Antibiotic treatment is recommended to speed healing and reduce the infectious period.
Measles*	Four days from onset of rash	Preventable by vaccination (MMR). Follow procedures for vulnerable children and pregnant staff.
Meningococcal meningitis*/ septicaemia*	Until recovered	Meningitis ACWY and B are preventable by vaccination. The HPT will advise on any action needed.
Meningitis* due to other bacteria	Until recovered	Hib and pneumococcal meningitis are preventable by vaccination. The HPT will advise on any action needed.
Meningitis viral*	None	As this is a milder form of meningitis, there is no reason to exclude those who have been in close contact with infected persons.

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

1.5 Diarrhoea and Vomiting Outbreak Action Checklist

Date:	
Completed by:	

	Action taken?		
Action	**Yes**	**No**	**Comments**
A 48-hour exclusion rule has been enforced.			
Liquid soap and paper hand towels are available.			
Enhanced cleaning is undertaken twice daily, and an appropriate disinfectant is used.			
Appropriate personal protective equipment (PPE) is available.			
Appropriate waste disposal systems are available for removing infectious waste.			
Toys are cleaned and disinfected on a daily basis.			
Infected linen is segregated, and dissolvable laundry bags are used where possible.			
Visitors are restricted, and essential visitors are informed of the outbreak.			
New children joining the school 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.			
Staff are restricted from working elsewhere.			
The HPT is informed of any planned events at the school.			
The **Designated First Aider** is informed.			
Ofsted are informed if necessary.			

1.6 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
- 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

At ISL London, Safeguarding and promoting the welfare of children is everyone's responsibility. Everyone who comes into contact with children and their families has a role to play. In order to fulfil this responsibility effectively, all practitioners should make sure their approach is child-centred. This means that they should consider, at all times, what is in the best interests of the child.