

The Four Stones Multi Academy Trust

Protocols for Health Protection in Schools

Version Control

Author: Trust Estates and Facilities Manager
Policy approved by: Chief Operating Officer
Next review date: Autumn 2023

Version	Date	Details
1.0	Sept 2021	Policy written

Prevention and control

In order to prevent and control infection across all schools we promote the routine use of good standards through:

- Supporting the delivery of all school-based vaccinations
- Ensuring staff complete a medical questionnaire on entry
- Offering all staff an annual flu vaccination
- Ensuring the environment is kept clean
- Providing soap and dryers in all toilet facilities to promote good hand washing and the provision of hand sanitiser across the school sites (subject to local guidance)
- Providing sanitary facilities in all female cubicles and products to students who require them
- Ensuring toilet paper is available in each cubicle and sanitary disposal facilities in all female cubicles
- Encouraging students to cover their mouth and nose with a disposable tissue and wash hands after coughing and sneezing
- Contacting parents/carers when children become ill at school and need to leave the site
- Wearing personal protective equipment (PPE) as per school risk assessments for all such activities including site work, external visits, science, and technology work and when dealing with medical issues
- Ensuring trained first aiders respond to medical issues including those involving cuts, bites, and bleeds
- Both the physical education and technology department using laundry equipment provided for their sole use.

Infection	Exclusion period	Comments
Athlete's foot	None	Athlete's foot is not a serious condition. Treatment is recommended.
Chicken pox	Five days from onset of rash and all the lesions have crusted over	
Cold sores (herpes simplex)	None	Avoid kissing and contact with the sores. Cold sores are generally mild and heal without treatment
Conjunctivitis	None	If an outbreak/cluster occurs, consult your local Health Protection Team.
COVID-19	See https://www.nhs.uk/conditions/coronavirus-covid-19/self-isolation-and-treatment/when-to-self-isolate-and-what-to-do/	
Diarrhoea and vomiting	Whilst symptomatic and 48 hours after the last symptoms.	

Diphtheria*	Exclusion is essential. Always consult with your local HPT	Preventable by vaccination. Family contacts must be excluded until cleared to return by your local Health Protection Team.
Flu (influenza)	Until recovered	Report outbreaks to your local Health Protection Team.
Glandular fever	None	
Hand foot and mouth	None	Contact your local Health Protection Team if a large numbers of children are affected. Exclusion may be considered in some circumstances
Head lice	None	Treatment recommended only when live lice seen
Hepatitis A*	Exclude until seven days after onset of jaundice (or 7 days after symptom onset if no jaundice)	In an outbreak of hepatitis, A, your local Health Protection Team will advise on control measures
Hepatitis B*, C*, HIV	None	Hepatitis B and C and HIV are blood borne viruses that are not infectious through casual contact. Contact your local Health Protection Team for more advice
Impetigo	Until lesions are crusted /healed or 48 hours after starting antibiotic treatment	Antibiotic treatment speeds healing and reduces the infectious period.
Measles*	Four days from onset of rash and recovered	Preventable by vaccination (2 doses of Measles, Mumps and Rubella). Promote Measles, Mumps and Rubella for all pupils and staff. Pregnant staff contacts should seek prompt advice from their GP or midwife.
Meningococcal meningitis*/ septicaemia*	Until recovered	Meningitis ACWY and B are preventable by vaccination (further details can be found here). Your local Health Protection Team will advise on any action needed.
Meningitis* due to other bacteria	Until recovered	Hib and pneumococcal meningitis are preventable by vaccination (further details can be found here). Your local Health Protection Team will advise on any action needed.
Meningitis viral*	None	Milder illness than bacterial meningitis. Siblings and other close contacts of a case need not be excluded.
MRSA	None	Good hygiene, in particular handwashing and environmental cleaning, are important to minimise spread. Contact your local Health Protection Team for more
Mumps*	Five days after onset of swelling	Preventable by vaccination with 2 doses of Measles, Mumps and Rubella (further details can be found here). Promote Measles, Mumps and Rubella vaccinations for all pupils and staff.
Norovirus	Stay off school or work until you have not been sick or had diarrhoea	You can usually treat yourself or your child at home. The most important thing is to

	for at least 2 days as this is when you are at your most infectious.	rest and have lots of fluids to avoid dehydration. You will usually start to feel better in 2 to days. See Norovirus (vomiting bug) - NHS (www.nhs.uk)
Ringworm	Not usually required.	Treatment is needed.
Rubella (German measles)	Five days from onset of rash	Preventable by vaccination with 2 doses of Measles, Mumps and Rubella (further details can be found here). Promote Measles, Mumps and Rubella for all pupils and staff. Pregnant staff contacts should seek prompt advice from their GP or midwife.
Scarlet fever	Exclude until 24hrs of appropriate antibiotic treatment completed	A person is infectious for 2-3 weeks if antibiotics are not administered. In the event of two or more suspected cases, please contact local health
Scabies	Can return after first treatment	Household and close contacts require treatment at the same time.
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 child & household
Tonsillitis	None	There are many causes, but most cases are due to viruses and do not need an antibiotic treatment
Tuberculosis (TB)	Always consult your local Health Protection Team BEFORE disseminating information to staff/parents/carers	Only pulmonary (lung) Tuberculosis is infectious to others. Needs close, prolonged contact to spread
Warts and verrucae	None	Verrucae should be covered in swimming pools, gyms and changing rooms
Whooping cough (pertussis)*	Two days from starting antibiotic treatment, or 21 days from onset of symptoms if no antibiotics	Preventable by vaccination. After treatment, non-infectious coughing may continue for many weeks. Your local Health Protection Team will organise any contact tracing.

**denotes a notifiable disease. It is a statutory requirement that doctors report a notifiable disease to the proper officer of the local authority (usually a consultant in communicable disease control). Health Protection Agency (2010) Guidance on Infection Control in Schools and other Child Care Settings. HPA: London.*

- The Headteacher will report any notification of infectious diseases to the local Health Protection Team (HPT) (0344 225 3560). The school will then follow the advice and guidance from the team and access the support offered. The full list of notifiable diseases can be found in [here](#). Those commonly found in schools can include:
 - Escherichia coli (VTEC) (also called E. coli 0157) or E coli VTEC infection
 - food poisoning

- hepatitis
- measles, mumps, rubella (rubella is also called German measles)
- meningitis
- tuberculosis
- typhoid
- whooping cough (also called pertussis)
- Each school will alert the parents/carers of vulnerable students if their son/daughter has been exposed to a communicable disease, chickenpox or measles in school.

Outbreak of infection

An outbreak or incident may be defined as: an incident in which 2 or more people experiencing a similar illness are linked in time or place, a greater than expected rate of infection compared with the usual background rate for the place and time where the outbreak has occurred.

Staff should notify the Headteacher with details of any suspected outbreaks as defined above. Should clarification of an outbreak be made, or an outbreak suspected the school must contact the local Health Protection Team to discuss the situation and agree if actions are needed. The Trust Estates and Facilities Manager must be informed at the earliest opportunity, and this information passed on.

The following information should be available:

- total numbers affected (staff and children)
- symptoms
- date(s) when symptoms started
- number of classes affected

Cleaning the environment

Should an outbreak of infection occur the school will follow guidance from the local Health Protection Team on enhanced cleaning to help reduce and control the infection. All spillages of blood, faeces, saliva, and vomit will be cleaned up immediately, wearing personal protective equipment. Members of the site team will follow guidance as written in Dealing with Bodily Fluids Risk Assessment.

Staff health

- All staff complete a medical questionnaire on entry and this must be checked by the relevant HR Admin Manager and any issues are risk assessed.
- The relevant HR Admin Manager will complete all risk assessments for pregnant staff and follow the necessary guidance. They will notify pregnant staff immediately if an infectious disease is reported and conduct a further risk assessment if required.
- All staff should follow the guidance in the exclusion table if they become ill or infected.

Offsite visits

When attending offsite visits whereby students encounter animals the appropriate risk assessment is written and followed. This details the briefing given to students prior to and during the trip emphasising the importance of hand hygiene and providing the appropriate hand sanitiser when necessary. The risk of infection associated with water-based activity on rivers, canals and freshwater docks is also addressed through the appropriate risk assessment being written and followed.