January 2019

Our policy for **illness and communicable** diseases follows the advice as recommended by the December 2017 publication from Public Health England – **'Health protection in schools and other childcare facilities'** which should be read in conjunction with this policy.
At Bright Futures School we aim to prevent the spread of infections by encouraging and ensuring:

- High standards of personal hygiene and practice, particularly handwashing
- We maintain a clean environment
- Consistent and clear communication with parents and carers.

The school will inform parents as soon as possible if any child in school has contracted or been in contact with anyone who has a contagious disease. This will be done verbally and in writing (email).

Where possible, school will inform parents verbally of any suspected health issues or illness specific to their child where medical advice should be sought. An email will always be sent.

We also expect parents to verbally inform our staff if their child/any family member has been exposed to any contagious disease or infection.

The school will request parents to keep their child at home within the following guidelines. This is for the safety and promotion of good health within the school.

Exclusion Table

Infection	**Exclusion period**	**Comments**
Athlete's foot	None	Athlete's foot is not a serious condition. Treatment is recommended.
Chickenpox	Five days from onset of rash	
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 HPT.

Diarrhoea and vomiting	Whilst symptomatic and 48 hours after the last symptoms.	See section in chapter 9-PHE doc.
Diptheria*	Exclusion is essential. Always consult your local HPT.	Preventable by vaccination. Family contacts must be excluded until cleared to return by your local HPT.
Flu (influenza)	Until recovered	Report outbreaks to your local HPT.
Glandular fever	None	
Hand, foot and mouth	None	Contact your local 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.
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 MMR). Promote MMR for all pupils and staff. **Pregnant staff contacts should seek prompt advice from their GP or midwife.**
Hepatitis A*	Exclude until seven days after onset of jaundice (or 7 days after symptom onset if no jaundice).	If an outbreak of hepatitis A, your local HPT 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 HPT for more advice.
Meningococcal meningitis* / scepticaemia	Until recovered	Meningitis ACWY and B are preventable by vaccination (see national schedule @ www.nhs.uk). Your local HPT will advise on any action needed.
Meningitis* due to other bacteria	Until recovered	Hib and pneumococcal meningitis are preventable by vaccination (see national schedule @ www.nhs.uk) Your local HPT 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 HPT for more information.
Mumps*	Five days after onset of swelling	Preventable by vaccination with 2 doses of MMR (see national schedule @ www.nhs.uk). Promote MMR for all pupils and staff.
Ringworm	Not usually required.	Treatment is needed.
Rubella (German measles)	Four days from onset of rash	Preventable by vaccination with 2 doses of MMR (see national schedule @ www.nhs.uk). Promote MMR 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 of more suspected cases, please contact local health protection.
Scabies	Can return after first treatment	Household and close contacts require treatment at the same time.
Slapped cheek / Fifth disease / Pavro virus B19	None (once rash has developed)	Pregnant contacts of case should consult with their GP or midwife.
Threadworms	None	Treatment recommended for child and 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 HPT BEFORE disseminating information to staff/parents/carers.	Only pulmonary (lung) TB 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	Preventable by vaccination. After treatment, non-infectious

	from onset of symptoms if no antibiotics.	coughing may continue for many weeks. Your local HPT 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.

Vulnerable children

Some medical conditions make children vulnerable to infections that would rarely be serious in most children. These include those being treated for leukaemia or other cancers, on high doses of steroids and with conditions that seriously reduce immunity. Schools, nurseries and childminders will normally have been made aware of such children. These children are particularly vulnerable to chickenpox, measles or parvovirus B19 and, if exposed to either of these, the parent/carer should be informed promptly and further medical advice sought.

Female staff – pregnancy

If a pregnant woman develops a rash or is in direct contact with someone with a potentially infectious rash, this should be investigated according to PHE guidelines by a doctor. The greatest risk to pregnant women from such infections comes from their own child/children, rather than the workplace. Some specific risks are:

- Chickenpox can affect the pregnancy if a woman has not already had the infection. Shingles is caused by the same virus as chickenpox, so anyone who has not had chickenpox is potentially vulnerable to the infection if they have close contact with a case of shingles
- German measles (rubella). If a pregnant woman comes into contact with German measles she should inform her GP and antenatal carer immediately to ensure investigation. The infection may affect the developing baby if the woman is not immune and is exposed in early pregnancy
- Slapped cheek disease (parvovirus B19) can occasionally affect an unborn child
- Measles during pregnancy can result in early delivery or even loss of the baby.

In the first instance, pregnant staff should contact their midwife/doctor asap for guidance and advice and inform the Head of Learning of the outcome/advice.

This advice also applies to pregnant students.

Note:

PHE = Public Health England, an agency of the Department of Health

HTP = Health Protection Teams which provide specialist public health advice and operational support to NHS, local authorities and other agencies.

For review January 2020 or earlier if new advice is issued.