



EAST RIDING

OF YORKSHIRE COUNCIL

**Guidance to childcare settings and
educational establishments
for managing incidents of
Infectious/Notifiable Diseases
including Covid-19**

*This guidance replaces all previous
ER Coronavirus guidance issued before 1st April 2022*

Date	April 2022
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Infectious/Notifiable Diseases in childcare settings and educational establishments

Prevent Infectious Diseases	Promote immunisation	For the latest advice contact: East Riding Council Education Public Health Officers (EPHO's) Tel: (01482) 392419 Email: cfsinfo@eastriding.gov.uk
	Promptly isolate the unwell child/ staff member	
	Check effective handwashing is carried out routinely	

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Prevent the spread of infections by ensuring:		
Routine immunisation	High standards of personal hygiene and practice, particularly handwashing	Maintaining a clean environment

Preface

Since March 2020 the Government have issued national guidance to support the national cause of reducing infection rates of Covid-19. Following the cessation of national measures and transition from pandemic to endemic status, Covid-19 continues to be a virus that we learn to live with and the imperative to reduce the disruption to children and young people's education remains. This guidance aims to provide support to childcare settings and educational establishments in managing incidents for Infectious/Notifiable Diseases including Covid-19 (Detailed within Section 9, Page 11 and Appendix 3, Page 21). By reporting notifiable diseases promptly and implementing the right measures we can prevent transmission and the spread of infection at the earliest stage allowing us to deliver face-to-face, high-quality education to all pupils throughout the East Riding of Yorkshire.

Section 1

Infections in childcare settings and educational establishments

Childcare settings and educational establishments are common sites for transmission of infections. Infections in children are common and they are particularly susceptible as they have immature immune systems, they are in close contact with other children, sometimes no or incomplete vaccinations and can have a poor understanding of hygiene practices making it easier for infections to be passed on.

Micro-organisms such as bacteria, viruses and fungi are everywhere and commonly do not cause infection (and can even be beneficial). However, some do cause infection resulting in symptoms such as fever and sickness.

Many diseases can spread before the individual shows any symptoms at all (during the infectious period). For example, a pupil with chickenpox is infectious to others 1 to 2 days before the rash appears.

Infection prevention and control measures aim to interrupt the cycle of infection by promoting the routine use of good standards of hygiene so that transmission of infection is reduced overall. This is usually through:

- immunisation of pupils and staff
- good hand washing
- making sure the environment is kept clean.

Where a case of infection is known, contingency measures aim to reduce or eliminate the risk of spread through information and prompt isolation of a case.

Whenever a person develops symptoms of any infectious disease it is important that immediate action is taken to protect the health of the individual and to minimise transmission to others who may be in close contact. This may result in the temporary isolation of the infected individual. Guidance from the Education Public Health Officers (EPHO's) and East Riding Public Health will assist you in developing an action plan.

Purpose

The aim of this procedure is to ensure that the educational setting fulfils its statutory requirement to assess risks to its employees and to other people who may be affected by its activities.

Scope

This guidance is for the benefit of Headteacher's/Heads of Centre/Senior Leaders to assist them in taking the appropriate action when advised that a work colleague or school pupil have developed symptoms of an infectious disease. Additionally, it aims to provide information for staff about managing a range of common and important childhood infections in settings including schools and nurseries. It is not intended to be used as a tool for diagnosing infectious disease but to help and direct staff about where and when to seek further advice.

Statutory requirement

Notifiable Diseases: It is a statutory requirement that doctors (GP, hospital etc.) report a notifiable disease to the proper officer, usually the Consultant in Communicable Disease Control.

If you are notified or suspect a case of infectious disease in a pupil or staff member, please report it to the Education Public Health Officers (EPHO's) as detailed in this guidance as soon as possible as not all infections require isolation. Your East Riding EPHO's can give you additional advice and support as needed.

Headteacher/Head of Centre Responsibilities

The Headteacher/Head of Centre is required to facilitate the control of any infectious disease that may exist, and which may spread throughout the work or school environment and seek guidance in relation to the appropriate action to take through cfsinfo@eastriding.gov.uk or (01482) 392419.

When a child's health causes concern or deteriorates the Headteacher/Head of Centre should consider contacting the parents with a view to sending the child home as many illnesses are infectious and symptoms may appear before a proper diagnosis can be made.

Employee and Parental Responsibilities

Employees are required to advise their manager immediately when they are aware that they may have contacted an infectious disease. Similarly, the parent of the child so infected should inform the Headteacher/Head of Centre and follow any recommendations regarding that pupil's isolation from school.

Section 2

How infections spread

Infections are spread in many ways, however, the most important of these are through:

Respiratory spread
Contact with cough or other secretions from an infected person, like influenza. This can happen by being near the infected person when they cough and then breathe in the organism; or by picking up the organism from an infected item, for example, a used tissue or on an object in the environment, and then touching your nose or mouth.
Direct contact spread
By direct contact with the infecting organism, for example, contact with the skin during contact sports such as rugby and in gyms, like impetigo or staphylococcal infections.
Gastrointestinal spread
Resulting from contact with contaminated food or water (hepatitis A), contact with infected faeces or unwashed hands after using the toilet (typhoid fever).
Blood borne virus spread
By contact with infected blood or body fluids, for example, while attending to a bleeding person or injury with a used needle (hepatitis B). Human mouths are inhabited by a wide variety of organisms, some of which can be transmitted by bites. Human bites resulting in puncture or breaking of the skin are potential sources of exposure to blood borne infections, therefore, it is essential that they are managed promptly.
There is a theoretical risk of transmission of hepatitis B from human bites, so the injured person should be offered vaccination. Although HIV can be detected in saliva of people who are HIV positive there is no documented evidence that the virus has been transmitted by bites.

Section 3

Preventing the spread of infection in childcare settings and educational establishments

Prompt isolation is essential to prevent the spread of infection in childhood settings. When pupils are suffering from infectious diseases, they should isolate away from school on medical grounds for the minimum period recommended. **Isolation of pupils from school on medical grounds is enforceable by the Headteacher/Head of Centre only, acting on behalf of the local authority or the managers or governors of a school.**

In exceptional cases, when parents insist on the return of their child to school when the child still poses a risk to others, the local authority may, by serving notice on the child's parents or carers, require that they keep the child away from school until they no longer pose a risk to others. Exposure to infectious disease is not normally a reason for medical isolation, however, your EPHO's can advise on this.

Handwashing

Hand washing is one of the most important ways of controlling the spread of infections, especially those that cause diarrhoea and vomiting and respiratory disease. Liquid soap, warm water and paper towels are recommended. Advise all staff and pupils to wash their hands after using the toilet, before eating or handling food and after touching animals. Cover all cuts and abrasions with a waterproof dressing.

Coughing and sneezing

Coughs and sneezes spread diseases. Children and adults should be encouraged to cover their mouth and nose with a disposable tissue and wash hands after using or disposing of tissues. Spitting should be discouraged.

Personal protective equipment (PPE)

Wear disposable gloves and plastic aprons if there is a risk of splashing or contamination with blood or body fluids during an activity (for example, nappy or pad changing). Gloves should be disposable, non-powdered vinyl or latex-free and CE marked. Wear goggles if there is a risk of splashing to the face. Correct PPE should be used when handling cleaning chemicals.

Managing cuts, bites and nose bleeds

Staff should be aware of the school health and safety policy and manage situations such as cuts, bites, and bleeds according to that policy. This includes the identification and training of nominated first aiders for the school.

If a bite does not break the skin	If a bite breaks the skin
Clean with soap and water. No further action is needed.	1. Clean immediately with soap and running water. 2. Record incident in accident book. 3. Seek medical advice as soon as possible (on the same day): • to treat potential infection • to protect against hepatitis B • for reassurance about HIV

Sharps - eg needles, should be discarded straight into a sharps bin conforming to BS 7320 and UN 3291 standards. Sharps bins must be kept off the floor (preferably wall-mounted) and out of reach of children.

Managing needle stick injuries

Occasionally children or staff may injure themselves with discarded used hypodermic needles which they have found. Dispose of the needle safely to avoid the same thing happening to someone else. This can be done by either contacting your local authority or school nurse. If someone pricks or scratches themselves with a used hypodermic needle:

- wash the wound thoroughly with soap and water
- cover it with a waterproof dressing
- record it in the accident book and complete the accident form
- seek immediate medical attention from your local Accident and Emergency department

Cleaning of the environment, including toys and equipment, should be frequent, thorough and follow national guidance. For example, use colour-coded equipment, follow Control of Substances Hazardous to Health (COSHH) regulations and correct decontamination of cleaning equipment. Monitor cleaning contracts and ensure cleaners are appropriately trained with access to PPE.

Cleaning blood and body fluid spills

All spillages of blood, faeces, saliva, vomit, nasal and eye discharges should be cleaned up immediately, wearing PPE. Clean spillages using a product which combines detergent and disinfectant (and ensure it is effective against both bacteria and viruses). Always follow the manufacturer's instructions. Never use mops for cleaning up blood and body fluid spillages - Use disposable paper towels or cloths to clean up blood and body fluid spills and dispose of clinical waste after use as described below. A spillage kit should be available for bodily fluids like blood, vomit and urine.

Sanitary facilities

Good hygiene practices depend on adequate facilities. A hand wash basin with warm running water along with a mild liquid soap, preferably wall mounted with disposable cartridges, should be available. Bar soap should not be used.

Place disposable paper towels next to basins in wall mounted dispensers, together with a nearby foot-operated wastepaper bin.

Toilet paper should be available in each cubicle (it is not acceptable for toilet paper to be given out on request). If schools or nurseries experience problems with over-use, they could consider installing paper dispensers to manage this.

Suitable sanitary disposal facilities should be provided where there are female staff and pupils aged 9 or over (junior and secondary age groups).

Managing nappies

Children in nappies must have a designated changing area, away from play facilities and from any area where food or drink is prepared or consumed. Hand washing facilities must be available in the room so that staff can wash and dry their hands after every nappy change, before handling another child or leaving the nappy changing room. Soiled nappies should be wrapped in a plastic bag before disposal in the general school waste.

Clean children's skin with a disposable wipe. Flannels should not be used to clean bottoms. Label nappy creams and lotions with the child's name and do not share with others.

Wipe changing mats with soapy water or a baby wipe after each use. Mats should be cleaned thoroughly with hot soapy water if visibly soiled and at the end of each day. Check weekly for tears and discard if the cover is damaged.

A designated sink for cleaning potties (not a hand wash basin) should be located within the area where potties are used. Wear household rubber gloves to flush contents down the toilet. The potty should be washed in hot soapy water, dried and stored upside down. The rubber gloves should be washed whilst wearing them and then wash and dry hands after taking them off.

Nappy waste can sometimes be produced in large quantities in places such as nurseries. Although considered non-hazardous, in quantity it can be offensive and cause handling problems. Where the premises produce more than one standard bag or container of human hygiene waste over the usual collection interval, it is advised to package it separately from other waste streams. Organisations that produce significant amounts of used nappies should contact their local authority to discuss appropriate disposal arrangements.

Children with continence aids

Pupils who use continence aids (like continence pads, catheters) should be encouraged to be as independent as possible in line with their individual care plan. The principles of basic hygiene should be applied by both pupils and staff involved in the management of these aids.

Continence pads should be changed in a designated area. Disposable powder-free non-sterile latex gloves and a disposable plastic apron should also be worn. Gloves and aprons should be changed after every pupil. Hand washing facilities should be readily available. Contact your school health team for further advice.

Laundry

There should be a designated area on site if there is a need for laundry facilities. This area should:

- be separate from any food preparation areas
- have appropriate hand washing facilities
- have a washing machine with a sluice or pre-wash cycle

Staff involved with laundry services should ensure that:

- manual sluicing of clothing is not carried out as this can subject the operator to inhale fine contaminated aerosol droplets; soiled articles of clothing should be rinsed through in the washing machine pre-wash cycle, prior to washing
- gloves and aprons are worn when handling soiled linen or clothing
- hands are thoroughly washed after removing gloves

Dealing with contaminated clothing

Clothing of either the child or the first aider may become contaminated with blood or body fluids. Clothing should be removed as soon as possible and placed in a plastic bag and sent home with the child with advice for the parent on how to launder the contaminated clothing. The clothing should be washed separately in a washing machine, using a pre-wash cycle, on the hottest temperature that the clothes will tolerate.

Clinical waste

Always segregate domestic and clinical waste, in accordance with local policy. Used nappies/pads, gloves, aprons, and soiled dressings should be stored in correct clinical waste bags in foot-operated bins. All clinical waste must be removed by a registered waste contractor. All clinical waste bags should be less than two-thirds full and stored in a dedicated, secure area while awaiting collection. Contact: (01482) 395580 or commercial.waste@eastriding.gov.uk

Please refer to the model “ERYC Infection Prevention and Control (Schools) Risk Assessment and Safety Systems of Work” for further advice on the prevention and control of infectious diseases.

Section 4

Educational visits

Education and childcare settings benefit hugely from educational visits and outdoor learning. When planning visits, you should review your standard operating procedures to ensure that they include measures that you need to take to reduce the risks from infectious/notifiable diseases.

When planning an activity or visit, you should take the current government guidance, including public health advice, into account as part of your process of risk assessment, and then check it regularly in the days and weeks leading up to the visit, and during a residential visit, and make any changes necessary to your plans. You should have contingency plans in case of changes to government guidance or, for example, staff becoming unavailable.

The Local Authority Educational Visits Guidance is available in the resources section of EVOLVE, along with all the Council's generic risk assessments and blank specific visit risk assessment templates, there is a new risk assessment for infectious/notifiable diseases to replace the Educational Visits and COVID 19 risk assessment. You should have your own login for EVOLVE and the website can be accessed on the following link:

https://evolve.edufocus.co.uk/evco10/evchome_public.asp?domain=eastridingLA.

It may have been a long time since you were able to organise many types of off-site visits and activities. It is important that you recognise that things may have changed in this time, and that you will need to make careful preparations before resuming your normal provision. Leaders may have experienced a decline in their competence, confidence, or fitness, and so may need support, such as refresher training or additional preparation time. The same may apply to participants. For more information on visit leader refresher training please contact the Council's Educational Visits Officer, Clare Johnson at Clare.Johnson@eastriding.gov.uk.

Additional, general guidance on educational visits is also available from the Outdoor Education Advisers' Panel - National Guidance (OEAP). The OEAP provide guidance including actions to manage the risk of disease during a variety of visits. [OEAP guidance](#).

Residential Educational Visits

Residential visits create powerful learning opportunities for young people, which can lead to step changes in an individual's personal development and confidence.

Establishments planning a residential visit to a different country in the UK (Wales, Scotland or Northern Ireland) should check current government guidance for that country. In particular, you should check the guidance for accommodation providers, as this may limit the type and size of groups that they can accommodate. You should check that any provider you intend to use has implemented appropriate measures to prevent infection, including cleaning/sanitising and ventilation.

If you make any bookings or financial commitments, you should make sure that you understand how the terms and conditions will apply if you, or the provider, cancel or are prevented from going ahead because of an infectious/notifiable disease or its effects.

International Educational Visits

You should monitor the government's foreign travel advice for any country you plan to travel to or through, at www.gov.uk/foreign-travel-advice. You should be aware that the regulations and guidance are subject to change, and might change during a visit, and so you should have contingency plans in place to account for possible changes.

It is important to check the legal requirements and local advice for any country you are planning to visit. For example, some countries may require proof of vaccinations. The European Union (EU) provides information on the measures in place in all EU countries, including on quarantine and testing requirements for travellers, on its Re-Open EU website <https://reopen.europa.eu/en> and mobile apps.

If you make any bookings or financial commitments, you should make sure that you understand how the terms and conditions will apply if you, or the provider, cancel or are prevented from going ahead because of an infectious/notifiable disease or its effects.

Educational visits involving water-based activities

There is a risk of infection associated with any water-based activity on rivers, canals and freshwater docks, and also with the collection of specimens from ditches, streams and ponds. Further details on health considerations and actions to take before, during and after the activity can be found in the Council's Educational Visits Guidance or OEAP guidance.

It should be made clear to parents and carers that if their child becomes ill following participation in outdoor or water-based activities, the treating doctor should be made aware of the child's participation in these activities. Babies or children should not swim in public swimming pools or participate in school swimming lessons for 2 weeks after diarrhoea and vomiting has stopped.

Educational visits to locations such as farms and zoos

There are several diseases that can be passed on to pupils and staff from infected farm animals such as Shiga Toxin-producing Escherichia Coli (STEC) (including E. coli 0157), campylobacter, salmonella and cryptosporidium. These can cause serious illness, particularly in young children.

To protect their own health and that of their unborn child, those who are, or may be, pregnant should be advised to avoid close contact with livestock animals that are giving birth.

People can become infected through direct contact with animals, contact with an environment containing animal faeces or consuming contaminated food or drink. Even a small number of bacteria can cause infection, so it is essential to follow hygiene recommendations such as:

- washing hands thoroughly with soap and water immediately after contact with animals. Younger children should be supervised for hand washing
- reminding children not to eat, drink or put fingers in their mouths except when in designated eating areas and after they have washed and dried their hands thoroughly
- not using hand sanitiser as a substitute for handwashing with soap and water

Farm Visits - Teachers Guide 2021 and Farm Visits Code of Practice - Summary 2021 can be found in the resources section of EVOLVE.

Further information relating to visiting farms is available on:

<https://www.hse.gov.uk/agriculture/topics/visitor-attractions.htm> and the Access to Farms website.

Section 5

Pets and animal management

Some education and childcare settings will choose to include pets and other animals to enhance the learning environment or provide respite for the students. However, contact with animals can pose a risk of infection including gastro-intestinal infection, fungal infections and parasites.

Some people may be at greater risk of developing a severe infection. However, sensible measures can be taken to reduce the risk of infection to children and to staff.

Settings should only consider pets that are mature, and toilet trained. A knowledgeable person needs to be responsible for the animal or animals.

This individual will need to abide by the Animal Welfare Act 2006, which places a duty on animal owners to ensure their animal's welfare needs are met.

There should be a written agreement within the setting detailing:

- the types of animals allowed in the setting
- how to manage them and permitted behaviour whilst on the premises
- where they can go and where they cannot go when in the setting
- any insurance liability of owners and handlers

All pets in education and childcare settings

Many education and childcare settings have popular pets such as fish, dogs, including hearing dogs and reading dogs. Settings should carefully follow specific advice for all pets on site, ensuring:

- animals are always supervised when in contact with students
- students and staff are advised to wash their hands immediately after handling animals
- animals have recommended treatments and immunisations, are regularly groomed (including claws trimmed) and checked for signs of infection
- bedding is laundered regularly
- feeding areas are kept clean and their food stored away from human food
- food is not consumed within 20 minutes and is taken away or covered to prevent attracting pests

Cats in education and childcare settings

There are some additional considerations for cats in education and childcare settings, such as:

- cat litter trays should be cleaned daily wearing disposable gloves
- litter trays should not be placed near food preparation, storage or eating areas
- hands should be washed immediately after cleaning litter trays
- pregnant staff should not clean litter trays due to a risk of toxoplasmosis

Reptiles in education and childcare settings

Reptiles are not suitable as pets in education and childcare settings as all species can carry salmonella which can cause serious illness.

Babies, children under 5, those who are pregnant, the elderly and those with weaker immune systems are particularly at risk from salmonella infection.

Animals may carry infections, so wash hands after handling animals.

Section 6

Vulnerable groups at particular risk from infection

Some children have impaired immune defence mechanisms in their bodies (known as immuno-compromised) and hence will be more likely to acquire infections. Also, the consequence of infection in the immuno-compromised is likely to be significantly more serious than in those with a properly functioning immune system (known as immuno-competent).

Impaired immunity can be caused by certain treatments such as those for leukaemia or other cancers, like cytotoxic therapy and radiotherapy. Other treatments such as high doses of steroids, enteral feeding and others, may also have a similar effect. Children and carers will have been fully informed by their doctor.

There are also some rare diseases, which can reduce the ability of a person to fight off infection. Usually, nurseries and schools are aware of such vulnerable children through information given by their parents or guardians.

These children are particularly vulnerable to chickenpox, measles and parvovirus B19 and, if exposed to either of these, the parent/carer should be informed promptly and further medical advice sought. It may be advisable for these children to have additional immunisations, for example pneumococcal and influenza. This is designed to give general advice to schools and childcare settings.

It is important that these children are also made known to the school nurse on entry to the school. Some vulnerable children may need further precautions to be taken, which should be discussed with the parent or carer in conjunction with their medical team and school health and detailed in their Individual Healthcare Plan and/or Risk Assessments for Medication as detailed within the **East Riding of Yorkshire Council Medical Conditions at School Management Resource Pack**.

Pregnant female staff/students

If a pregnant woman develops a rash or is in direct contact with someone with a potentially infectious rash, this should be investigated by a doctor for further advice. The greatest risk to pregnant women from such infections comes from their own child/children, rather than the workplace.

Chickenpox can affect the pregnancy if a woman has not already had the infection. Report exposure to midwife and GP at any stage of pregnancy. The GP and antenatal carer will arrange a blood test to check for immunity. 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 (fifth disease or parvovirus B19) can occasionally affect an unborn child. If exposed early in pregnancy (before 20 weeks), inform whoever is giving antenatal care as this must be investigated promptly.

Measles during pregnancy can result in early delivery or even loss of the baby. If a pregnant woman is exposed she should immediately inform whoever is giving antenatal care to ensure investigation.

All female staff born after 1970 working with young children are advised to ensure they have had two doses of MMR vaccine.

Section 7

What action you should take if you have an unconfirmed/suspected case of a notifiable disease

A rapid response to mitigate the spread of any infectious/notifiable disease is key, therefore, please see the flowchart process of reporting in Appendix 1 and 2.

Section 8

What action you should take if you suspect an outbreak of infection

Classification of an outbreak

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

For example:

- 2 or more cases of diarrhoea or vomiting which are in the same classroom, shared communal areas or taking part in the same activities
- higher than usual number of people diagnosed with scabies
- higher than usual number of people diagnosed with scarlet fever
- 2 or more cases of measles at the school or other childcare setting

When to report

Headteachers/Heads of Centre must complete the SharePoint notification and contact EPHO's as soon as they suspect a case or outbreak, to discuss the situation and agree if any actions are needed. It is useful to have the information listed below before this discussion as it will help to inform the size and nature of the outbreak:

- total numbers affected (staff and children)
- symptoms
- date(s) when symptoms started
- number of classes affected
- post code of those affected
- year groups of those affected

If you suspect cases of infectious illness at your school but are unsure if it is an outbreak, please call EPHO's for support and advice. Where an infection is classified as a notifiable disease it is a statutory requirement that doctors report a notifiable disease to the Director of Public Health.

How to report

Please see Appendix 1 and 2 for the process and considerations when reporting an unconfirmed/suspected case of a notifiable disease suffered by pupils and/or staff.

Childcare settings must complete the reporting of any suspected/confirmed notifiable disease and Chickenpox incidents promptly via the ERYC Schools Outbreak Notification SharePoint Site. Up

to date guidance on how to report cases can be accessed directly via <https://eryc.sharepoint.com/sites/SON/Guidance/Forms/AllItems.aspx> Here you will find a video tutorial with instructions.

The EPHO's will provide all childhood settings with template letters and factsheets for parents and carers to ensure the most up to date information is given.

Confidentiality

It is important to note that health protection teams are bound to manage personal case details in strict confidence. Therefore, information given to schools from the team for distribution during an outbreak will never name cases or give out any personal details. Organisations where cases are identified are also bound to manage personal case details in strict confidence.

Section 9

Infectious and Notifiable Diseases

Rashes and skin infections Children with rashes should be considered infectious and assessed by their doctor.			
Notifiable Disease (highlighted red)	Infection/ Disease	Recommended isolation period to be kept away from childcare settings and educational establishments	Additional Information
	Athlete's foot	None	Athlete's foot is not a serious condition. Treatment is recommended
Cases of Chickenpox need reporting.	Chickenpox	Five days from onset of rash and all the lesions/vesicles have crusted over	Please note that although Chicken pox is not defined as a Notifiable Disease in England, this needs reporting by all East Riding education settings as it is an acute, infectious disease which can cause Shingles and be particularly serious to Vulnerable groups including Pregnant staff/students
	Cold sores, (Herpes simplex)	None	Avoid kissing and contact with the sores. Cold sores are generally mild, self-limiting and heal without treatment
	German measles (Rubella)*	Five days from onset of rash	Preventable by immunisation with 2 doses of MMR. Promote MMR for all pupils and staff. See: Pregnant staff/students
	Hand, foot and mouth	None	Contact the EHPO's if children are affected. Isolation may be considered in some circumstances
	Impetigo	Until lesions are crusted and healed, or 48 hours after commencing 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. See: Vulnerable groups and Pregnant staff/students
	Molluscum contagiosum	None	A self-limiting condition
	Ringworm	Isolation not usually required	Treatment is required
	Roseola (infantum)	None	None
	Scabies	Child can return after first treatment	Household and close contacts require treatment at the same time.
	Scarlet fever*	Isolate until 24 hours after commencing appropriate antibiotic treatment	Antibiotic treatment recommended for the affected child. A person is infectious for 2-3 weeks if antibiotics are not administered.
	Slapped cheek (Fifth disease or Parvo virus B19)	None (once rash has developed)	See: Vulnerable groups and Pregnant staff/students
	Shingles	Isolate only if rash is weeping and cannot be covered	Can cause chickenpox in those who are not immune ie have not had chickenpox. It is spread by very close contact and touch. See: Vulnerable groups and Pregnant staff/students
	Warts and verrucae	None	Verrucae should be covered in swimming pools, gymnasiums and changing rooms

Diarrhoea and vomiting illness			
Notifiable Disease (highlighted red)	Infection/ Disease	Recommended isolation period to be kept away from childcare settings and educational establishments	Additional Information
	Diarrhoea and/or vomiting Infectious gastroenteritis Norovirus	Whilst symptomatic and 48 hours from last episode of diarrhoea or vomiting	It is important that any case/ outbreak is responded to quickly. If you have any concerns, please consult the EHPO's for further advice.
	E. coli O157 VTEC* Typhoid* [and paratyphoid*] (enteric fever) Shigella* (dysentery)	Should isolate for 48 hours from the last episode of diarrhoea Further isolation may be required for some children until they are no longer excreting	Further isolation is required for young children under five and those who have difficulty in adhering to hygiene practices Children in these categories should be excluded until there is evidence of microbiological clearance. This guidance may also apply to some contacts of cases who may require microbiological clearance

	Cryptosporidiosis*	Isolate for 48 hours from the last episode of diarrhoea	Isolation from swimming is advisable for two weeks after the diarrhoea has settled
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Respiratory infections			
Notifiable Disease (highlighted red)		Recommended isolation period to be kept away from childcare settings and educational establishments	Additional Information
	Flu (influenza) including Covid-19	Until recovered For Covid-19: Refer to latest Local Authority/Government guidance.	See: Vulnerable groups and Pregnant staff/students
	Tuberculosis*	Always consult the ERPH/EHPO's BEFORE disseminating information to staff/parents/carers	Only pulmonary (lung) TB is infectious to others. Needs close, prolonged contact to spread.
	Whooping cough* (pertussis)	48 hours from commencing antibiotic treatment, or 21 days from onset of symptoms if no antibiotic treatment	Preventable by vaccination. After treatment, non-infectious coughing may continue for many weeks. Please contact EHPO's to support in the organisation of any contact tracing necessary

Additional infections			
Notifiable Disease (highlighted red)	Infection/ Disease	Recommended isolation period to be kept away from childcare settings and educational establishments	Additional Information
	Conjunctivitis	None	If an outbreak/cluster occurs, consult the EHPO's
	Diphtheria *	Isolation is essential. Always consult with the ERPH/EHPO's	Family contacts must be excluded until cleared to return. Preventable by vaccination. The EHPO's will support in organising any contact tracing necessary.
	Glandular fever	None	
	Head lice	None	Treatment is recommended only in cases where live lice have been seen
	Hepatitis A*	Isolate until seven days after onset of jaundice (or seven days after symptom onset if no jaundice)	The EHPO's will advise on any vaccination or other control measures that are needed for close contacts of a single case of hepatitis A and for suspected outbreaks
	Hepatitis B*, C, HIV/AIDS	None	Hepatitis B and C and HIV are blood borne viruses that are not infectious through casual contact. See: cleaning blood and body fluid spills.
	Meningococcal meningitis*/ septicemia*	Until recovered	Meningitis ACWY and B are preventable by vaccination (see immunisation schedule). There is

			no reason to exclude siblings or other close contacts of a case. In case of an outbreak, it may be necessary to provide antibiotics with or without meningococcal vaccination to close contacts. The EHPO's will advise on any action needed.
	Meningitis* due to other bacteria	Until recovered	Hib and pneumococcal meningitis are preventable by vaccination. There is no reason to exclude siblings or other close contacts of a case. The EHPO's will give advice on any action needed.
	Meningitis viral*	None	Milder illness than bacterial meningitis. There is no reason to exclude siblings and other close contacts of a case. Contact tracing is not required.
	MRSA	None	Good hygiene, in particular handwashing and environmental cleaning, are important to minimise any danger of spread. If further information is required, contact the EHPO's.
	Mumps*	Isolate child for five days after onset of swelling	Preventable by vaccination with 2 doses of MMR. Promote MMR for all pupils and staff.
	Threadworms	None	Treatment is recommended for the child and household contacts.
	Tonsillitis	None	There are many causes, but most cases are due to viruses and do not need an antibiotic treatment.

It is a statutory requirement that doctors report a notifiable disease (highlighted above in red) to the proper officer of the local authority (usually a consultant in communicable disease control).

Please see Appendix 3 for all diseases notifiable to local authority EPHO's under the Health Protection (Notification) Regulations 2010. Please note that for the East Riding we have added Chickenpox to the list we must report on.

For further advice about conditions detailed above please see the **East Riding of Yorkshire Council Medical Conditions at School Management Resource Pack**. This alongside the [Public Health Management of Specific Infectious Diseases](#) (produced by UK Health Security Agency) should serve as a very useful **practical guide to recognising and managing common infectious disease and outbreaks** in schools and other childcare settings, including basic infection prevention and control measures.

Section 10

Immunisation

Immunisation is a key intervention to help give children the best start in life. Immunisation status should always be checked at school entry and at the time of any vaccination. Immunisation is the safest way to protect children and adults. Parents should be encouraged to have their child immunised and any immunisation missed or further catch-up doses organised through the child's GP.

Evidence shows that school-based delivery of immunisations reduces health disparities by making access to vaccines easier for all, for example parents don't need to take time off work to book immunisation appointments and children who are not registered with a GP are included.

The offer of the adolescent vaccines in school is an important opportunity to check that children are up to date with all their routine immunisations and to ensure they are caught up. Immunisations that are offered in schools are detailed below:

Immunisation offered in schools Feb 2022			
School Years eligible	Vaccine	Mode of administration and schedule	Diseases protected against
Reception to Year 6	Seasonal Influenza vaccine	Nasal spray One dose (unless otherwise indicated) (Injected vaccine is available if nasal spray is unsuitable) Offered annually in the autumn term	Protects against the influenza virus
Year 8 and Year 9	Human papillomavirus (HPV) vaccine	Injection 2 doses (6 to 24 months apart)	Protects against genital warts and HPV related cancers such as cervical cancer, cancers of the head and neck and cancers of the genital area
Year 9	MenACWY vaccine	Injection One dose	Meningococcal groups A, C, W and Y
Year 9	Td/IPV (3-in-1 booster)	Injection Final dose of the course (total of 5)	Tetanus, diphtheria and polio
At all opportunities	MMR check and offer	Injection 2 doses	Measles, mumps, rubella

Children who miss out on the adolescent immunisation sessions remain eligible and should be caught up as soon as possible through their school aged immunisation service or by being referred to their GP.

Settings or parents and carers may wish to speak to their health visitor or school nurse about further support.

Education and childcare settings have a vital role to play to support the routine immunisation programme through sharing of information with parents about the routine immunisations their children should be up to date with at key contact points. Settings or parents and carers may wish to speak to their health visitor or school nurse about the support they can offer.

Occasionally clusters and outbreaks of vaccine preventable diseases such as measles, mumps, hepatitis A and meningococcal disease are linked to education settings. Suspected outbreaks should be notified to the EHPO's promptly in line with UKHSA guidance. The EPHO's and Public Health Team will conduct a risk assessment and as part of the control measures may consider offering vaccination to students and staff in the setting. This will require clear and prompt communication with parents and rapid coordination of arrangements for the vaccination offer.

All staff should undergo a full occupational health check prior to employment; this includes ensuring they are up to date with immunisations, including two doses of MMR. It is important that all staff are up to date with the [routine immunisation schedule](#). Staff may wish to speak to their health visitor or school nurse for support or advice.

The [National routine childhood immunisation programme](#) has a direct positive impact on the health and wellbeing of children as well as communities. Children who present with certain risk factors may require additional immunisations. For the most up-to-date immunisation advice and current schedule visit www.publichealth.hscni.net, contact EPHO's who can advise on the latest national immunisation schedule. The latest national immunisation schedule is detailed below:

The Routine Immunisation Table Feb 2022		
When to immunise	Diseases vaccine protects against	Mode of administration
2 months old	Diphtheria, tetanus, pertussis (whooping cough), polio, Haemophilus influenzae type b (Hib) and hepatitis B	One injection
	Rotavirus gastroenteritis	Orally
	Meningococcal B infection	One injection
3 months old	Diphtheria, tetanus, pertussis, polio, Hib and hepatitis B	One injection
	Pneumococcal (13 serotypes)	One injection
	Rotavirus	Orally
4 months old	Diphtheria, tetanus, pertussis, polio, Hib and hepatitis B	One injection
	Meningococcal B infection	One injection
One year old (on or after the child's first birthday)	Measles, mumps and rubella (German measles)	One injection
	Pneumococcal infection	One injection
	Hib and meningococcal C infection	One injection
	Meningococcal B infection	One injection
Eligible paediatric age groups	Influenza See annual flu programme at: https://www.gov.uk/government/collections/annual-flu-programme	Nasal spray or injection
3 years and 4 months old or soon after	Diphtheria, tetanus, pertussis and polio	One injection
	Measles, mumps and rubella	One injection

Boys and girls aged twelve to thirteen years 14 years old (school Year 9)	Cancers and genital warts caused by specific human papillomavirus (HPV) types	Two injections (doses 6-24 months apart)
	Tetanus, diphtheria and polio	One injection
	Meningococcal infection A, C, W and Y	One injection

Additional vaccines for individuals with selective immunisation programmes are detailed below.

Selective Immunisation Programmes Feb 2022			
Target Group	Age and schedule	Disease	Vaccines required
Children in a clinical risk group	From 6 months to 17 years of age	Influenza	LAIV or inactivated flu vaccine if contraindicated to LAIV or under 2 years of age
Pregnant women	At any stage of pregnancy during flu season	Influenza	Inactivated flu vaccine
	From 16 weeks gestation	Pertussis	dTaP/IPV (Boostrix-IPV)

Additional vaccines for individuals with underlying medical conditions are detailed below.

Additional vaccines for individuals with underlying medical conditions Feb 2022		
Medical Condition	Diseases protected against	Vaccines Required
Asplenia or splenic dysfunction (including due to sickle cell and coeliac disease)	Meningococcal groups A, B, C, W and Y	MenACWY MenB
	Pneumococcal	PCV13 (up to ten years of age) PPV (from two years of age)
	Influenza	Annual flu vaccine
Cochlear implants	Pneumococcal	PCV13 (up to ten years of age) PPV (from two years of age)
Chronic respiratory and heart conditions (such as severe asthma, chronic pulmonary disease, and heart failure)	Pneumococcal	PCV13 (up to ten years of age) PPV (from two years of age)
	Influenza	Annual flu vaccine
Chronic neurological conditions (such as Parkinson's or motor neurone disease, or learning disability)	Pneumococcal	PCV13 (up to ten years of age) PPV (from two years of age)
	Influenza	Annual flu vaccine
Diabetes	Pneumococcal	PCV13 (up to ten years of age) PPV (from two years of age)
	Influenza	Annual flu vaccine
Chronic kidney disease (CKD) (including haemodialysis)	Pneumococcal (stage 4 and 5 CKD)	PCV13 (up to ten years of age) PPV (from two years of age)
	Influenza (stage 3, 4 and 5 CKD)	Annual flu vaccine
	Hepatitis B (stage 4 and 5 CKD)	Hepatitis B

Chronic liver conditions	Pneumococcal	PCV13 (up to ten years of age) PPV (from two years of age)
	Influenza	Annual flu vaccine
	Hepatitis A	Hepatitis A
	Hepatitis B	Hepatitis B
Haemophilia	Hepatitis A	Hepatitis A
	Hepatitis B	Hepatitis B
Immunosuppression due to disease or treatment	Pneumococcal	PCV13 (up to ten years of age) PPV (from two years of age)
	Influenza	Annual flu vaccine
Complement disorders (including those receiving complement inhibitor therapy)	Meningococcal groups A, B, C, W and Y	MenACWY MenB
		PCV13 (up to ten years of age) PPV (from two years of age)
	Pneumococcal	PCV13 (up to ten years of age) PPV (from two years of age)
	Influenza	Annual flu vaccine

Immunisation resources for education settings

A wide range of immunisation resources for education settings are available - schools are encouraged to share these with parents at appropriate opportunities such as at school entry with reminders at the beginning of each academic year. Copies of printed publications and the full range of digital resources to support the immunisation programmes can be ordered through the Health publications order line by telephone: (0300) 1231002

Prevent Infectious Diseases	Promote immunisation	For the latest advice contact: East Riding Council Education Health Public Officers (EHPO's) Tel: (01482) 392419 Email: cfsinfo@eastriding.gov.uk
	Promptly isolate the unwell child/ staff member	
	Check effective handwashing is carried out routinely	

For further information and advice:

Education Public Health Officers	cfsinfo@eastriding.gov.uk	Tel: (01482) 392419
East Riding Public Health	Covid19@eastriding.gov.uk	
UKHSA Yorkshire and Humber Region	Blenheim House West One Duncombe Street Leeds LS1 4PL	Tel: (0113) 386 0300 Out of hours advice: (0151) 909 1219

Prevent the spread of infections by ensuring:		
Routine immunisation	High standards of personal hygiene and practice, particularly handwashing	Maintaining a clean environment

Appendix 1

Unconfirmed/Suspected Case of a Notifiable Disease Suffered by Pupil

Advise the pupil to leave the setting immediately, isolate themselves, and urgently contact their GP to get a diagnosis or attend the nearest hospital if they do not have a GP. They should call their GP in the first instance rather than attend surgery or notify the hospital in advance that they may have a suspected notifiable disease.

Complete reporting of incident on [ERYC Schools Notification SharePoint Site](#)
For advice and support, including contingency measures to mitigate transmission and the spread of a notifiable diseases please contact EPHO's: email: cfsinfo@eastriding.gov.uk Tel: **(01482) 392419**

Confirm the nature of the illness. It may take several days for a diagnosis in some instances. The NHS/GP will notify East Riding Public Health (ERPH) if they suspect a notifiable disease.

IF A NOTIFIABLE DISEASE IS CONFIRMED

Update confirmation of case on SharePoint. ERPH/EPHO's will contact the School requesting further information. They will want details of those affected (permissible under strict patient confidentiality). If the diagnosis is confirmed as a notifiable disease ERPH/EPHO's will ask for a meeting with the with the Headteacher/Head of Centre (HT). They will also give advice/instructions as to how the situation should be handled. They will want details of those in contact with the pupil(s) (again permissible). **NB: Only ERPH can give out information on the health of the pupil(s).**

The HT should notify relevant staff as a precaution. Arrangements will need to be made regarding the pupil(s)' academic studies and activities. Those who have been in contact with pupil(s) will need to be advised that if they start displaying similar symptom's they should isolate themselves and contact their GP immediately. The HT should consult Student Wellbeing or the Pastoral Care Team in case the pupil(s) and their families/carers need support.

IF LESS THAN 2 PEOPLE AFFECTED AND/OR ERPH DOES NOT SUSPECT AN OUTBREAK:

The HT will continue to lead on managing the situation, arranging liaison with EPHO's/ERPH and families/carers, and advising those involved. They should keep the EPHO's informed.

IF MORE THAN 2 PEOPLE HAVE FALLEN ILL OR AN OUTBREAK IS SUSPECTED:

The EPHO's will brief ERPH who will decide whether the IMT should be invoked or whether more information should be gathered, and the situation confirmed first. It may not be necessary to invoke the IMT at this stage.

EPHO's/ERPH will advise the school of what steps to take next. They may also request a cleared area to test those people who have been in contact with the patient(s). HT's should continue to update relevant staff.

IF EYPH DECLARES AN OUTBREAK THE IMT MUST BE INVOKED.

Other things to consider:

- How will those who have fallen ill be supported?
- What interaction is needed with families/carers?
- What interaction is needed with those who have been in contact with the patient(s)?
- Are there long-term health or other consequences for those who have fallen ill?
- How will the disruption to the pupil(s)' academic studies be managed?
- Will there be visa issues for those who have fallen ill?
- How will the requirements of EYPH be managed and met?
- What advice is there to contain the spread of the illness and how will that be enacted?
- When do I need to contact the EPHO's to arrange what comms support will be required, who to, and how will that be managed?
- Who else is needed to help the HT manage the situation? EPHO's can support you in making these decisions.

Assemble relevant Teams to consider:

- Is it necessary to activate an emergency comms plan?
- If not already advised by ERPH, consider whether the whole setting, specific buildings or residences should be closed and review regularly as the incident progresses.
- How will ongoing staff shortages due to illness be managed?
- How will concerns amongst the student community be dealt with?
- How will the School community and their families be kept informed and reassured?
- What School activities/teaching will be disrupted and how will this be managed?

Appendix 2

Unconfirmed/Suspected Case of a Notifiable Disease Suffered by Staff Member

Advise the staff member to leave the setting immediately, isolate themselves, and urgently contact their GP to get a diagnosis or attend the nearest hospital if they do not have a GP. They should call their GP in the first instance rather than attend surgery or notify the hospital in advance that they may have a suspected notifiable disease.

Complete reporting of incident on [ERYC Schools Notification SharePoint Site](#)
For advice and support, including contingency measures to mitigate transmission and the spread of a notifiable diseases please contact EPHO's: email: cfsinfo@eastriding.gov.uk Tel: **(01482) 392419**

Confirm the nature of the illness. It may take several days for a diagnosis in some instances. The NHS/GP will notify East Riding Public Health (ERPH) if they suspect a notifiable disease.

IF A NOTIFIABLE DISEASE IS CONFIRMED

Update confirmation of case on SharePoint. ERPH/EPHO's will contact the School requesting further information. They will want details of those affected (permissible under strict patient confidentiality). If the diagnosis is confirmed as a notifiable disease ERPH/EPHO's will ask for a meeting with the Headteacher/Head of Centre (HT). They will also give advice/instructions as to how the situation should be handled. They will want details of those in contact with the staff member(s) (again permissible). **NB: Only ERPH can give out information on the health of the pupil(s).**

The HT should notify relevant staff as a precaution. Arrangements will need to be made regarding the colleague(s)' workload and professional activities. Those who have been in contact with the staff member(s) will need to be advised that if they start displaying similar symptoms they should isolate themselves and contact their GP immediately. The HT should consult the counselling service or Pastoral Care Team too in case the staff member(s) affected, and their families need support.

IF LESS THAN 2 PEOPLE AFFECTED AND/OR ERPH DOES NOT SUSPECT AN OUTBREAK:

The HT will continue to lead on managing the situation, arranging liaison with EPHO's/ERPH and families, and advising those involved. They should keep the EPHO's informed.

IF MORE THAN 2 PEOPLE HAVE FALLEN ILL OR AN OUTBREAK IS SUSPECTED:

The EPHO's will brief ERPH who will decide whether the IMT should be invoked or whether more information should be gathered, and the situation confirmed first. It may not be necessary to invoke the IMT at this stage.

EPHO's/ERPH will advise the school of what steps to take next. They may also request a cleared area to test those people who have been in contact with the patient(s). HT's should continue to update relevant staff.

IF EYPH DECLARES AN OUTBREAK THE IMT MUST BE INVOKED.

Other things to consider:

- How will those who have fallen ill be supported?
- What interaction is needed with their families?
- What interaction is needed with those who have been in contact with the staff member(s)?
- Are there long-term health or other consequences for those staff members who have fallen ill?
- How will the disruption to the staff member(s)' professional activities be managed?
- Will there be visa issues for those who have fallen ill?
- How will the requirements of ERPH be managed and met?
- What advice is there to contain the spread of the illness and how will that be enacted?
- When do I need to contact the EPHO's to arrange what comms support will be required, who to, and how will that be managed?
- Who else is needed to help the HT manage the situation?

EPHO's can support you in making these decisions.

Assemble relevant Teams to consider:

- Is it necessary to activate an emergency comms plan?
- If not already advised by ERPH, consider whether the whole setting, specific buildings, or residences should be closed and review regularly as the incident progresses.
- How will ongoing staff shortages due to illness be managed?
- How will concerns amongst the student community be dealt with?
- How will the School community and their families be kept informed and reassured?
- What School activities/teaching will be disrupted and how will this be managed?

Appendix 3

List of Notifiable Diseases

Diseases notifiable to local authority EPHO's under the Health Protection (Notification) Regulations 2010:

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

* Please note that although Chicken pox is not defined as a Notifiable Disease in England this needs reporting by all East Riding education settings as it is an acute, infectious disease commonly seen in children. This can also cause shingles, which tends to be more common and more serious in adults, particularly pregnant women.