

Public Health England NHS

Managing cases of INFECTIOUS DISEASES in schools and other childcare settings

The online guide offers information and resources for the following:

| | | |
|--|--|--|
| school Introduction to infection control in schools and childcare facilities | Hand Prevention and control | Network Outbreak management |
| Microscope Managing specific infections | Bandage Cleaning the environment | Paw Staff health, pet and animal contact |
| Shield Immunisation | Hand with liquid Diarrhoea and vomiting outbreak action list | Prohibited sign Exclusion table |

ADVICE AND GUIDANCE
To find out more, visit www.gov.uk/government/publications/health-protection-in-schools-and-other-childcare-facilities or bit.ly/2xUpPZ

Public Health England NHS

A practical guide for staff

Managing cases of infectious diseases in schools and other childcare settings

The online guide offers information and resources for the following:

- Introduction to Infection control in schools and childcare facilities
- Prevention and control
- Outbreak management
- Immunisation
- Staff health, pet and animal contact
- Cleaning the environment
- Managing specific infections
- Exclusion table
- Diarrhoea and vomiting outbreak action list

Advice and guidance
To find out more, visit www.gov.uk/government/publications/health-protection-in-schools-and-other-childcare-facilities or bit.ly/2xUpPZ

HM Government NHS

Get back to school safely.

Stay safe on your journey to school or college, and walk or cycle where you can.
Find out more about returning to school safely at gov.uk/backtoschool

**STAY ALERT
CONTROL THE VIRUS
SAVE LIVES**

Health protection in schools and other childcare facilities

Overview

- How infections are spread
- Infection prevention and control measures
 - Hand hygiene
 - Respiratory hygiene
 - Personal Protective equipment
 - Dealing with body fluid spills
 - cleaning and disinfection
- Outbreak management
 - Diarrhoea & vomiting outbreaks
- Immunisations
- **COVID-19 guidance**
- Contact details for the Health Protection Team



How infections spread

Infections are spread in many different ways but 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

<https://www.gov.uk/government/publications/health-protection-in-schools-and-other-childcare-facilities/chapters-1-and-2-introduction-and-infections-in-childcare-settings>

NHS

Coughs and sneezes spread diseases

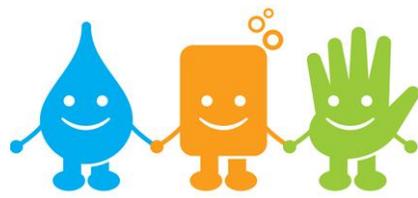


always carry tissues cover your coughs and sneezes throw used tissues in a bin always clean your hands

Stop germs spreading

© Crown copyright 2017. 279853 2/1 35/16. Mar/17 (ESP) 288322

Hand Hygiene



Hand hygiene is one of the most effective ways of preventing the spread of infection.

- Pupils/staff clean their hands more often than usual- especially on arrival at the setting, before and after eating, after using toilet and after sneezing or coughing. **“Catch it, Bin it, Kill it”**
- Staff check/encourage/supervise hand washing of children. (wash hands for 20s)
- Where a sink is not nearby, provide hand sanitiser in classrooms and at the entrance points of the school.
- supervision of hand sanitiser use given risks around ingestion. Small children and pupils with complex needs should continue to be helped to clean their hands properly. Skin friendly skin cleaning wipes can be used as an alternative
- Promote e-bug resources to teach hand and respiratory hygiene

Hand washing with warm water and liquid soap is recommended as follows:

- After using (or helping someone to use) the toilet
- After changing a nappy
- Before, during and after preparing food
- Before eating food
- After blowing your nose, coughing or sneezing (or helping someone to blow or wipe their nose)
- Before and after treating a cut or wound
- Immediately after hands have been contaminated with respiratory secretions, blood, faeces, urine or other body fluid
- After handling animals, pet food/treats or cleaning cages
- Whenever hands are visibly soiled

[Spotty book 2019](#)

Activity links <https://e-bug.eu/>

Stop germs spreading with fun e-Bug resources

Your school can help stop germs spreading by using range of e-bug fun lesson plans on hand washing and respiratory hygiene. Click on below links for free access to lesson plans.

[KS1: Horrid Hands](#)

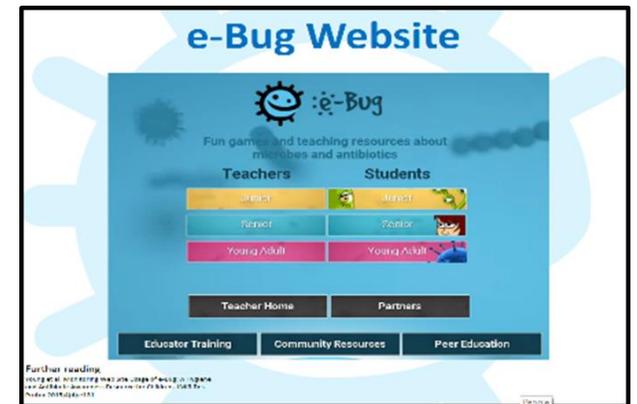
[KS1: Super Sneezes](#)

[KS2: Hand Hygiene](#)

[KS2: Respiratory Hygiene](#)

[KS3: Hand Hygiene](#)

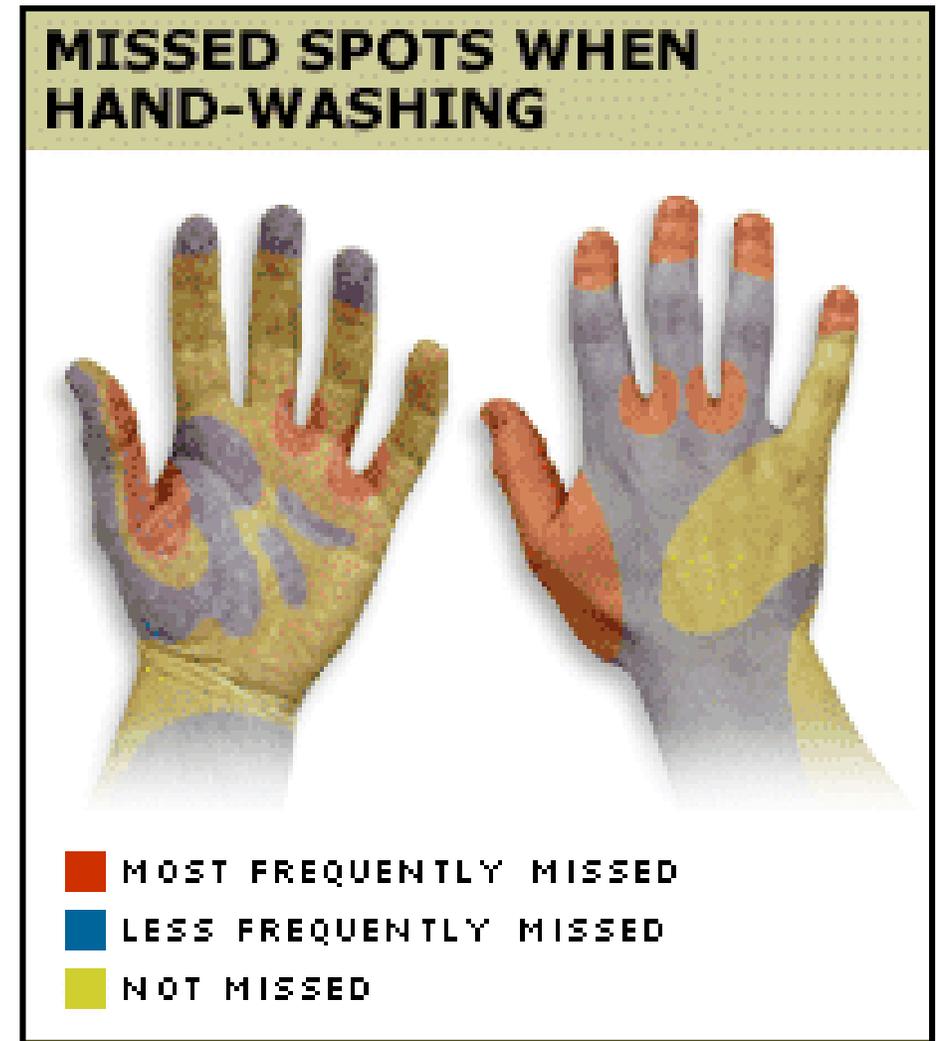
[KS3: Respiratory Hygiene](#)



Where do you miss?



Click on [NHS How to Wash your hands video](#)

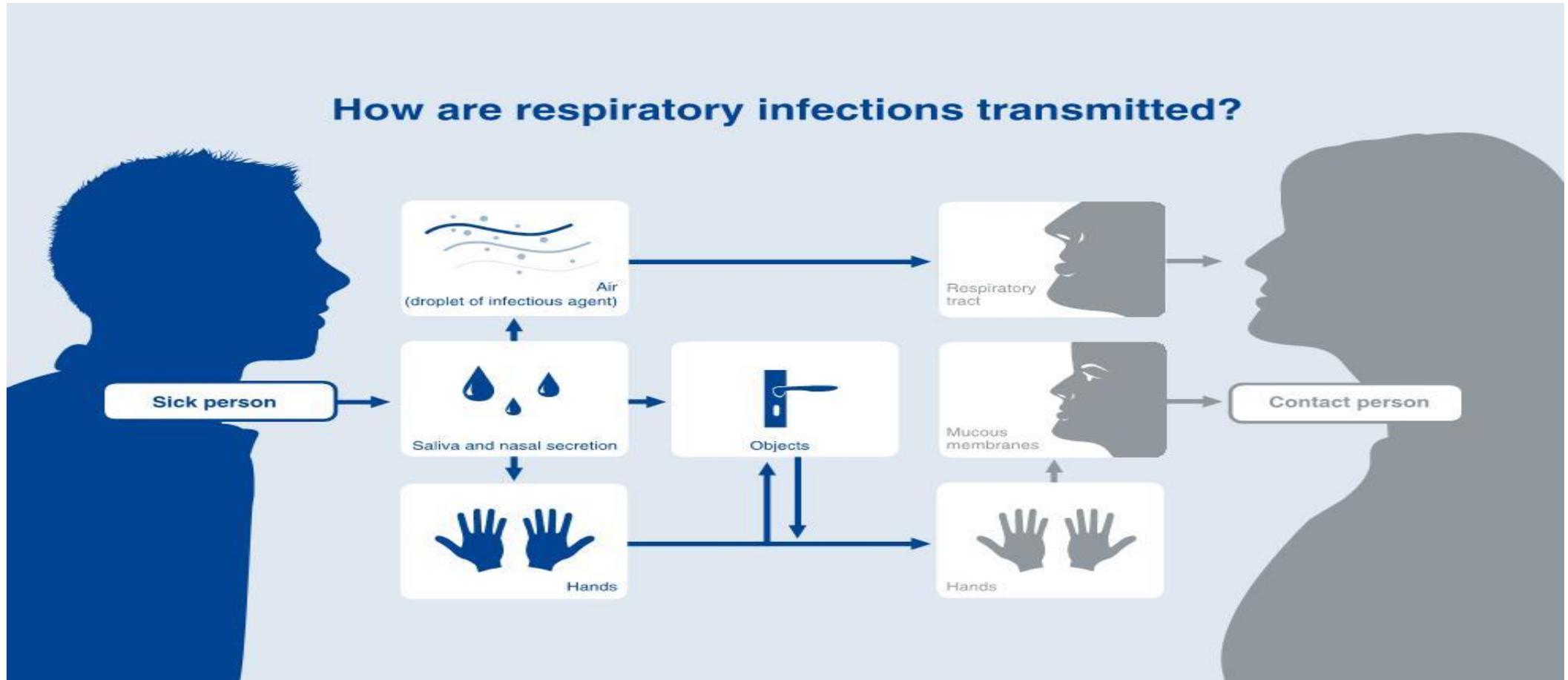


Toilet facilities must have:

- Wall mounted soap dispensers
- Water that is hot (preferably a mixer tap which can take the water to a safe temperature)
- Paper towels stored in a dispenser
- Foot action pedal bins
- Daily checking system for supplies
- Cleaning schedules
- All touch points frequently cleaned throughout the day



Sneezing & coughing is a way in which our body tries to get rid of any harmful microbes and dust we might inhale



Ensure good respiratory hygiene by promoting the 'catch it, bin it, kill it' approach

Ensure there are tissues & bins available in all areas and use e-bug resources to teach children about respiratory hygiene. Click on links below for access to e-bug resources :

[KS1: Super Sneezes](#)

[KS2: Respiratory Hygiene](#)

[KS3: Respiratory Hygiene](#)



Personal protective equipment (PPE)

[safe working in education, childcare and children's social care](#)

PPE is only needed in a very small number of cases if:

- a child, young person or learner already has routine intimate care needs that involve the use of PPE, in which case the same PPE should continue to be used
- an individual child, young person or other learner becomes ill with coronavirus (COVID-19) symptoms and only then if a distance of 2 metres cannot be maintained

Reference to PPE in the above situation means:

- fluid-resistant surgical face masks (also known as Type IIR)
- disposable gloves
- disposable plastic aprons
- eye protection (for example a face visor or goggles)

Read [technical specifications for personal protective equipment \(PPE\)](#).

Personal Protective Equipment

https://youtu.be/-GncQ_ed-9w

Although the video in above link is for clinical settings it's useful for training staff to follow the correct procedure

[how to put PPE on and take it off safely](#)

Public Health England

Putting on personal protective equipment (PPE) for non-aerosol generating procedures (AGPs)*

Please see donning and doffing video to support this guidance: https://youtu.be/-GncQ_ed-9w

Pre-donning instructions:

- Ensure healthcare worker hydrated
- Remove jewellery
- Tie hair back
- Check PPE in the correct size is available

- 1** Perform hand hygiene before putting on PPE.
- 2** Put on apron and tie at waist.
- 3** Put on facemask – position upper straps on the crown of your head, lower strap at nape of neck.
- 4** With both hands, mould the metal strap over the bridge of your nose.
- 5** Don eye protection if required.
- 6** Put on gloves.

*For the PPE guide for AGPS please see: www.gov.uk/government/publications/covid-19-personal-protective-equipment-use-for-aerosol-generating-procedures

© Crown copyright 2020. Public Health England Gateway Number: 2019-263, V1.2

Public Health England

Taking off personal protective equipment (PPE) for non-aerosol generating procedures (AGPs)*

Please see donning and doffing video to support this guidance: https://youtu.be/-GncQ_ed-9w

* PPE should be removed in an order that minimises the risk of self-contamination

Gloves, aprons (and eye protection if used) should be taken off in the patient's room or cohort area

- 1** Remove gloves. Grasp the outside of glove with the opposite gloved hand; peel off. Hold the removed glove in the remaining gloved hand. Side the fingers of the un-gloved hand under the remaining glove at the wrist. Peel the remaining glove off over the first glove and discard.
- 2** Clean hands.
- 3** Apron. Unfasten or break apron ties at the neck and let the apron fold down on itself. Break ties at waist and fold apron in on itself – do not touch the outside – this will be contaminated. Discard.
- 4** Remove eye protection if worn. Use both hands to handle the straps by pulling away from face and discard.
- 5** Clean hands.
- 6** Remove facemask once your clinical work is completed. Untie or break bottom ties, followed by top ties or elastic, and remove by handling the ties only. Lean forward slightly. Discard. DO NOT reuse once removed.
- 7** Clean hands with soap and water.

*For the PPE guide for AGPS please see: www.gov.uk/government/publications/covid-19-personal-protective-equipment-use-for-aerosol-generating-procedures

© Crown copyright 2020. Public Health England Gateway Number: 2019-262, V1.2

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:

- 1.Clean with soap and water.
- 2.No further action is needed.

If a bite breaks the skin:

- 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

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

Chapter 3: prevention and control

Cleaning Guidance



Cleaning & Disinfecting



Ensure that cleaning equipment is stored clean and dry in a clean locked room/cupboard

| | |
|---------------|--|
| BLUE | Generally used when cleaning areas that are considered to present a low risk of infection. All equipment can be used to clean classrooms/offices/reception areas etc. |
| GREEN | All kitchen areas within the school/nursery should use green equipment. |
| RED | This is for high risk areas in relation to the spread of infection, such as toilets/washrooms/showers. Including all fixtures and fittings |
| YELLOW | Should be used in washroom areas for cleaning all fixtures and fittings and surfaces that are not considered critical in terms of infection. These include worktops/ doors/pipework/towel dispensers/sink and basins |



Use national cleaning colour coding system to reduce the risk of cross contamination

To effectively clean and disinfect an environment, there must be a three stage process:

Stage 1:

Use a detergent to clean and remove any visible dirt followed by rinsing with clean water.

Stage 2:

Disinfect using a disinfectant at the correct dilution and contact time recommended by the chemical manufacturer. Disinfection will not work on visibly dirty surfaces

Stage 3:

Allow to dry thoroughly

[For more information see the cleaning section of the spotty book](#)

Introduce enhanced cleaning, including cleaning frequently touched surfaces often using standard products, such as detergents and bleach



Points to consider and implement:

putting in place a cleaning schedule that ensures cleaning is generally enhanced and includes:

- more frequent cleaning of rooms and shared areas that are used by different groups
- frequently touched surfaces being cleaned more often than normal
- ensuring surfaces are washable, intact and in a good state of repair. Damaged surfaces will be difficult to clean.
- maintaining a clutter free environment.
- Shared equipment –e.g. Interactive boards, keyboards are cleaned between use (following manufacturer guidelines)

Toilets will need to be cleaned regularly and pupils must be encouraged to clean their hands thoroughly after using the toilet - different groups being allocated their own toilet blocks could be considered but is not a requirement if the site does not allow for it. For further information on cleaning refer to:

[guidance for cleaning non-healthcare settings](#)

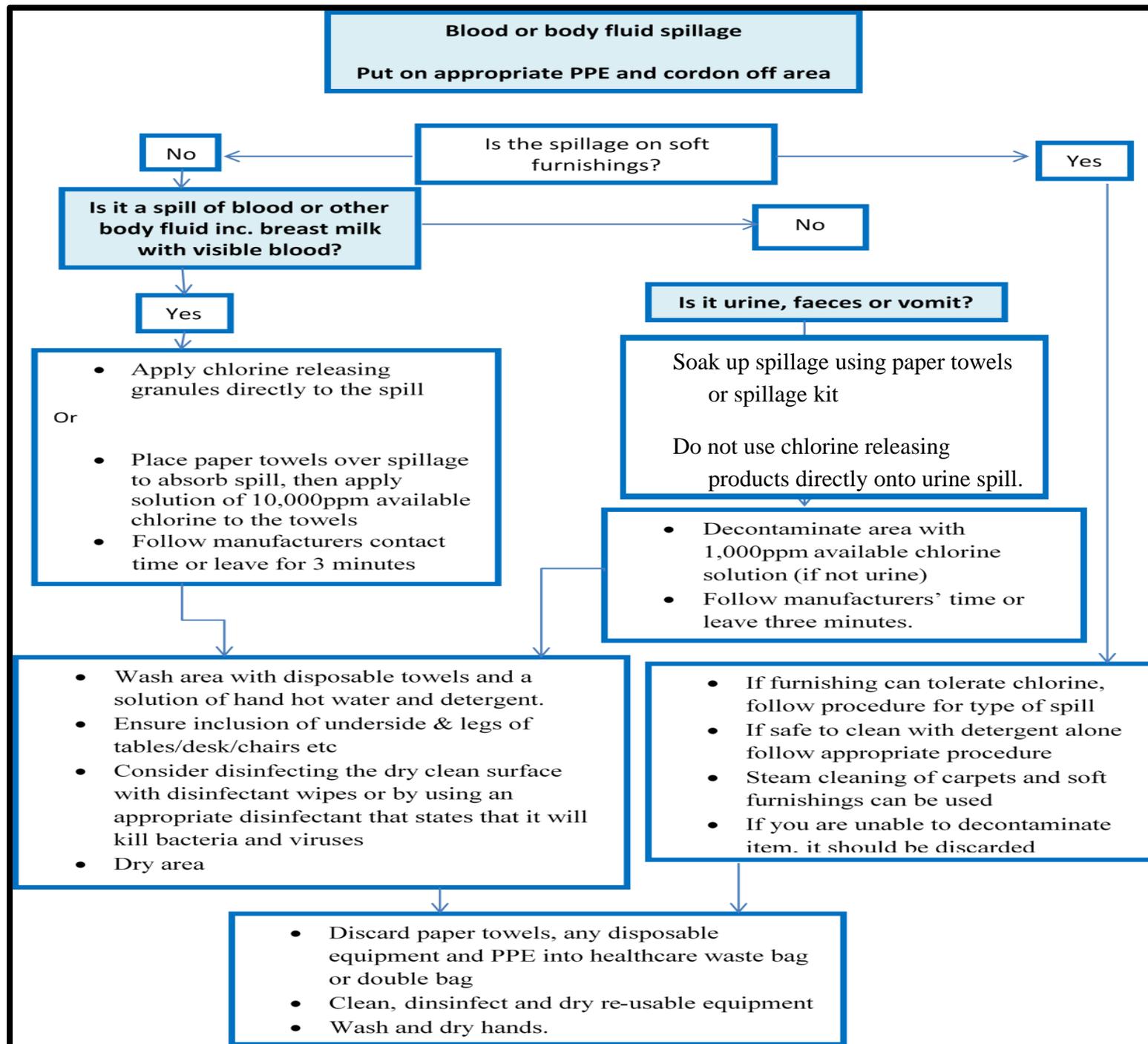
[Guidance for full opening: schools](#)
Updated 7 August 2020

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: A spillage kit should be available for bodily fluids like blood, vomit and urine. Always follow the manufacturer's instructions when using. Use disposable paper towels or cloths to clean up blood and body fluid spills, and dispose of after use.

More information can be found in:

Chapter three of the [Health protection in schools and other childcare facilities](#) guidance



Guidance from the [Spotty book 2019](#)

Deep Terminal clean after an outbreak

Clean all hard surfaces thoroughly, using detergent and hot water, followed by 1000ppm (0.1%) bleach/hypochlorite solution or an appropriate disinfectant, paying particular attention to frequently-touched surfaces; for example – seats, door handles, flushes and taps, contact points, switches, mirrors, vents, bins, furniture. Allow to dry before use and dispose of any potentially contaminated items safely

Steam clean carpets/soft furnishings and change curtains in contaminated rooms or areas (norovirus may remain viable for many days on carpet and curtains). Carpets and soft furnishings should be steam cleaned (or steam vacuumed) using a steam cleaner with a hot drying cycle which reaches a minimum of 70°C, unless the floor covering is heat sensitive and/or fabric is bonded to the backing material with glue. If this is the case then use a suitable, effective carpet shampoo, ideally with virucidal and bacteriocidal properties. Curtains can also be steam cleaned if necessary

Carpets should be allowed to dry before any child/staff member is allowed back into the area. Vacuum cleaning carpets and floor buffing during an outbreak have the potential to re-circulate norovirus and are not recommended. If vacuum cleaners are to be used in non-contaminated areas, they should contain high efficiency particulate air (HEPA) filters which are regularly cleaned and disinfected.

If unable to steam clean soft furnishings, and if they are removable soft furnishings (for example cushions, covers), these should be machine washed in the hottest wash possible for the fabric*

Soft toys should also be machine washed as above and tumble dried.

Ensure (as with cleaning during the outbreak) that cloths are disposed of and non-disposable mop heads are laundered in hot wash (65°C or above) once deep cleaning is complete. They should then be dried thoroughly.

For guidance on cleaning after a suspected/confirmed case of COVID-19 has left the setting see next slides and guidance in link below.

<https://www.gov.uk/government/publications/covid-19-decontamination-in-non-healthcare-settings>

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

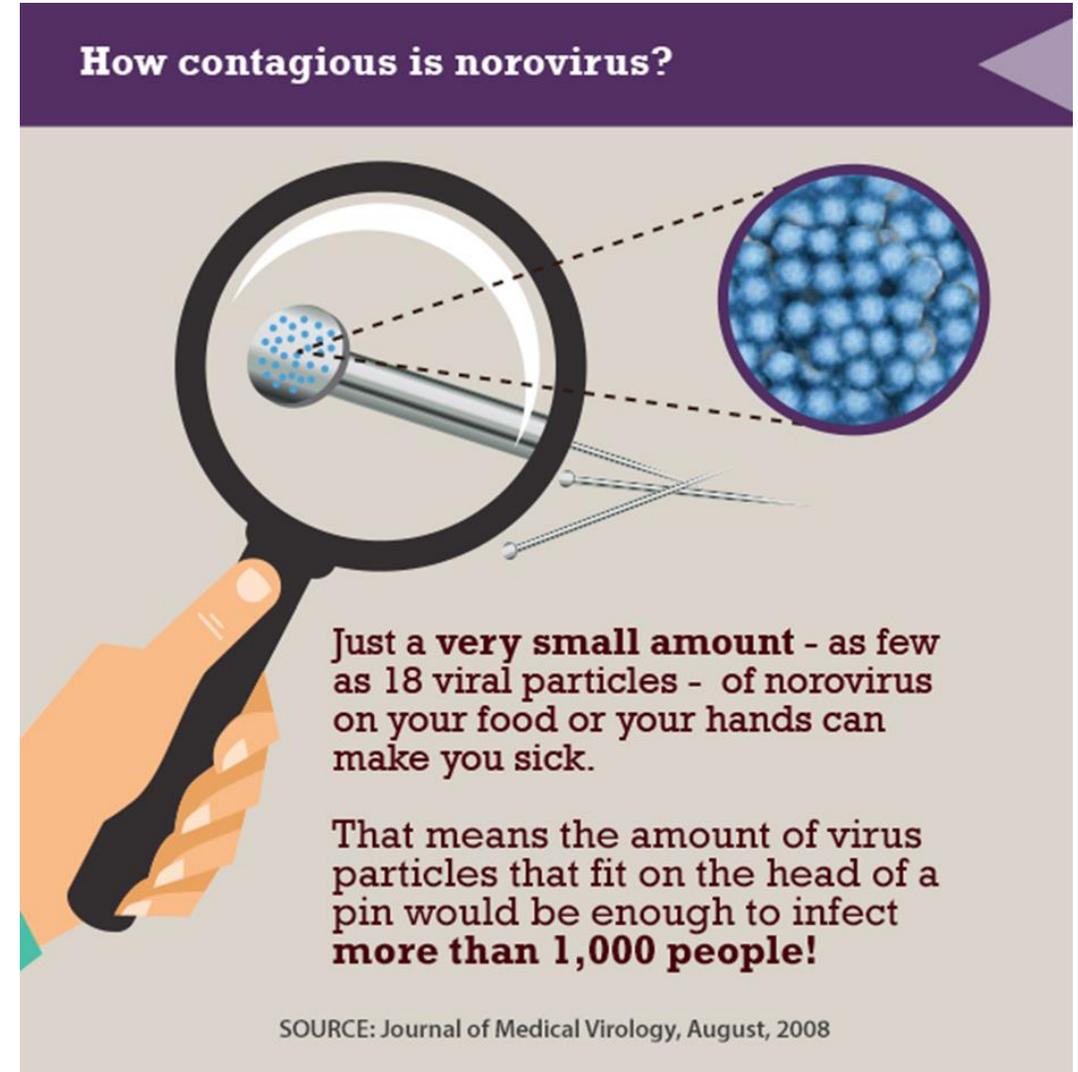
COVID-19: If a school/nursery have two or more confirmed cases within 14 days, or an overall rise in sickness absence where coronavirus (COVID-19) is suspected, they may have an outbreak, and must contact the local health protection team who will be able to advise on what action is required.

Common winter infection

Norovirus

- Winter vomiting bug
- Incubation period 12—48hrs
- Mode of transmission: Faecal-oral route
- Direct/Indirect transmission
 - close contact with someone with norovirus
 - touching surfaces or objects that have the virus on them, then touching your mouth
 - eating food that's been prepared or handled by someone with norovirus
- Diagnosed by testing stool sample
- Symptoms: nausea, projectile vomit and or diarrhoea and in some cases fever

If a pupil or staff member has diarrhoea and/or vomiting symptoms they should not attend school/nursery until they have been free of symptoms for 48 hours



How contagious is norovirus?

Just a **very small amount** - as few as 18 viral particles - of norovirus on your food or your hands can make you sick.

That means the amount of virus particles that fit on the head of a pin would be enough to infect **more than 1,000 people!**

SOURCE: Journal of Medical Virology, August, 2008

<https://www.nhs.uk/conditions/Norovirus/>

<https://www.nhs.uk/conditions/diarrhoea-and-vomiting/>

Control Measures diarrhoea and vomiting outbreaks

- Ensure there are supplies of vomit bags in all areas and are accessible to staff and pupils.
- If a child vomits in the classroom section the area off and ensure it is not used until fully deep cleaned.
- The affected child should be isolated, if possible from their class mates until collected by their parents/carer.
- Clean all surfaces immediately following the deep cleaning guidance in slide 18
- Ensure good hand hygiene measures are in place
- If an outbreak is suspected consult your Local Authority /Health Protection team
- Communication with parents: letter's available from Health Protection Team/Local Authority.
- Use the on-line [PHE Diarrhoea & Vomiting outbreak action checklist](#)

Health Protection for schools, nurseries and other childcare facilities

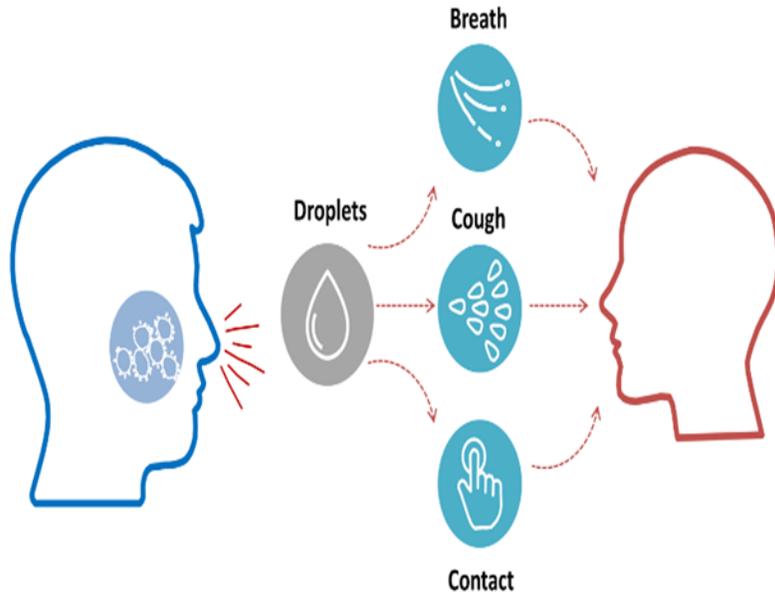
Appendix 3. Diarrhoea and vomiting outbreak – schools, nurseries and other childcare settings action checklist

| | | | |
|--|------------|-----------|------------------|
| Date Completed: | | | |
| Checklist Completed By (Print Name): | | | |
| Name & Tel No of Institution: | | | |
| Name of Head Teacher/Manager: | | | |
| | | | |
| | Yes | No | Comments: |
| Deploy 48 hour exclusion rule for ill children and staff | | | |
| Liquid soap and paper hand towels available | | | |
| Staff to check/encourage/supervise hand washing in children | | | |
| Check that deep cleaning, ie twice daily (min) cleaning and follow through with bleach/Milton/ appropriate disinfectant is being carried out, (especially toilets, frequently touched surfaces eg handles and taps and including any special equipment and play areas). Ensure that all staff/contractors involved in cleaning are aware of, and are following, the guidance | | | |
| Disposable protective clothing available (ie non-powdered latex/synthetic vinyl gloves & aprons) | | | |
| Appropriate waste disposal systems in place for infectious waste | | | |
| Advice given on cleaning of vomit (including steam cleaning carpets/furniture or machine hot washing of soft furnishings) | | | |
| Clean and disinfect hard toys daily (with detergent and water followed by bleach/Milton). Limit and stock rotate toys | | | |
| Suspend use of soft toys plus water/sand play and cookery activities during outbreak | | | |
| Segregate infected linen (and use dissolvable laundry bags where possible) | | | |
| Visitors restricted. Essential visitors informed of outbreak and advised on hand washing | | | |
| New children joining institution suspended | | | |
| Keep staff working in dedicated areas (restrict food handling if possible). Inform HPT of any affected food handlers. | | | |
| Check if staff work elsewhere (restrict) and that all staff are well (including agency). Exclude if unwell (see above re 48 hour rule) | | | |
| HPT informed of any planned events at the institution | | | |
| Inform School Nurse and discuss about informing OFSTED, if applicable. | | | |

PHE publications gateway number 2016692
Crown Copyright 2017

COVID-19

How COVID-19 spreads ?



COVID-19 Know The Facts

World Health Organization
Western Pacific Region

COVID-19 spreads primarily from person to person

- Droplets released when someone sick sneezes or coughs can land on the mouths or noses of people nearby
- Close contact with someone sick – like hugging or shaking hands

**COVID-19 mainly spreads from person to person
But it can also be left on objects and surfaces...**

doorknobs, tissue, laptop and mouse, lift buttons, digital devices, pens

So if you touch something contaminated and then touch your face or another's face, you might all fall ill.

Reduce your risk of COVID-19

- Clean your hands often
- Cough or sneeze in your bent elbow – not your hands!
- Avoid touching your eyes, nose and mouth
- Limit social gatherings and time spent in crowded places
- Avoid close contact with someone who is sick
- Clean and disinfect frequently touched objects and surfaces

Minimise contact between individuals and maintain social distancing wherever possible

- Ensuring consistent groups reduces risk of transmission and minimises the numbers of pupils and staff who may need to self-isolate if someone in the group became ill with coronavirus (COVID-19).
- This can be achieved through keeping groups separate (in 'bubbles') and through maintaining distance between individuals.
- It is likely that for younger children the emphasis will be on separating groups, and for older children it will be on distancing.
- All teachers and other staff can operate across different classes and year groups but must try to keep 2 metres distance from pupils and other adults.
- When staff or children cannot maintain distancing, particularly with younger children in primary schools, the risk can also be reduced by keeping pupils in the smaller, class-sized groups.
- To support distancing where possible -seat pupils side by side and facing forwards, rather than face to face or side on

Measures elsewhere

- avoid large gatherings such as assemblies or collective worship with more than one group
- movement around the school site kept to a minimum, avoiding creating busy corridors, entrances and exits
- Consider staggered break times and lunch times
- Schools should also plan how shared staff spaces are set up and used to help staff to distance from each other. Use of staff rooms should be minimised
- consider staggered starts or adjusting start and finish times to keep groups apart as they arrive and leave school
- Outdoor sports should be prioritised where possible, and large indoor spaces used where it is not, maximising distancing between pupils and paying scrupulous attention to cleaning and hygiene.
- In order to facilitate cleaning, remove unnecessary items from learning environments where there is space to store them elsewhere (ensuring clutter free environment). Public health advice is to remove all soft toys, and any toys that are hard to clean, such as those with intricate parts. Where practicable, remove soft furnishings, for example pillows, bean bags and rugs.
- Visitors/contractors/cleaning staff should be made aware of the schools control measures
- Supply teachers/temporary staff can move between schools but must comply with the schools control measures. To minimise the numbers of temporary staff entering the school premises, use longer assignments where possible.

Face coverings

- The government is not recommending universal use of face coverings in all schools
- Schools that teach children in years 7 and above and which are not under specific local restriction measures will have the discretion to require face coverings for pupils, staff and visitors in areas outside the classroom where social distancing cannot easily be maintained, such as corridors and communal areas and it has been deemed appropriate in those circumstances.
- Primary school children will not need to wear a face covering.
- In primary schools where social distancing is not possible in areas outside of classrooms between members of staff or visitors, for example in staffrooms, headteachers will have the discretion to decide whether to ask staff or visitors to wear, or agree to them wearing face coverings in these circumstances.
- Based on current evidence and the measures that schools are already putting in place, such as the system of controls and consistent bubbles, face coverings will not be necessary in the classroom even where social distancing is not possible. Face coverings would have a negative impact on teaching and their use in the classroom should be avoided.

Face coverings: Were local restrictions apply

Face coverings should be worn by adults and pupils (in years 7 and above) in areas outside classrooms when moving around communal areas where social distancing is difficult to maintain such as corridors.

In the event of new local restrictions being imposed, schools will need to communicate quickly and clearly to staff, parents, pupils that the new arrangements require the use of face coverings in certain circumstances.

These areas are defined as [areas of national government intervention](#). Information on areas with a status of 'intervention' can be found in the [National coronavirus \(COVID-19\) surveillance report](#), which is updated every week

Exemptions

Some individuals are exempt from wearing [face coverings](#). This applies to those who:

- cannot put on, wear or remove a face covering because of a physical or mental illness or impairment or disability
- speak to or provide assistance to someone who relies on lip reading, clear sound or facial expression to communicate
- The same exemptions will apply in education settings, and we would expect teachers and other staff to be sensitive to those needs

Access to face coverings

- It is reasonable to assume that staff and young people will now have access to face coverings due to their increasing use in wider society. Public Health England has made available resources on how to [make a simple face covering](#)
- However, where anybody is struggling to access a face covering, or where they are unable to use their face covering due to having forgotten it or it having become soiled or unsafe, education settings should take steps to have a small contingency supply available to meet such needs.
- No-one should be excluded from education on the grounds that they are not wearing a face covering.
- It is vital that face coverings are worn correctly and that clear instructions are provided to staff, children and young people on how to put on, remove, store and dispose of face coverings in all of the circumstances above, to avoid inadvertently increasing the risks of transmission. Safe wearing of face coverings requires cleaning of hands before and after touching – including to remove or put them on – and the safe storage of them in individual, sealable plastic bags between use. Where a face covering becomes damp, it should not be worn and the face covering should be replaced carefully. [how to put on, remove, store and dispose of face coverings](#)
- Pupils must be instructed not to touch the front of their face covering during use or when removing it and they must dispose of temporary face coverings in a 'black bag' waste bin (not recycling bin) or place reusable face coverings in a plastic bag they can take home with them, and then wash their hands again before heading to their classroom.

[Face coverings in education](#) published 26/8/20

Equipment and resources

- Stationery –staff and children should not share these
- Classroom based resources, such as books and games, can be used and shared within the bubble; these should be cleaned regularly
- equipment shared between classes or bubbles, such as sports, art and science equipment should be cleaned frequently between bubbles, or rotated to allow them to be left unused and out of reach for a period of 48 hours (72 hours for plastics) between use by different bubbles.
- Outdoor playground equipment should be more frequently cleaned.
- Sports equipment thoroughly cleaned between each use by different individual groups, and contact sports avoided.
- pupils limit the amount of equipment they bring into school each day, to essentials such as lunch boxes, hats, coats, books, stationery and mobile phones. Bags are allowed
- Pupils and teachers can take books and other shared resources home, although unnecessary sharing should be avoided.

Transport: School transport services

Pupils on dedicated school services do not mix with the general public on those journeys and tend to be consistent.

It is important to consider

- social distancing should be maximised within vehicles
- children either sit with their 'bubble' on school transport, or with the same constant group of children each day
- children should clean their hands before boarding transport and again on disembarking
- additional cleaning of vehicles is put in place
- organised queuing and boarding is put in place
- through ventilation of fresh air (from outside the vehicle) is maximised, particularly through opening windows and ceiling vents
- It will be a recommendation that children and young people aged 11 and over to wear a face covering when travelling on dedicated transport. This does not apply to people who are exempt from wearing a face covering on public transport

Wider public transport

- Its use by pupils, particularly in peak times, should be kept to an absolute minimum.
- Schools should work with partners to consider staggered start times to enable more journeys to take place outside of peak hours
- Schools should encourage parents, staff and pupils to walk or cycle to school if at all possible
- Face coverings are required at all times on public transport, except for children under the age of 11. Further information can be found in the [face coverings](#) guidance.
- Some individuals are [exempt from wearing face coverings](#).
- Families using public transport should refer to the [safer travel guidance for passengers](#).

Further COVID-19 guidance for ensuring safe measures is within the following link [Guidance for full opening: schools. Updated 28th August 2020](#), it includes:

- Music teaching in schools and colleges, including singing, and playing wind and brass instruments in groups
- Individual lessons and performance in groups
- Physical activity in schools
- Peripatetic teachers
- Wraparound provision and extra-curricular activity
- School uniform
- Educational visits
- Remote education
- Pupils/ staff who are shielding self-isolating
- Staff pupils who are clinically vulnerable
- Pregnant staff

[Guidance for full opening: schools Updated 28th August 2020](#)

Symptomatic children

Isolation:

- Children who develop symptoms at school should be isolated in a ventilated room behind closed doors until collected by parents/carers
- If isolation is not possible, they should be moved to an area at least 2 metres from other people
- Depending on age, adult supervision or care may be required. If contact <2m is needed to provide care appropriate PPE should be worn by staff. A child should not be left alone if it is not safe to do so and should receive appropriate care.
- If child needs to go to the bathroom, this should be a separate bathroom and the bathroom should be deep cleaned
- Isolation area will need to be deep cleaned immediately after child has left setting.

Engage with the NHS Test and Trace process

Schools must ensure that staff members and parents/carers understand that they will need to be ready and willing to:

- [book a test](#) if they or their child are displaying symptoms. Staff and pupils must not come into the school if they have symptoms, and must be sent home to self-isolate if they develop them in school.
- provide details of anyone they or their child have been in close contact with if they were to test positive for coronavirus (COVID-19) or if asked by NHS Test and Trace
- [self-isolate](#) if they have been in close contact with someone who tests positive for coronavirus (COVID-19), or if anyone in their household develops symptoms of coronavirus (COVID-19)
- Schools should ask parents and staff to inform them immediately of the results of a test:

Results

- **if someone tests negative**, if they feel well and no longer have symptoms similar to coronavirus (COVID-19), they can stop self-isolating. They could still have another virus, such as a cold or flu – in which case it is still best to avoid contact with other people until they are better. Other members of their household can stop self-isolating.
- **if someone tests positive**, they should follow the ‘stay at home: guidance for households with possible or confirmed coronavirus (COVID-19) infection’ and must continue to self-isolate for at least 10 days from the onset of their symptoms and then return to school only if they do not have symptoms other than cough or loss of sense of smell/taste.
- **The 10-day period** starts from the day when they first became ill. If they still have a high temperature, they should keep self-isolating until their temperature returns to normal. Other members of their household should continue self-isolating for the full 14 days.
- they should follow [‘stay at home: guidance for households with possible or confirmed coronavirus \(COVID-19\) infection’](#).
- **Schools should not request evidence of negative test results or other medical evidence before admitting children or welcoming them back after a period of self-isolation**
- Further guidance is available on [testing and tracing for coronavirus \(COVID-19\)](#).

Manage confirmed cases of coronavirus (COVID-19) amongst the school community

- Contact the Local Authority and local health protection team.
- The health protection team will carry out a rapid risk assessment to confirm who has been in close contact with the person during the period that they were infectious, and ensure they are asked to self-isolate
- The health protection team will work with schools in this situation to guide them through the actions they need to take.
- schools must send home those people who have been in close contact with the person who has tested positive, advising them to self-isolate for 14 days. Their household contacts do not need to self-isolate unless their child develops symptoms/tests positive.

Close contact means:

- direct close contacts - face to face contact with an infected individual for any length of time, within 1 metre, including being coughed on, a face to face conversation, or unprotected physical contact (skin-to-skin)
- proximity contacts - extended close contact (within 1 to 2 metres for more than 15 minutes) with an infected individual
- travelling in a small vehicle, like a car, with an infected person
- A template letter will be provided to schools, on the advice of the health protection team, to send to parents and staff if needed

Manage suspected case of coronavirus (COVID-19)

- Child/staff member with symptoms to be sent home.
- Staff and children who are contacts should remain in school, they do not need to go home to self-isolate unless they develop symptoms themselves (in which case, they should arrange a test) or if the symptomatic person subsequently tests positive or they have been requested to do so by NHS Test and Trace.
- Contact the Local Authority who will also advise on what action to take.
- If result is negative the child/staff member can return to school if they feel well and no longer have symptoms similar to coronavirus (COVID-19), they can stop self-isolating. They could still have another virus, such as a cold or flu – in which case it is still best to avoid contact with other people until they are better.
- If results are positive follow advice on slides 35 & 36

Contacting the Health Protection team if an COVID-19 outbreak is suspected

Monday – Friday (0900 – 1700)

0344 225 3560 (opt 0, 2)

Or online at <https://surveys.phe.org.uk/TakeSurvey.aspx?SurveyID=n4KL97m2I>

Out of Hours PHE Contact:

Public Health England first on call via West Midlands Ambulance Service First Response

01384 679031

Or online at

<https://surveys.phe.org.uk/TakeSurvey.aspx?SurveyID=n4KL97m2I>

If contacting the team via telephone

- Ensure you have the full details of the children/staff members (name, date of birth, contact number and address)
- When their symptoms started/ test date and their last date in school/nursery
- Number of possible contacts.

Close contact means:

Direct contact :

- being coughed on, or
 - having a face-to-face conversation within 1 metre, or
 - having unprotected skin-to-skin physical contact, or
 - travel in a small vehicle with the case, or
 - any contact within 1 metre for 1 minute or longer without face-to-face contact
- **Close contact :**
 - Extended close contact (between 1 and 2 metres for more than 15 minutes) with a case

Principles of cleaning after an individual with symptoms of, or confirmed COVID-19, the case has left the setting or area [guidance for cleaning non-healthcare settings](#)

Personal protective equipment (PPE)

- The minimum PPE to be worn for cleaning an area after a person with symptoms of, or confirmed COVID-19 has left the setting possible is disposable gloves and an apron. Wash hands with soap and water for 20 seconds after all PPE has been removed.
- If a risk assessment of the setting indicates that a higher level of virus may be present (for example, where someone unwell has spent the night such as in a hotel room or boarding school dormitory) then additional PPE to protect the cleaner's eyes, mouth and nose may be necessary. The local Public Health England (PHE) Health Protection Team can advise on this.

Principles of cleaning after an individual with symptoms of, or confirmed COVID-19, the case has left the setting or area

Public areas where a symptomatic person has passed through and spent minimal time but which are not visibly contaminated with body fluids, such as corridors, can be cleaned thoroughly as normal.

- All surfaces that the symptomatic person has come into contact with should be cleaned and disinfected, including all potentially contaminated and frequently touched areas such as bathrooms, door handles, telephones, grab rails in corridors and stairwells
- Use disposable cloths or paper roll and disposable mop heads, to clean all hard surfaces, floors, chairs, door handles and sanitary fittings – think one site, one wipe, in one direction.

Use one of the options below:

- a combined detergent disinfectant solution at a dilution of 1,000 parts per million available chlorine (ppm av.cl.)

or

- a household detergent followed by disinfection (1000 ppm av.cl.). Follow manufacturer's instructions for dilution, application and contact times for all detergents and disinfectants

or

- if an alternative disinfectant is used within the organisation ensure that it is effective against enveloped viruses
- Avoid mixing cleaning products together as this can create toxic fumes. Avoid creating splashes and spray when cleaning.
- Any cloths and mop heads used must be disposed of and should be put into waste bags as outlined below.
- When items cannot be cleaned using detergents or laundered, for example, upholstered furniture and mattresses, steam cleaning should be used

[guidance for cleaning non-healthcare settings](#)

Disposal of Waste

Personal waste from individuals with symptoms of COVID-19 and waste from cleaning of areas where they have been (including PPE, disposable cloths and used tissues):

1. Should be put in a plastic rubbish bag and tied when full
2. The plastic bag should then be placed in a second bin bag and tied
3. This should be put in a suitable and secure place and marked for storage until the individual's test results are known

This waste should be stored safely and kept away from children. It should not be placed in communal waste areas until negative test results are known, or the waste has been stored for at least 72 hours.

If the individual tests negative, this can be put indisposed of immediately with the normal waste.

If COVID-19 is confirmed this waste should be stored for at least 72 hours before disposal with normal waste.

Immunisations

Flu vaccination 2020 to 2021 Programme briefing for schools

As well as all primary school aged children being offered the flu vaccine, this coming season the Government is extending the programme to year 7 children in secondary schools

Public Health England **NHS**

flu: 5 reasons to vaccinate your child

- 1. Protect your child.** The vaccine will help protect your child against flu and serious complications such as bronchitis and pneumonia
- 2. Protect you, your family and friends.** Vaccinating your child will help protect more vulnerable family and friends
- 3. No injection needed.** The nasal spray is painless and easy to have
- 4. It's better than having flu.** The nasal spray helps protect against flu, has been given to millions of children worldwide and has an excellent safety record
- 5. Avoid costs.** If your child gets flu, you may have to take time off work or arrange alternative childcare

What should I do?

| | | |
|---|---|---|
| Contact your child's GP if your child was aged two or three years old (on the 31 August of the current flu season) and you haven't heard from them by early November. | If your child is at primary school or in year 7 of secondary school, the school will send you a leaflet and consent form. Please sign the form and return it. | If your child has a health condition that puts them at greater risk from flu, or lives with someone on the NHS Shielded Patient List, they can get the flu vaccine from their GP. |
|---|---|---|

For more information visit www.nhs.uk/child-flu

HELP US HELP YOU PROTECT AGAINST FLU

Flu immunisation
Helping to protect children, every winter

Why does COVID-19 mean the school's flu vaccination programme is so important this year?

Many of those who are vulnerable if they get COVID-19 are also those most at risk from the complications of flu. This year it is really important that we help to keep these people well by reducing the chances of them getting flu. We also want to reduce pressure on the NHS. Those at risk from flu will be offered the flu vaccine for their own protection but we also want to reduce flu transmission in the community by vaccinating children.

There are also benefits for the school from vaccinating the children against flu. It helps to provide a healthy school environment by protecting the pupils and, indirectly, the staff. Research has shown that the programme has reduced school absences. This year, given the disruption that there has already been to education, it is important to reduce any further time lost by pupils being away from school. It will also reduce the disruption to schools from flu outbreaks and the confusion that this may cause given that many of the symptoms of flu are similar to COVID-19 symptoms.

Public Health England **NHS**

Flu vaccination 2020 to 2021 Programme briefing for schools

The flu vaccination programme in schools will be going ahead in the autumn term. It is likely that flu and COVID-19 will both be circulating at the same time which means that it is more important than ever this year to help protect against flu.

As well as all primary school aged children being offered the flu vaccine, this coming season the Government is extending the programme to year 7 children in secondary schools.

Flu kills thousands of people every year. It is an unpredictable virus and the vaccine is the best protection we have against it. The main purpose of the school-aged annual flu vaccination programme is to reduce transmission in the community.

Children can pass flu on to others in their immediate family and wider community, many of whom may be at higher risk from the complications of flu. The flu vaccination won't protect against COVID-19 but it is critical to protecting the general health of the population, particularly those at high risk from COVID-19.

Schools have a key role in promoting uptake of the flu vaccination programme through the relationship that you have with parents. Please use all your communication channels to help promote uptake. Since the introduction of the programme, flu vaccine uptake has increased every year amongst school children (see page 3). This year we would like a concerted effort to increase it substantially as we need to reduce the impact of flu on the NHS and social care.

Please do make this information available to all staff in your school, particularly those who are likely to speak to parents or children about the vaccination.

Benefits to schools

Helps protect children against flu which in turn reduces pupil and staff absenteeism rates

Promotes a healthy working environment in schools and the wider community, including amongst the children's immediate and extended family

Immunisations: check that children are up-to-date with Immunisations. Regular reminders to parents are recommended.

Link to schedules: [Immunisations 2020](#)

| The routine immunisation schedule | | | from June 2020 | |
|---|--|--|-------------------------------------|-----------------|
| Age due | Diseases protected against | Vaccine given and trade name | | Usual site |
| Eight weeks old | Diphtheria, tetanus, pertussis (whooping cough), polio, <i>Haemophilus influenzae</i> type b (Hib) and hepatitis B | DTaP/IPV/Hib/HepB | Infanrix hexa | Thigh |
| | Meningococcal group B (MenB) | MenB | Bexsero | Left thigh |
| | Rotavirus gastroenteritis | Rotavirus | Rotarix | By mouth |
| Twelve weeks old | Diphtheria, tetanus, pertussis, polio, Hib and hepatitis B | DTaP/IPV/Hib/HepB | Infanrix hexa | Thigh |
| | Pneumococcal (13 serotypes) | Pneumococcal conjugate vaccine (PCV) | Prevenar 13 | Thigh |
| | Rotavirus | Rotavirus | Rotarix | By mouth |
| Sixteen weeks old | Diphtheria, tetanus, pertussis, polio, Hib and hepatitis B | DTaP/IPV/Hib/HepB | Infanrix hexa | Thigh |
| | MenB | MenB | Bexsero | Left thigh |
| One year old (on or after the child's first birthday) | Hib and MenC | Hib/MenC | Menitorx | Upper arm/thigh |
| | Pneumococcal | PCV booster | Prevenar 13 | Upper arm/thigh |
| | Measles, mumps and rubella (German measles) | MMR | MMR VaxPRO ² or Priorix | Upper arm/thigh |
| | MenB | MenB booster | Bexsero | Left thigh |
| Eligible paediatric age groups ¹ | Influenza (each year from September) | Live attenuated influenza vaccine LAIV ^{2, 3} | Fluenz Tetra ^{2, 3} | Both nostrils |
| Three years four months old or soon after | Diphtheria, tetanus, pertussis and polio | dTaP/IPV | Repevax or Boostrix-IPV | Upper arm |
| | Measles, mumps and rubella | MMR (check first dose given) | MMR VaxPRO ² or Priorix | Upper arm |
| Boys and girls aged twelve to thirteen years | Cancers caused by human papillomavirus (HPV) types 16 and 18 (and genital warts caused by types 6 and 11) | HPV (two doses 6-24 months apart) | Gardasil | Upper arm |
| Fourteen years old (school year 9) | Tetanus, diphtheria and polio | Td/IPV (check MMR status) | Revaxis | Upper arm |
| | Meningococcal groups A, C, W and Y disease | MenACWY | Nimenrix or Menveo | Upper arm |
| 65 years old | Pneumococcal (23 serotypes) | Pneumococcal Polysaccharide Vaccine (PPV) | Pneumococcal Polysaccharide Vaccine | Upper arm |
| 65 years of age and older | Influenza (each year from September) | Inactivated influenza vaccine | Multiple | Upper arm |
| 70 years old | Shingles | Shingles | Zostavax ² | Upper arm |

1. See Green book chapter 19 or visit www.gov.uk/government/publications/influenza-the-green-book-chapter-19 or www.nhs.uk/conditions/vaccinations/child-flu-vaccine/

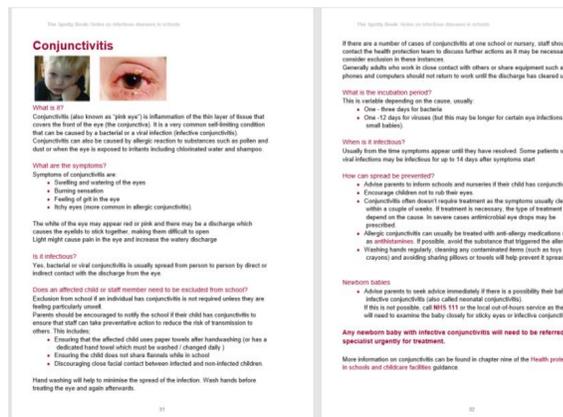
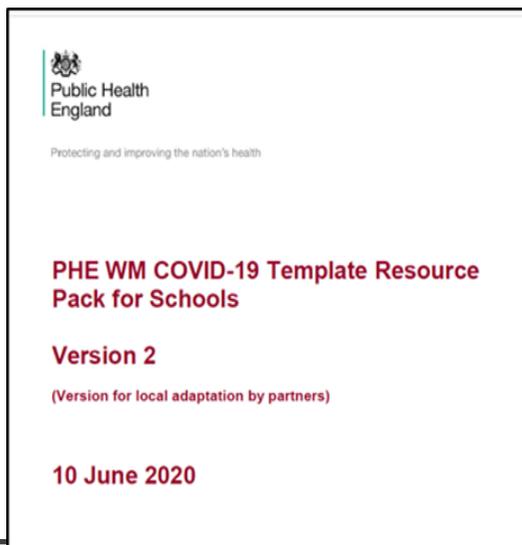
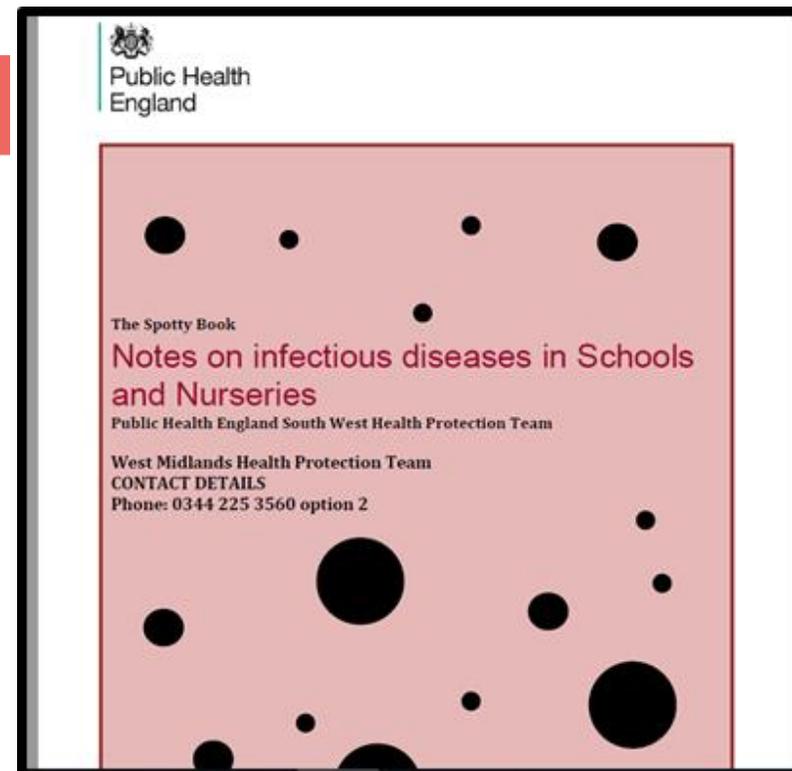
2. Contains porcine gelatine.

3. If LAIV (live attenuated influenza vaccine) is contraindicated and child is in a clinical risk group, use inactivated flu vaccine.

For vaccine supply information for the routine immunisation schedule please visit www.immform.dh.gov.uk and check vaccine update for all other vaccine supply information.



The Spotty Book



Resources



Public Health
England

The Spotty Book

Notes on infectious diseases in Schools and Nurseries

Public Health England South West Health Protection Team

West Midlands Health Protection Team

CONTACT DETAILS

Phone: 0344 225 3560 option 2

Introducing Spotty Book

[Spotty book 2019
\(link to guidance\)](#)

The Spotty Book

- **The document provides general Infection Prevention and control (IPC) guidance for Schools and other childcare facilities**
- **Prepared by PHE: South West Health Protection Team**
- **Authors and editors include Paediatricians, Microbiologists, General Practitioners, Nurses and Public Health Physicians.**
- **Ensures that advice is consistent across the area**
- **Printed version and electronic version available**
- **Includes links to PHE National IPC guidelines for schools**
<https://www.gov.uk/government/publications/health-protection-in-schools-and-other-childcare-facilities>

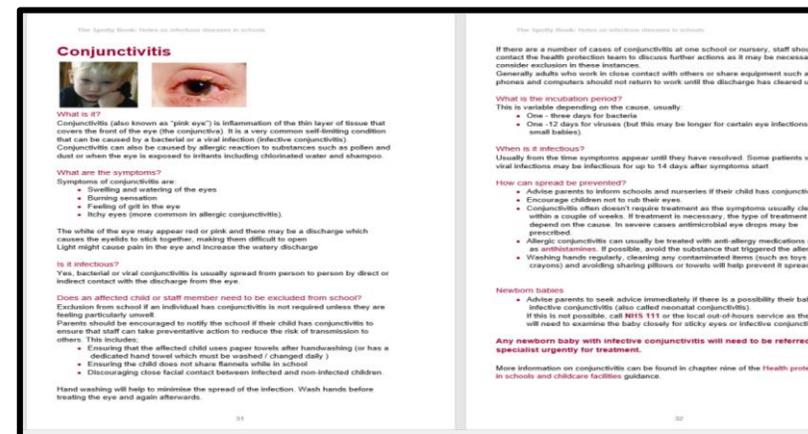
The Spotty Book

Common Childhood Diseases

- Chicken pox
- Conjunctivitis
- Hand, Foot and Mouth Disease
- Head lice
- Impetigo
- Infectious Diarrhoea and Vomiting
- Influenza
- Measles
- Meningitis and Septicaemia
- Mumps
- Parvovirus (Slapped Cheek / Fifth Disease)

25 common infections

[Spotty book 2019](#)



The Spotty Book

Appendix 5 Audit tool

The Spotty Book: Infection prevention in schools

**INFECTION
PREVENTION
CONTROL
AUDIT TOOL
CHILDCARE
SETTINGS**

| | |
|------------------------------------|--|
| NAME OF CHILDCARE SETTING | |
| NAME OF PERSON COMPLETING AUDIT | |
| DATE AUDIT UNDERTAKEN | |
| DATE OF NEXT REVIEW | |

Developed by Public Health Wales (Health Protection Team, NI Wales) and Public Health Scotland
December 2012
Reviewed and updated by Essex, Suffolk, Public and Dental Councils in collaboration with Public
Health Dorset, April 2017
Revised and updated by PHE SMI Health Protection Team, September 2018

The Infection Control Audit Tool –aims to encourage self assessment to promote evidence based and best practice in infection control and to reduce the potential for cross infection within school/nursery settings and therefore reduce the likelihood of illness. All school/nursery settings have a duty to control the risk of infection which can be achieved by promoting best practice and therefore preventing, wherever possible, infection in children and staff.

- It is recommended that a person within the school/nursery designated as responsible as the lead for infection prevention and control completes the audit tool.
- The person completing the audit tool should make comments for each question in the box provided.
- As a minimum, the audit tool should be completed annually and any issues identified as requiring action should aim to be addressed as soon as practicable, in accordance with the level of risk.

Useful Resources

Guidance for full opening of schools: Autumn 2020

- <https://www.gov.uk/government/publications/actions-for-schools-during-the-coronavirus-outbreak/guidance-for-full-opening-schools>
- <https://www.gov.uk/government/publications/guidance-for-parents-and-carers-of-children-attending-out-of-school-settings-during-the-coronavirus-covid-19-outbreak>
- <https://www.gov.uk/government/publications/coronavirus-covid-19-early-years-and-childcare-closures/coronavirus-covid-19-early-years-and-childcare-closures>
- <https://www.gov.uk/government/publications/guidance-for-full-opening-special-schools-and-other-specialist-settings>

Health protection in schools and other childcare facilities

<https://www.gov.uk/government/publications/health-protection-in-schools-and-other-childcare-facilities>