

HYGIENE AND INFECTION CONTROL

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Consultation/signing group:

Finance, Resources, Health and Safety Committee / Any staff who support students with personal care and those whose role it is to maintain the cleanliness and infection control of the school environment

What the pupils need to know: We will:

- Encourage independence
- Teach them how to keep themselves safe and healthy by following the correct procedures in the bathroom, using the Velcro flowchart where appropriate.
- Help and support them in all their personal needs

What every other member of staff needs to know: We will:

- Provide sufficient training and support
- Provide all necessary equipment to carry out their roles to the highest standard.

What every adult (including parents) needs to know:

- Cromwell High School will
- Support their children maintaining the highest standard of infection control and hygiene procedures
- Encourage independence
- Communicate any changes in their child's needs and will welcome relevant information/suggestion.



Introduction:

The guiding principles of infection and control and safe working systems come under the umbrella of the Health and Safety at Work Act 1974 and the Public Health (control of Disease) Act 1984. The Management of Health and Safety at Work Regulations 1999 required employers to carry out risk assessments, and to implement appropriate control measures to minimize risks.

Generally, the main sources of infection are people, domestic pets and contaminated (raw) food. Where residues accumulate such as sinks, u-bends, toilets and wet cleaning cloths readily support the growth of germs and may also become a source of infection.

Schools are common sites for transmission of infections. Children are particularly susceptible because:

- they have immature immune systems
- have close contact with other children
- sometimes have no or incomplete vaccinations
- have a poor understanding of hygiene practices.

This policy provides information for staff managing a range of common and important childhood infections in settings including schools. It includes the principles of infection prevention and control to enable safe working during the coronavirus (COVID-19) outbreak. Infection in childcare settings
Infections in children are common. This is because a child's immune system is immature. Added to this, young children often have close contact with their friends, for example through play, and lack good hygiene habits, making it easier for infections to be passed on. Many diseases can spread before the individual shows any symptoms at all (during the infectious period). 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, measures aim to reduce or eliminate the risk of spread through information and prompt exclusion of a case.





How infection spreads

Infections are spread in many different ways:

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.

Transmission of coronavirus mainly occurs via respiratory droplets generated during breathing, talking, coughing and sneezing. These droplets can directly infect the respiratory tracts of other people if there is close contact. They also infect others indirectly. This happens when the droplets get onto and contaminate surfaces which are then touched and introduced into the mouth or eyes of an uninfected person. Another route of transmission is via aerosols (extremely small droplets), but this is only relevant to medical procedures for a very small number of children in education and social care settings. In all education, childcare and children's social care settings, preventing the spread of coronavirus involves preventing:



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- direct transmission, for instance, when in close contact with those sneezing and coughing
 - indirect transmission, for instance, touching contaminated surfaces

Prevention and control

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.

- All staff and pupils advised to wash their hands after using the toilet, before eating or handling food, regularly throughout the day and after touching animals.
- Cover all cuts and abrasions with a waterproof dressing.
- Coughs and sneezes spread diseases. Children and adults are encouraged to cover their mouth and nose with a disposable tissue and wash hands after using or disposing of tissues. Spitting should be discouraged.
- Wear disposable gloves and plastic aprons if there is a risk of splashing or contamination with blood or body fluids during an activity. Gloves should be disposable, non-powdered vinyl or latex-free and CE marked. Wear a face shield if there is a risk of splashing to the face.

Bites

- If a bite does not break the skin: clean with soap and water and no further action is needed.
- If a bite breaks the skin: clean immediately with soap and running water. Record incident on Iris and on the Local Authority accident form. Seek medical advice as soon as possible (on the same day) to treat potential infection, to protect against hepatitis B.

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. Use disposable paper towels or cloths to clean up blood and body fluid spills



and dispose of after use. 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 waste paper bin. Toilet paper should be available in each cubicle. Suitable sanitary disposal facilities should be provided where there are female staff and pupils aged 9 or over (senior age groups).

Children with continence aids

Pupils who use continence aids (like continence pads, catheters) should be encouraged to be as independent as possible. 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. See the school risk assessment for further advice.

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.

COVID-19 prevention and control

A range of approaches and actions should be employed. These can be seen as a hierarchy of controls that, when implemented, creates an inherently safer system where the risk of transmission of infection is substantially reduced.

These include:





- Minimise contact with individuals who are unwell
- Clean your hands often
- Robust hand and respiratory hygiene (catch it, bin it, kill it)
- Enhanced cleaning, including cleaning frequently touched surfaces often
- Minimise contact and mixing
- Personal protective equipment (PPE)
- Social distancing measures are implemented
- Soft furnishing, soft toys and toys that are hard to clean have been removed
- The use of shared resources has been reduced
- Air flow and ventilation is increased by opening windows and children spend more time outdoors
- Active engagement with NHS Test and Trace

See the school risk assessment

What to do if you suspect an outbreak of infection

An outbreak or incident may be defined as:

- an incident in which 2 or more people experiencing a similar illness are linked in time or place
- a greater than expected rate of infection compared with the usual background rate for the place and time where the outbreak has occurred

When to report

The Headteacher or member of SLT will contact the local health protection team as soon as they suspect an outbreak to discuss the situation and agree if any actions are needed. It is useful to have the information listed below available 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 For suspected cases of infectious illness where there is uncertainty it's an outbreak, call your local HPT
- For suspected cases of COVID-19, the school follow the Guidance for Childcare and Educational Settings in the Management of COVID-19 Flowchart - Flowchart School response to suspected or confirmed cases of Covid 19 coronavirus





How to report

The school is to telephone their local HPT as soon as possible to report any serious or unusual illness particularly for:

- Escherichia coli (VTEC) (also called E.coli 0157) or E coli VTEC infection
- food poisoning
- hepatitis
- measles, mumps, rubella (rubella is also called German measles)
- meningitis
- tuberculosis
- typhoid
- whooping cough (also called pertussis)
- COVID-19

The full list of notifiable diseases was updated in 2010. The local HPT can also draft letters and provide factsheets for parents and carers to ensure the most up to date information is given.

Immunisation

Immunisations is checked at school entry and at the time of any vaccination. Parents are encouraged to have their child immunised.

Cleaning the environment

Cleaning of the environment, including toys and equipment, is an important function for the control of infection in childcare settings. It is important that cleaning schedules clearly describe the activities needed, the frequency and who will carry them out. Cleaning standards are monitored regularly by the school. Cleaning staff should be appropriately trained and have access to personal protective equipment.

Cleaning contract

Essential elements of a comprehensive cleaning contract include daily, weekly and periodic cleaning schedules, based on national guidance. A proper colour coding system is recommended by the Health and Safety Executive. Choosing to employ a colour system in your workplace can make cleaning easy, efficient and in turn, increase general hygiene and cleanliness. Colour-coded equipment should be used in different areas with separate





equipment for kitchen, toilet, classroom and office areas (red for toilets and wash rooms; for hand wash basins and sinks; blue for general areas and green for kitchens). Cloths should be disposable (or if reusable, disinfected after use). Cleaning solutions should be stored in accordance with Control of Substances of Hazardous to Health (COSHH), and cleaning equipment changed and decontaminated regularly. Consideration should be given to situations where additional cleaning will be required including during term time (for example in the event of an outbreak) and how the school might carry this out. A nominated member of staff should be chosen to monitor cleaning standards and discuss any issues with cleaning staff.

Hand Hygiene

focuses on the importance of washing your hands more often, especially:

- when you get to work or arrive home
- after you blow your nose, cough or sneeze
- before you eat or handle food

You should wash your hands for 20 seconds, using soap and water or hand sanitiser.

You should also cough or sneeze into tissues before binning them.

<https://www.nhs.uk/live-well/healthy-body/best-way-to-wash-your-hands/>

Toilet Hygiene

Although toilet bowls are highly likely to be contaminated with germs, the risk of transmission is usually low. However, transmission may occur through direct contact with the contaminated surface eg by touching the toilet, splashing or by spraying during flushing. Toilets should therefore be checked regularly throughout the day and cleaned and disinfected as necessary. Flush handles, taps, door knobs and waste bins need to be cleaned regularly. Where possible, disposable cleaning cloths should be used. Cloths and other cleansing items can be decontaminated at 60 degrees and then dried rapidly. Special care should be taken with mops and should have designated use and washed regularly and stored with mop heads upwards. Apart from cleanliness and reducing the risk of infection, the following points should be considered.

- Accessibility



- Whether locks on doors can be easily opened from the outside
- Supervision of hand washing on a regular basis
- Whether toilets need any adaptations according to the pupils needs.
- Ask pupils to tell someone if the toilet facilities are dirty.
- Check that mops and cloths are not left in dirty water
- Never allow dirty mops or cloths to be re-used.

Personal Care Hygiene

Personal care involving pad changing provides an ideal opportunity for germs to be transmitted, not only to the individual receiving care but also to staff and for contamination of the surrounding area. Staff must ensure that


- All the equipment /materials required are prepared and at hand
- Wash hands thoroughly before and after each pad change with soap and water.
- Wear a disposable apron and gloves
- Use a waterproof changing mat
- Use disposable towels
- Clean any surface that is soiled or touched during changing
- Dispose of pads safely
- Launder any soiled clothing on a hot wash
- Do not use changing mat without protecting it with paper roll
- Do not share creams and lotions
- Do not use fingers to remove cream from containers ,use a clean disposable spatula each time

Laundry

Bedding, throws, towels and spare clothes can potentially become a source of crosscontamination and pose a health risk. Laundering clothing and other fabrics between uses reduces contamination and the risk of infection.

We need to:


- Decontaminate fabrics that may be contaminated with germs using detergent and hot water washing (at least 60 degrees) (Use the red bags available for washing contaminated clothes).
- If lower temperatures are necessary, consider adding a chemical disinfectant to the wash.

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- Be aware that dry cleaning does not inactivate all germs eg hepatitis B.
 - Use products that remove organic residues (eg faeces, urine and blood stains) from fabric
 - as they could harbour germs.
 - Launder cloths and towels used in the kitchen separately from clothes and bed linen.
 - Wash hands after contact with soiled linen.
 - Make sure dirty laundry is transported and stored safely.
 - Make sure that pupils cannot gain access to the laundry.
 - Do not rinse soiled items. Flush /sluice any solids into the sluice/toilet and then put soiled
 - items in the washing machine, using the pre-wash cycle followed by a hot wash cycle.
 - Do not store clean laundry where it may become contaminated by dirty laundry (Use green continence bags for soiled clothes that are being returned homed).

Cleaning blood and body fluid spills

All spillages of blood, faeces, saliva and vomit should be cleaned up immediately, wearing personal protective equipment. 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. Use disposable paper towels or cloths to cleaning up blood and body fluid spills, and dispose of after use. A spillage kit should be available for blood spills.

COVID-19 advice - cleaning and waste disposal All objects which are visibly contaminated with body fluids must be cleaned using disposable cloths or paper roll and disposable mop heads, to clean all hard surfaces, floors, chairs, door handles and sanitary fittings, following one of the options below: Use either a combined detergent disinfectant solution at a dilution of 1,000 parts per million available chlorine or a household detergent followed by disinfection (1000 ppm av.cl.) 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. Any items that are heavily contaminated with body fluids and cannot be cleaned by washing should be disposed of.



Disposal of waste: Waste from possible cases and cleaning of areas where possible cases have been (including disposable cloths and tissues):


- Should be put in a plastic rubbish bag and tied when full.
- The plastic bag should then be placed in a second bin bag and tied.
- It should be put in a suitable and secure place and marked for storage until the individual's test results are known. Waste should be stored safely and kept away from children. The waste should not be put 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 in with the normal waste
- If the individual tests positive, then store it for at least 72 hours and put in with the normal waste
- If storage for at least 72 hours is not appropriate, arrange for collection as a Category B infectious waste either by your local waste collection authority if they currently collect your waste or otherwise by a specialist clinical waste contractor. They will supply you with orange clinical waste bags for you to place your bags into so the waste can be sent for appropriate treatment.

Toys and equipment

If toys are shared, it is strongly recommended that only hard toys are made available because they can be wiped clean after play. The condition of toys and equipment should be part of the monitoring process and any damaged item that cannot be cleaned or repaired should be discarded. Soft modelling and play dough should be replaced regularly or whenever they look dirty and should be included in the cleaning schedule. Water play troughs or receptacles should be emptied, washed with detergent and hot water and dried and stored inverted when not in use. The water should be replenished either daily or twice daily when in use and it should always be covered when not in use.

Toys and play equipment should be a source of fun and learning. However, poorly designed toys, toys that are in bad repair can lead to injury. Where toys are frequently shared between pupils, they may also become a source of infection. We need to avoid toys that have;

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- Sharp points, jagged edges or rough surfaces
 - Small detachable or insecure parts which could be swallowed or lodged in the throat, nose or ears. Children can choke on latex balloons.
 - Long cords or strings
 - Sharp spikes or pins that could be exposed if a pupil pulls the toy apart

We need to:


- Ensure that toys can be cleaned
- Check toys regularly and discard any damaged toys
- Remove dust regularly. Dust can trigger asthma attacks and harbour germs
- Clean toys as frequently as practical and when visibly soiled with salt and water.
- Clean hard/plastic toys by washing them with water and detergent followed by thorough
- rinsing and drying.
- Launder dirty soft toys in a washing machine, taking care to follow the manufacturers
- washing instructions
- Store toys in a clean container or cupboard
- Carry out appropriate risk assessment on activities and the environment in which they
- take place.

Toys can become contaminated with germs from unwashed hands, spills of body fluids, or pupils putting them in their mouths. Although germs will not grow in the absence of water some germs can survive on the surface in sufficient numbers to present a risk of infection.

Ideally toys should be washed and disinfected between use by different pupils. Although this practice may be overly cautious and somewhat impractical on a day-to-day basis, keeping toys hygienically clean when there are infections is an important way to prevent further transmission.

We need to:

- Clean and disinfect toys during an outbreak of illness

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- Immediately clean and disinfect toys that are contaminated with body fluids
 - Disinfect hard/plastic toys using the appropriate, COHSE approved, chemical disinfectant
 - or disinfectant /alcohol wipes
 - Destroy contaminated soft toys. If they cannot go in the washer they should not be there.
 - Remember to wash your after handling contaminated toys.
 - Discourage pupils from putting shared toys in their mouths.
 - Discourage pupils from taking toys into the toilets.
 - Always lock cleaning materials away in a safe place.


COVID-19 advice:

Consider how play equipment is used ensuring it is appropriately cleaned between groups of children using it, and that multiple groups do not use it simultaneously. Remove unnecessary items from classrooms and other learning environments where there is space to store it elsewhere. Remove soft furnishings, soft toys and toys that are hard to clean such as those with intricate parts.

Enhanced cleaning during an outbreak of infection

In the event of an outbreak of infection at school, the local health protection team will recommend enhanced or more frequent cleaning, to help reduce transmission. Advice may be given to ensure regular cleaning of areas with particular attention to door handles, toilet flushes and taps and communal areas where surfaces can easily become contaminated such as handrails. Plans should be developed for such an event on how the school might carry this out which could also include during term time. Dedicated cleaning equipment must be colour coded according to area of use. COVID-19 advice: Areas where a symptomatic individual have passed through and spent minimal time, such as corridors which are not visibly contaminated with body fluids can be cleaned thoroughly as normal. All surfaces that the symptomatic person has come into contact with must be cleaned and disinfected, including:

- objects which are visibly contaminated with body fluids
- all potentially contaminated high-contact areas such as bathrooms, door handles, telephones, grab-rails in corridors



Use disposable cloths or paper roll and disposable mop heads, to clean all hard surfaces, floors, chairs, door handles and sanitary fittings, following one of the options below: Use either a combined detergent disinfectant solution at a dilution of 1,000 parts per million available chlorine or a household detergent followed by disinfection (1000 ppm av.cl.) 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. Any items that are heavily contaminated with body fluids and cannot be cleaned by washing should be disposed of.

Staff welfare

Pregnant staff

If a pregnant woman develops a rash or is in direct contact with someone with a rash who is potentially infectious, she should consult her doctor or midwife. Chickenpox can affect the pregnancy if a woman has not already had the infection. The GP and midwife should be informed promptly.

Shingles is caused by the same virus as chickenpox therefore anyone who has not had chickenpox is potentially vulnerable to the infection if they have close contact with a case of shingles.

Measles during pregnancy can result in early delivery or even loss of the baby. If a pregnant woman is exposed, the midwife should be informed immediately. All female staff under the age of 25 years, working with young children, should have evidence of 2 doses of MMR vaccine or a positive history of measles. If a pregnant woman comes into contact with German measles she should inform her GP and midwife immediately. The infection may affect the developing baby if the woman is not immune and is exposed in early pregnancy.

All female staff under the age of 25 years, working with young children, should have evidence of 2 doses of MMR vaccine or a positive history of Rubella. Slapped cheek disease (Parvovirus B19) can occasionally affect an unborn child if exposed early in pregnancy. The pregnant woman should inform their midwife promptly.



Food handling staff

Germs that cause food and water-borne diseases can be spread by consuming contaminated food or water. Food poisoning germs can be found in;

- Raw food including meat, poultry, eggs, fish and seafood
- Unwashed vegetables, soil, intestines of humans and animals, untreated water, dust and insects.

These germs include salmonella, dysentery, shigella, typhoid and hepatitis, they are carried in faeces and can be spread directly from person to person. They can be spread indirectly via unwashed hands to other places (e.g. taps toilet flushes and food)


The best ways to avoid food poisoning and water-borne diseases are by good food hygiene and hand washing.

We must:

- Ensure all cooking and eating utensils and work surfaces are spotlessly clean before use.
- Ensure that hands are washed before touching food and after handling raw meat and
- poultry
- Wash salads and raw vegetables to remove all traces of soil and insects
- Check use by dates and avoid damaged food or packages
- Keep salads, perishable food and eggs in the fridge
- Avoid contact between raw and cooked foods
- Clean and disinfect chopping boards regularly
- Cover raw meat or defrosting food and store uncooked meat at the bottom of the fridge
- Ensure food is cooked thoroughly and evenly.
- Do not eat meat that is undercooked or still pink
- Do not eat raw or lightly cooked eggs or uncooked dishes made with them.

Food handlers and catering staff may present a particular risk to the health of their pupils and staff if they become infected or have close contact with diseases that can be transmitted to others via the medium of food or drink. These diseases commonly affect the gastrointestinal system (stomach and bowel) and usually cause diarrhea or vomiting, or both.

Food handling staff suffering from such diseases must be excluded from all food handling activity in the school or nursery setting until advised by the local Environmental Health Officer that they are clear to return to



work. There are legal powers for the formal exclusion of such cases but usually voluntary exclusion will suffice with 'off work' certificates from the GP, as necessary.

Staff and attenders should not be present at the school if they are currently suffering from diarrhea or vomiting, or both. At the very least, persons suffering from gastrointestinal diseases should not return to work until 48 hours post recovery (no further diarrhea or vomiting).

Employers are to notify their local Environmental Health Department immediately that they are informed of a member of staff engaged in the handling of food has become aware that he or she is suffering from, or is the carrier of, any infection likely to cause food poisoning

This policy should be made clear to the person in charge of the kitchen and all catering staff at the time of appointment. Food handlers are required by law to inform their employer immediately if they are suffering from:

- typhoid fever
- paratyphoid fever
- other salmonella infections
- dysentery
- shigellosis
- diarrhea (cause of which has not been established)
- infective jaundice
- staphylococcal infections likely to cause food poisoning like impetigo, septic skin lesions, exposed infected wounds, boils
- E. coli VTEC infection

COVID-19 advice: Staff testing: Access to testing is already available to all in school.

Clinically extremely vulnerable

Adults and children were advised to take extra precautions during the peak of the pandemic in England. This is known as 'shielding'. Anyone with a shielding letter is advised to follow current government advice.

There is specific guidance on what will happen if there is a local lockdown in your area. Read [COVID-19: guidance on shielding and protecting people defined on medical grounds as extremely vulnerable](#) for more advice.



Clinically extremely vulnerable children should attend education settings in line with the wider guidance on reopening of schools and guidance for full opening: special schools and other specialist settings

If transmission of COVID-19 increases individuals could be advised to shield again if the situation changes and there is an increase in the transmission of COVID-19 in the community.

Managing specific diseases and infections

Please refer to Public Health England advice on specific diseases and infections - <https://www.gov.uk/government/publications/health-protection-in-schools-and-otherchildcare-facilities/chapter-9-managing-specific-infectious-diseases>

COVID-19

The school will follow advice from the Department for Education and Public Health England: <https://www.gov.uk/coronavirus/education-and-childcare>

A risk assessment is in place to assess the risk of COVID-19 and the control measures. This risk assessment will be reviewed on a regular basis and in light with any change in guidance

In the event a member of staff or pupil has COVID-19, the school will follow Flowchart School response to suspected or confirmed cases of Covid 19 coronavirus.

Pease refer to Tameside Council's guidance on cleaning and disinfection, Social distancing, PPE and testing.

Pets and animal contact

Please refer to Public Health England on pet and animal contact <https://www.gov.uk/government/publications/health-protection-in-schools-and-otherchildcare-facilities/chapter-8-pets-and-animal-contact>





Outings to Farms and Zoos

The Teacher in charge of the group should be aware of the possibility of transmission of disease by either direct or indirect contact with infected animals. He /she should ensure that the farm or zoo being visited has adequate toilet and handwashing facilities including soap, running water disposable paper towels or hot air dryers, and has established procedures to prevent the spread of infection to visitors. It would also be useful for staff to carry disposable wet wipes, hand gel, to assist with hand hygiene practices when not near adequate facilities. Infection is mainly acquired by eating contaminated material, sucking fingers that have been in contact with animals or by eating without washing hands. Potential hazards include animal foodstuffs, raw milk, animal faeces, untreated water and putting fingers into the animal's mouths.


It is therefore imperative that pupils are advised about hygiene matters before the visit. Pupils must wash their hands.

List of notifiable diseases

Diseases notifiable (to Local Authority Proper Officers) under the Health Protection (Notification) Regulations 2010:

- acute encephalitis
- acute meningitis
- acute poliomyelitis
- acute infectious hepatitis
- anthrax
- botulism
- brucellosis
- cholera
- diphtheria
- enteric fever (typhoid or paratyphoid fever)
- food poisoning
- hemolytic uremic syndrome (HUS)
- infectious bloody diarrhea
- invasive group A streptococcal disease and scarlet fever
- legionnaires' disease
- leprosy
- malaria



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- measles
 - meningococcal septicemia
 - mumps
 - plague
 - rabies
 - rubella
 - SARS
 - smallpox
 - tetanus
 - tuberculosis
 - typhus
 - viral haemorrhagic fever (VHF)
 - whooping cough
 - yellow fever
 - Covid-19

Useful links

Exclusion Table:

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/789369/Exclusion_table.pdf

Covid-19 Public Health England Guidance:

<https://www.gov.uk/coronavirus/education-and-childcare>

Guidance for full opening: schools

<https://www.gov.uk/government/publications/actions-for-schools-during-the-coronavirus-outbreak>

Public Health England pet and animal contact:

<https://www.gov.uk/government/publications/health-protection-in-schools-and-other-childcare-facilities/chapter-8-pets-and-animal-contact>

Public Health England advice on specific diseases and infections:

<https://www.gov.uk/government/publications/health-protection-in-schools-and-other-childcare-facilities/chapter-9-managing-specific-infectious-diseases>

NHS Immunisation information:

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



Health protection in schools and other childcare facilities information:

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

Children and Family Health Surrey school nursing

<https://childrenshealthsurrey.nhs.uk/services/school-nursing-general>

Public Health England School Zone- e-Bug stop germs spreading with fun e-Bug resources

<https://campaignresources.phe.gov.uk/schools>

Public information campaign focuses on handwashing

<https://www.gov.uk/government/news/public-information-campaign-focuses-on-handwashing>

