Beckfoot Trust

Local Procedure for Attendance and Punctuality

Beckfoot School

Approved by:	Thomas Darling	**Date:** September 2018
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Next review due by:	November 2019	

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1. Beckfoot Trust Attendance and Punctuality Policy: Core Principles

Beckfoot Trust schools develop a climate for learning where students make rapid progress, enjoy learning and believe anything is possible. Our schools embed a culture where children attend every day, are active in their learning, independent and resilient to challenge and change which is shared and supported by our parent body. The school creates the climate that allows learning to flourish, learners feel safe and they are rewarded for excellent attendance and positive behaviour.

Outstanding attendance is everyone's responsibility

The Beckfoot Trust is committed to providing a quality education for all our students and ensuring that students and families understand the importance of full attendance and excellent punctuality at school. Beckfoot Trust schools ensure children are in school as much as possible, identifying and removing any obstacles or barriers that interfere with good attendance as soon as possible. For our children to gain the greatest benefit from their education it is vital that they attend school on time and every day.

2. Aims

Aims:

As part of the Beckfoot Trust 'family of schools', our school will manage and improve attendance by:

- Setting high expectations for attendance; positively reinforcing full or improved attendance and intervening where attendance falls below 97%;
- Acting swiftly to reduce absence, in particular persistent absence, with a specific focus on immediate support for vulnerable learners;
- Working actively with children and families in nursery and reception classes to emphasise the benefits of high attendance, to instil and reinforce good habits of attendance from the start of their educational journey;
- Ensuring every child of statutory school age has access to full time education;
- Ensure that a clear and transparent process around the management of attendance is agreed and adhered to: prevention and reward, support, challenge, with punitive measures, including legal action, as a last resort;

- Ensure highly visible, regular and consistent communication of these expectations to children, their families, teaching and associate staff, and the Trust Board.

3. Why Regular Attendance is so Important?

Learning:

Children's enjoyment of, and ability to participate fully in their education is of paramount importance to us. Any absence affects the pattern of a child's schooling. Regular absence seriously affects children's learning and progress over time, leading to poorer outcomes, which can inhibit life chances and opportunities. Department for Education (2016) research shows a direct relationship between the attendance of children and their outcomes at the end of primary school or secondary school: put simply, the more days children go to school, the better they do. Research also shows us that schools that relentlessly pursue good attendance have better overall attainment and behaviour. Schools are more likely to be considered good or outstanding by Ofsted if they have high attendance.

Safeguarding: Childs may be at risk of harm if they are not in school regularly. Children who are missing from school are at significant risk of being victims of harm, exploitation or radicalisation, underachieving, and becoming NEET (not in education, employment or training) later in life. We will do everything we can to ensure our children are safe.

4. Legislation and Guidance

This policy meets the requirements of the school attendance guidance from the Department for Education (DfE), and refers to the DfE's statutory guidance on school attendance parental responsibility measures. These documents are drawn from the following legislation setting out the legal powers and duties that govern school attendance:

- The Education Act 1996
- The Education Act 2002
- The Education and Inspections Act 2006
- The Education (Child Registration) (England) Regulations 2006
- The Education (Child Registration) (England) (Amendment) Regulations 2010
- The Education (Child Registration) (England) (Amendment) Regulations 2011
- The Education (Child Registration) (England) (Amendment) Regulations 2013
- The Education (Child Registration) (England) (Amendment) Regulations 2016
- The Education (Penalty Notices) (England) (Amendment) Regulations 2013

This policy also refers to the DfE's guidance on the school census, which explains the persistent absence threshold.

This policy complies with our funding agreement and articles of association.

5. School Procedures

5.1 Attendance register

By law, schools are required to keep an attendance register, and all children must be placed on this register.

Our school attendance register will be taken at the start of the first session of each school day and once during the second session. It will mark whether every child is:

- Present
- Attending an approved off-site educational activity
- Absent
- Unable to attend due to exceptional circumstances

Any amendment to the attendance register will include:

- The original entry
- The amended entry

- The reason for the amendment
- The date on which the amendment was made
- The name and position of the person who made the amendment

5.2 Present at an Approved Off-Site Educational Activity:

An approved educational activity is where a child or young person is taking part in supervised educational activity such as field trips, educational visits, work experience or alternative provision and home tuition. Children can only be recorded as receiving off-site educational activity if the activity must be of an educational nature approved by the school and supervised by someone authorised by the school. The activity must take place during the session for which the mark is recorded. Attendance Code B is used for off-site educational activity. This code should **only** be used when children are present at an off-site educational activity that has been approved by the school.

See appendix 1 for the DfE attendance codes.

Every entry in the attendance register will be preserved for three years after the date on which the entry was made.

Children must arrive in school by 8:25 on each school day.

The register for the first session will be taken at 8:30 and will be kept open until 9:30. The register for the second session will be taken at 1:50 and will be kept open until 2:45.

5.3 Unplanned absence

Parents/carers must notify the school on the first day of an unplanned absence – for example, if their child is unable to attend due to ill health – before 8:30 or as soon as practically possible (see also section 9).

Parents/ carers notify the school of an unplanned absence by:

Text: 07624813492

Email: absence@beckfoot.org

Tel: 08442 393390

Absence due to illness will be authorised unless the school has a genuine concern about the authenticity of the illness.

If the authenticity of the illness is in doubt, the school may ask parents/carers to provide medical evidence, such as a doctor's note, prescription, appointment card or other appropriate form of evidence. We will not ask for medical evidence unnecessarily.

If the school is not satisfied about the authenticity of the illness, the absence will be recorded as unauthorised and parents/carers will be notified of this in advance.

5.4 Medical or dental appointments

We encourage parents/carers to make medical and dental appointments out of school hours where possible. Where this is not possible, the child should be out of school for the minimum amount of time necessary.

Missing registration for a medical or dental appointment is counted as an authorised absence; advance notice is required for authorising these absences.

Parents/carers notify the school in advance of a medical or dental appointment by making contact with school using the above contact information, making the head of year aware and also recording a note in the student's planner.

Applications for other types of absence in term time must also be made in advance. Information relating to whether the school can authorise such absences can be found in section 9.

5.5 Lateness and punctuality

A child who arrives late but before the register has closed will be marked as late, using the appropriate code.

A child who arrives after the register has closed will be marked as absent, using the appropriate code.

If a student arrives late to school a text will be sent home to make parents/carers aware. Students will sign in at the late desk in the atrium and will serve a break time detention if late. If students sign in later than 9am, they sign in via reception

5.6 Following up absence

The school will always follow up any absences to ascertain the reason, ensure proper safeguarding action is taken where necessary, identify whether the absence is approved or not and identify the correct attendance code to use.

Once the attendance team have processed messages from home, a text message will be sent to all students that are absent from school. If a sufficient reason for absence is not given, then further information will be requested. From 9am Heads of Year will make first response calls to parents to find out reasons for absence. The attendance team will carry out home visits where necessary. From 1pm, welfare calls will be made to check whether the student will me in the following day. Any persistent unauthorized absence will result in the student being put on the fast track system (See appendix 4).

5.7 Reporting to parents and carers

Reports are sent home to parents/carers on a termly basis. As part of this report, attendance and lates are included (see appendix 5). Also included in the report is the aiming for 100% report (see appendix 6). Positive texts will also be sent to parents of students with 97% and above.

6. Strategies for Promoting High Attendance

Working Together

At Beckfoot we recognise the importance of regular attendance so that students can 'enjoy, learn and succeed.' The Government's aim is that children achieve over **97% attendance** and we want parents/carers to join us in this joint commitment to high standards.

Improved attendance at School can only be achieved if it is viewed as a shared responsibility of the School staff, the Board of Directors, parents/carers, students and the wider School community.

As such, the Board of Directors will:

- Ensure that the importance and value of good attendance is promoted to students and their parents/carers.
- Annually review the School's Attendance Policy and ensure the required resources are available to fully implement the policy.
- Ensure that the Registration Regulations, England 2006 and other attendance related legislation is complied with.
- Ensure that there is a named member of the School leadership team to lead on attendance.
- Ensure that the School has clear systems to report, record and monitor the attendance of all students, including those who are educated off-site. They will then ensure that data is understood and used to devise solutions and to evaluate the effectiveness of interventions.

The School Leadership Team will:

- Actively promote the importance and value of good attendance to students and their parents/carers.
- Form positive relationships with students and parents/carers.
- Ensure that there is a whole School approach, which reinforces good School attendance.
- Monitor the implementation of the Attendance Policy and ensure that the policy is reviewed annually.
- Ensure that the Registration Regulations, England, 2006 and other attendance related legislation is complied with.
- Ensure that there is a named member of the school leadership team to lead on attendance and allocate sufficient time and resources. For 2018/19 this will be Thomas Darling.
- Return school attendance data to the Local Authority and the Department for Children, Schools and Families as required and on time.
- Ensure that systems to report, record and monitor the attendance of all students, including those who are educated off-site are implemented. (See Appendix A for the action flowchart)
- Ensure that attendance data is collected and analysed frequently to identify causes and patterns of absence and is then interpreted to devise solutions and to evaluate the effectiveness of interventions.
- Develop a multi-agency response to improve attendance and support students and their families.

Class Teachers will:

- Actively promote the importance and value of good attendance to students and their parents/carers.
- Form positive relationships with students and parents/carers.
- Comply with the Registration Regulations, England, 2006 and other attendance related legislation.
- Contribute to the evaluation of School strategies and interventions.
- Work with other agencies to improve attendance and support students and their families.

Beckfoot School will request that Parents/Carers will:

- Take a positive interest in their child's progress.
- Instil the value of education and regular attendance at School within the home environment.
- Contact the School if their child is absent to let them know the reason why and the expected date of return.
- Try to avoid unnecessary absences. Wherever possible make appointments for the Doctors, Dentists, etc. outside of School hours.
- Ask the School for help if their child is experiencing difficulties.
- Inform the School of any change in circumstances that may impact on their child's attendance.
- Support the School; take every opportunity to get involved in their child's education, form a positive relationship with School and acknowledge the importance of children receiving the same messages from both Beckfoot School and home.
- Avoid taking their child on holiday during term-time. Where this is unavoidable, complete the Leave of Absence request form and return to the Head Teacher at least two weeks prior to departure.

7. Attendance Monitoring

The attendance officer monitors child absence on a daily basis.

Parents/carers are expected to call the school in the morning if their child is going to be absent due to ill health (see section 3.2).

Parents/carers are expected to call the school each day a child is ill

If a child's absence goes below 90%, we will contact the parents/carers to discuss the reasons for this.

If after contacting parents/carers a child's absence continue to rise, we will consider involving an education welfare officer.

The persistent absence threshold is 10%. If a child's individual overall attendance rate is greater than or equal to 10%, the child will be classified as a persistent absentee.

The Trust will monitor, and schools will monitor persistent absence and 'low attendance', this is defined as overall absence being greater than or equal to 5%.

Child-level absence data is collected each term and published at national and local authority level through the DfE's school absence national statistics releases. The underlying school-level absence data is published alongside the national statistics. We compare our attendance data to the national average and share this with governors.

Attendance data is tracked through the attendance office, which has its own dedicated attendance data officer. This is monitored closely by Heads of Year on a daily / weekly basis through line management discussions. Attendance data is shared with all staff and discussed with students at tutor time. Any students that fall below the 90% threshold will be put onto the fast track system and monitored closely to ensure attendance improves. Any unauthorized absence is followed up daily by the attendance team and heads of year.

8. Roles and Responsibilities

8.1 The Trust Board

The Trust Board is responsible for monitoring attendance figures regularly for all Trust Schools on a cycle determined by its monitoring and evaluation calendar. It also holds the headteacher to account for the implementation of this procedure in each local school.

8.2 The Headteacher

The headteacher is responsible for ensuring this procedure is implemented consistently across the school, and for monitoring school-level absence data and reporting it to the Education Committee of the Trust Board.

The headteacher also supports other staff in monitoring the attendance of individual children and issues fixed-penalty notices, where necessary.

8.3 The Attendance Officer

The attendance officer:

- ✓ Monitors attendance data at the school and individual child level
- ✓ Reports concerns about attendance to the headteacher
- ✓ Works with education welfare officers to tackle persistent absence
- ✓ Arranges calls and meetings with parents/carers to discuss attendance issues
- ✓ Advises the headteacher when to issue fixed-penalty notices

8.4 Class teachers and form tutors

Class teachers and form tutors are responsible for recording attendance on a daily basis, using the correct codes, and submitting this information to the school office via the programme SIMs

8.5 Attendance Team

Attendance team staff are expected to take calls from parents/carers about absence and record it on the school system.

9. Authorised and Unauthorised Absence

9.1 Granting approval for term-time absence

Headteachers may not grant any leave of absence to children during term time unless they consider there to be 'exceptional circumstances'.

The school considers each application for term-time absence individually, taking into account the specific facts, circumstances and relevant context behind the request. A leave of absence is granted entirely at the headteacher's discretion.

Valid reasons for **authorised absence** include:

Illness and medical/dental appointments – as explained in sections 5.3 and 5.4.

Religious observance – where the day is exclusively set apart for religious observance by the religious body to which the child's parents/carers belong. If necessary, the school will seek advice from the parents/carers' religious body to confirm whether the day is set apart

Traveller children travelling for occupational purposes – this covers Roma, English and Welsh Gypsies, Irish and Scottish Travellers, Showmen (fairground people) and Circus people, Bargees (occupational boat dwellers) and New Travellers. Absence may be authorised only when a Traveller family is known to be

travelling for occupational purposes and has agreed this with the school, but it is not known whether the child is attending educational provision

9.2 Term-time Holidays will be refused unless there are exceptional circumstances and penalty notices will be issued to those parents/carers who choose not to follow the Trust policy. Where we refuse a request for absence for a holiday, but the parents/carers still take the child out of school, or the child is kept away for longer than was agreed, the absence is unauthorised. The regulations do not allow us to give retrospective approval.

Study leave – study leave is not granted by default and is only granted to students in year 11. Provision will still be made available for students who wish to revise in school

9.2 Legal sanctions

Our school will work hard to engage with all our families to ensure that where attendance of a child is a concern that appropriate support is identified and implemented where appropriate and where possible. We expect that all parent/carers will engage positively with support and that attendance will improve as a result. However, as a last resort, the school will fine parents/carers for the unauthorised absence of their child from school, where the child is of compulsory school age.

If issued with a penalty notice, parents/carers must pay £60 within 21 days or £120 within 28 days. The payment must be made directly to the local authority.

The decision on whether to issue a penalty notice ultimately rests with the headteacher, following the local authority's code of conduct for issuing penalty notices. This may take into account:

- A number of unauthorised absences occurring within a rolling academic year
- One-off instances of irregular attendance, such as holidays taken in term time without permission
- Where an excluded child is found in a public place during school hours without a justifiable reason
- If the payment has not been made after 28 days, the local authority can decide whether to prosecute the parent or withdraw the notice.

10. Monitoring Arrangements

This policy will be reviewed annually by Thomas Darling (Assistant Headteacher). At every review, the policy will be shared with the governing board.

11. Links with other Policies and Procedures

This policy is linked to our Child Protection and Safeguarding Policy and Promoting Positive Behaviour Policy

Appendix 1: Attendance Codes

The following codes are taken from the DfE's guidance on school attendance.

Code	Definition	Scenario
/	Present (am)	Child is present at morning registration
****	Present (pm)	Child is present at afternoon registration
L	Late arrival	Child arrives late before register has closed
B	Off-site educational activity	Child is at a supervised off-site educational activity approved by the school
D	Dual registered	Child is attending a session at another setting where they are also registered
J	Interview	Child has an interview with a prospective employer/educational establishment
P	Sporting activity	Child is participating in a supervised sporting activity approved by the school
V	Educational trip or visit	Child is on an educational visit/trip organised, or approved, by the school
W	Work experience	Child is on a work experience placement

Code	Definition	Scenario
Authorised absence		
C	Authorised leave of absence	Child has been granted a leave of absence due to exceptional circumstances
E	Excluded	Child has been excluded but no alternative provision has been made
H	Authorised holiday	Child has been allowed to go on holiday due to exceptional circumstances
I	Illness	School has been notified that a child will be absent due to illness
M	Medical/dental appointment	Child is at a medical or dental appointment

R	Religious observance	Child is taking part in a day of religious observance
S	Study leave	Year 11 child is on study leave during their public examinations
T	Gypsy, Roma and Traveller absence	Child from a Traveller community is travelling, as agreed with the school
Unauthorised absence		
G	Unauthorised holiday	Child is on a holiday that was not approved by the school
N	Reason not provided	Child is absent for an unknown reason (this code should be amended when the reason emerges, or replaced with code O if no reason for absence has been provided after a reasonable amount of time)
O	Unauthorised absence	School is not satisfied with reason for child's absence
U	Arrival after registration	Child arrived at school after the register closed

Code	Definition	Scenario
X	Not required to be in school	Child of non-compulsory school age is not required to attend
Y	Unable to attend due to exceptional circumstances	School site is closed, there is disruption to travel as a result of a local/national emergency, or child is in custody
Z	Child not on admission register	Register set up, but child has not yet joined the school
#	Planned school closure	Whole or partial school closure due to half-term/bank holiday/INSET day

Appendix 2: Attendance Intervention by Brackets

Overall Attendance	Intervention
100%	• Rewards systems - 100% certificates and badges issue termly - Access to red carpet events • ½ termly text home and termly reports • Rewards assembly and prize draw
97% and above	• Rewards systems - access to red carpet events • ½ termly text home and termly reports • Tutor assertive mentoring
Below 97% (and 95%+)	• Rewards systems - access to red carpet events • ½ termly text home and termly reports • Tutor assertive mentoring
Below 95% (and 92%+)	• Rewards systems - access to red carpet events • Head of year tracking • Tutor assertive mentoring
Below 92% (and 90%+)	• Head of Year line management document • Fast track system (see appendix 4) • Tutor assertive mentoring
Below 90% (and 70%+)	• Count me in initiative • Head of Year line management document • Fast track system (see appendix 4) • Home visits
Below 70%	• Count me in initiative • Fast track system (see appendix 4) • Home visits • ESW referral and case study worker

Appendix 3: School Attendance and Punctuality Process

Daily

- Meet and greet students at the doors, late students sent to late desk to sign in **(LT, HoY, behaviour team)**
- Lates to school sign in, logged and texts sent home **(behaviour team, MM, DLM)**
- Complete lesson 1 registers by 8:40 **(teaching staff)**
- Chase up missed registers and N marks **(attendance team)**
- Count Me In sign in and checking targeted students are in lessons **(LT, Head of Year, attendance team)**
- Proactive group in the community from 9am **(DLM)**
- First response calls from 9:30 **(HoY)** - see protocols document
- Late detentions at break time **(HoY)**
- Welfare calls made around 1:00-2:00 **(Attendance team)**

Weekly

- Missed registers analysed and staff spoken to **(Attendance team, TTD)**
- Clear N's from previous week **(Attendance team)**
- Weekly attendance and rewards spreadsheet created and shared with tutors **(MM, TTD)**
- HOY lines documents produced ready for lines to be analysed **(HoY, behaviour team, TTD, FRW)**
    - Fast Track runs as part of this meeting
    - Lates and punctuality runs as this meeting
- Assertive mentoring - link to progress and employability—identify barriers and communicate these to HoY **(Tutors, HoY)**
- DLM analyse her proactive groups in the community data and shares with HOY **(DLM & HoY)**
- Fast track targeted student monitor and report sent out **(attendance team, HoY)**
- TTD update to leadership team on current attendance and key initiatives **(TTD, LT)**

Half Termly

- Pre-set text sent to all parents to update current attendance - end of HT to include reminder about return date **(HoY)**
- Fast track attendance drive **(attendance team, HoY)** - see protocols document
- Count me in launch, drive and impact monitored with targeted students **(LT, HoY, attendance team)**

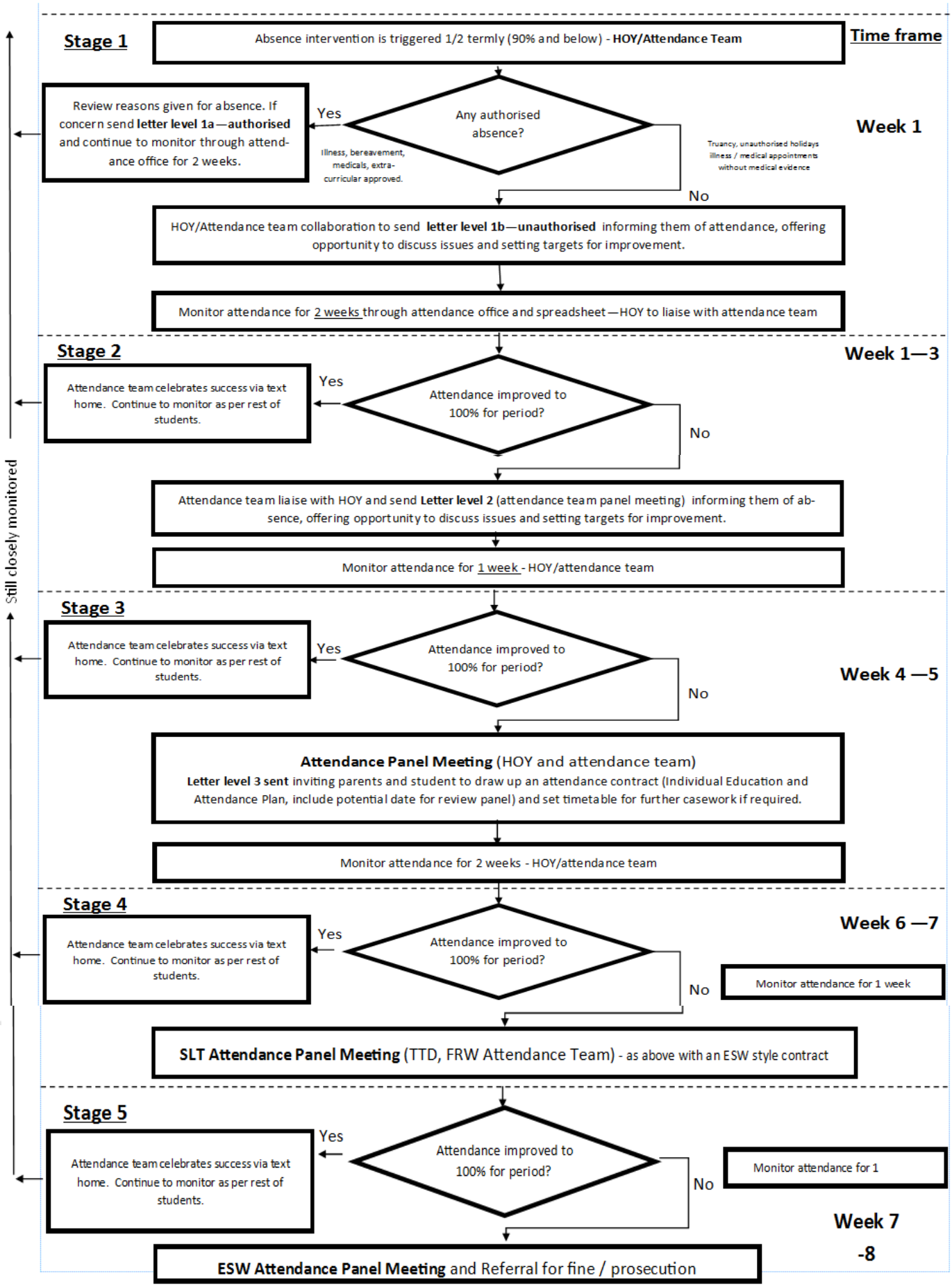
Termly

- Rewards—100% club - certificates and badges, Red Carpet Events **(TTD, HoY, MM)**

After Data Collection

- Attendance data used as part of data conversations in faculties **(FL, SL, Lines)**
- HOY update to leadership team **(HoY, LT)**
- Aiming for 100% graphs sent out with reports **(Admin)**

Appendix 4: School Fast Track System



Appendix 5: School reporting proforma

Name: **Tutor group:**

Progress Report Reflection: September 2018

Percentage of learning missed this year: ...% (based on attendance figures from June 2018) Number of times late: ...

Subject	Are you on track? Attitude to Learning score	Are you on track? Current grade	End of Year target	*I'm proud of...* Your comments and reflections
English				
English Literature				
Maths				
Science Trilogy				
Art - Fine				
History				
PE Core				
Product Design RM				

Behaviour points this year: ... Reward points this year: ...

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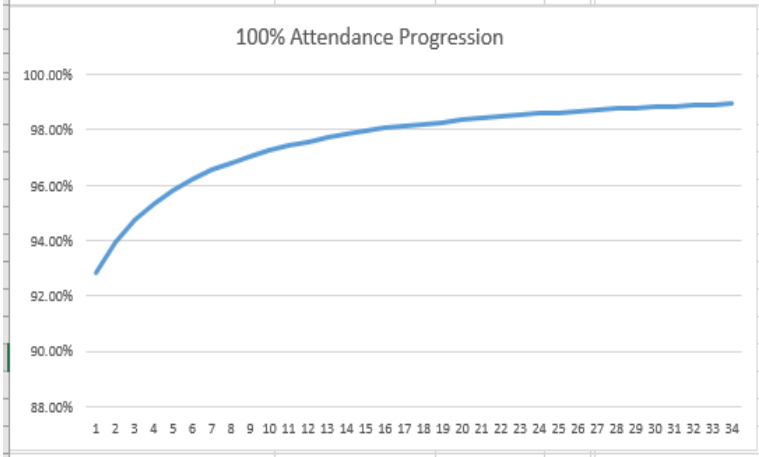
Appendix 6: Aiming for 100% Report Proforma

Name:

Your current percentage attendance is:	Lessons Missed
91.30%	10



Your Attendance Last Year was:

99.46%

What your attendance could look like with future 100% attendance

No more days off %	No. of weeks with 100% attendance	Week Ending
92.86%	1	12/10/2018
93.94%	2	19/10/2018
94.74%	3	02/11/2018
95.35%	4	09/11/2018
95.83%	5	16/11/2018
96.23%	6	23/11/2018
96.55%	7	30/11/2018
96.83%	8	07/12/2018
97.06%	9	14/12/2018
97.26%	10	21/12/2018
97.44%	11	11/01/2019
97.59%	12	18/01/2019
97.73%	13	25/01/2019
97.85%	14	01/02/2019
97.96%	15	08/02/2019
98.06%	16	15/02/2019
98.15%	17	01/03/2019
98.21%	18	08/03/2019
98.29%	19	15/03/2019
98.36%	20	22/03/2019
98.43%	21	29/03/2019
98.48%	22	05/04/2019
98.54%	23	12/04/2019
98.59%	24	03/05/2019
98.63%	25	10/05/2019
98.68%	26	17/05/2019
98.72%	27	24/05/2019
98.76%	28	07/06/2019
98.79%	29	14/06/2019
98.82%	30	21/06/2019
98.86%	31	28/06/2019
98.89%	32	05/07/2019
98.92%	33	12/07/2019
98.94%	34	19/07/2019

Attendance Key
Below 80%
80% - 85%
85% - 87%
88% - 90%
90% - 92%
92% - 96%
97% - 99%
100%

Appendix 7: Public Health England: Health Protection in Schools

Health protection in schools and other childcare facilities

Updated 29 May 2018

Chapter 9: managing specific infectious diseases

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3. Cold sores
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5. Food poisoning
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7. Salmonella
8. Typhoid and Paratyphoid fever
9. E. coli (verocytotoxigenic or VTEC)
10. Diarrhoea and vomiting (Gastroenteritis)
11. Bacillary Dysentery (Shigella)
12. Campylobacter
13. Cryptosporidiosis
14. Glandular fever
15. Hand, foot and mouth disease
16. Head lice
17. Hepatitis A
18. Hepatitis B
19. Hepatitis C
20. Impetigo
21. Influenza
22. Measles
23. Meningitis
24. Meningococcal meningitis and meningitis septicaemia
25. Meningitis (viral)
26. Meticillin resistant Staphylococcus aureus (MRSA)
27. Mumps
28. Ringworm
29. Rotavirus
30. Rubella (German Measles)
31. Scabies
32. Scarlet Fever
33. Slapped cheek syndrome, Parvovirus B19, Fifth's Disease
34. Threadworm
35. Tuberculosis (TB)
36. Whooping Cough (pertussis)

1. Athlete's Foot

Athlete's foot is a skin infection caused by a fungus which can also cause ringworm.

Symptoms

The person will have scaling or cracking of the skin, especially between the toes, or blisters containing fluid; it can be very itchy.

Spread

It is generally spread by prolonged direct or indirect contact with skin lesions on infected people or contaminated floors, shower stalls and other articles used by infected people.

Exclusion

No exclusion is necessary.

Do's

- Advise the case to visit their GP for advice and treatment.
- Take care to dry between the toes after bathing. Use a fungicidal dusting powder on the feet, between the toes and in the socks and shoes.
- Wear shoes that allow feet to breathe and change frequently.
- Cover the affected foot with a rubber sock when going swimming.

Don'ts

Do not share towels, bath mats or footwear when infected.

2. Chicken pox (shingles)

Chickenpox is highly infectious and is spread by respiratory secretions or by direct contact with fluid from blisters. Shingles is spread by direct contact with fluid from blisters. It cannot produce shingles in another person, but the virus can spread to those who never had chickenpox from fluid in the blisters of a case.

Symptoms

Chickenpox has a sudden onset with fever, runny nose, cough and a generalised rash. The rash starts with blisters which then scab over. Several 'crops' of blisters occur so that at any one time there will be scabs in various stages of development.

The rash tends to be more noticeable on the trunk than on exposed parts of the body and may also appear inside the mouth and on the scalp. Some infections can be mild or without symptoms.

Shingles presents as a blistering rash in the area supplied by the affected nerve. Usually only one side of the body is affected and there is severe pain in the affected area. Most people recover fully without developing serious complications. There is often altered sensation before the rash appears, accompanied by 'flu like' symptoms.

Spread

Chickenpox is highly infectious and is spread by respiratory secretions or by direct contact with fluid from blisters.

Shingles is spread by direct contact with fluid from blisters. It cannot produce shingles in another person, but the virus can spread to those who never had chickenpox from fluid in the blisters of a case.

Exclusion

Cases of chickenpox are generally infectious from 2 days before the rash appears to 5 days after the onset of rash.

Although the usual exclusion period is 5 days, all lesions should be crusted over before children return to nursery or school.

A person with shingles is infectious to those who have not had chickenpox and should be excluded from school if the rash is weeping and cannot be covered or until the rash is dry and crusted over.

Do's

- Send the child home and advise parents to consult their GP.
- In cases of shingles, decision to exclude child will vary for each case of shingles and will be dependent on whether the rash is weeping and whether the rash can be covered.

Don'ts

Don't allow the child back to school until at least 5 days after the appearance of the chickenpox rash (blisters) and all the lesions have crusted over.

3. Cold sores

Cold sores are caused by a virus called herpes simplex and usually appear on lips and around nostrils but can spread more widely over the face. It is estimated that 50 to 90% of the population are carriers of the virus but they do not all suffer from cold sores.

It is usually a mild self-limiting disease. Most people who already suffer from cold sores will have been infected very early in life.

Symptoms

First signs are tingling, burning or itching in the area where it is going to appear. This phase may last for as little as 24 hours. There is reddening and swelling of the infected area resulting in a fluid filled blister, or sometimes a group of them, which can be very painful and uncomfortable. They break down to form ulcers, which weep and crack. They then dry up and crust over.

The virus can be reactivated by various trigger factors such as stress or sunlight.

Spread

The virus is spread by direct contact.

Exclusion

None needed.

Do's

- Advise the case (and their carers) to avoid spread by not touching the cold sore or breaking or picking the blisters.
- Avoid kissing people, especially children when they have a blister and not to share things like cups, towels and facecloths.

Don'ts

Cases should not touch their eyes and adults should take extra care when applying or removing make-up.

4. Conjunctivitis

Conjunctivitis is an inflammation of the outer lining of the eye and eyelid causing an itchy red eye with a sticky or watery discharge. It can be caused by bacteria or viruses or due to an allergy.

Conjunctivitis can be caused by a bacteria or a virus and is treated with eye drops. Spread is by direct or indirect contact with discharge from the eyes. Prompt treatment and good hand washing helps to prevent spread especially after contact with infectious secretions.

Symptoms

The eye(s) becomes reddened and swollen and there may be a sticky yellow or green discharge. Eyes usually feel itchy and 'gritty'. Topical ointment can be obtained from the doctor or pharmacy to treat the infection.

Spread

Conjunctivitis can be spread by contact with discharge from the eye which gets onto the hands or towel when the child rubs their eyes.

Exclusion

None needed.

Do's

- Advise parents to seek advice.
- Encourage children not to rub their eyes and to wash their hand frequently.
- Contact your local Health Protection Team if an outbreak or cluster occurs.

5. Food poisoning

Food poisoning is a general term for gastrointestinal infections caused by consuming contaminated food or drink. Person to person spread of these infections is unusual.

Symptoms

Symptoms of food poisoning usually begin within 1 to 2 days of eating contaminated food, although they may start at any point between a few hours and several weeks later. The main symptoms include feeling sick (nausea), vomiting, diarrhoea, stomach cramps and fever.

Spread

Infection can be caused by a variety of bacteria, viruses or parasites; most commonly reported are Salmonella and Campylobacter. They can cause sudden large outbreaks of diarrhoea if a large number of people eat the same contaminated food.

Exclusion

Children and adults with diarrhoea should be excluded until 48 hours after the diarrhoea and vomiting has stopped and they are well enough to return.

For some infections, longer periods of exclusion from school are required and there may be a need to obtain microbiological clearance. For these groups your local Health Protection Team will advise. All outbreaks of food poisoning need to be investigated in order to identify their cause.

Do's

- Exclude the pupil or staff member until 48 hours after the symptoms have stopped.
- Inform your local Health Protection Team if 2 or more cases with similar symptoms are reported to you.

6. Giardia

This parasitic disease is spread from those with the infection to others by the faecal-oral route. It may also be spread by drinking water contaminated with faeces. Infection with giardia may not cause any symptoms. The incubation period is between 5 and 25 days.

When symptoms do occur, they may include abdominal pain, bloating, fatigue and pale, loose stools. Cases need to be treated with antibiotics.

Exclusion

Cases should be excluded until 48 hours after symptoms have stopped.

Do's

- Exclude the pupil or staff member until 48 hours after the symptoms have stopped.
- Inform your local Health Protection Team if 2 or more cases with similar symptoms are reported to you.

7. Salmonella

Salmonella is a caused by eating contaminated food, particularly poultry or eggs. It can also be spread directly from person to person by the faecal-oral route. Symptoms include diarrhoea, headache, fever and sometimes vomiting. Infection can be more serious in the very young and very old. The incubation period can be from as little as 6 hours up to 72 hours (most commonly 12 to 36 hours).

Exclusion

Cases should be excluded until 48 hours after symptoms have stopped.

Do's

- Exclude the pupil or staff member until 48 hours after the symptoms have stopped.
- Inform your local Health Protection Team if 2 or more cases with similar symptoms are reported to you.

8. Typhoid and Paratyphoid fever

These are less common but serious illnesses. They are spread by consuming food or water contaminated by the faeces or urine of someone with the illness or someone without symptoms who may be excreting the organism. These infections are most commonly acquired abroad.

Symptoms of typhoid fever are tiredness, fever and constipation, whereas those of paratyphoid fever are fever, diarrhoea and vomiting. The severity of the illness and length of the incubation period (typhoid 1 to 3 weeks, paratyphoid 1 to 10 days), are related to the number of infecting organisms ingested.

Exclusion

Environmental health officers or your local Health Protection Team will advise.

Do's

- Encourage staff and children to always practice good personal hygiene.
- Encourage staff and children to wash their hands especially after using the toilet and before eating or preparing food. Young children may need supervision to ensure that adequate hand washing takes place
- Always ensure high standards of environmental cleaning (especially frequently touched areas, like flush handles, toilet seats, taps, toilet door handles). Please refer to the infection control section on cleaning.
- Use liquid soap and disposable paper towels for hand washing.
- Report immediately to the Health Protection Team (HPT).
- Observe exclusion period – whilst symptomatic and for 48 hours after symptoms have resolved, or longer if advised by the HPT or Environmental Health Officer (EHO).
- Consider sending out the travel health advice information prior to the main travel periods to raise awareness of the need for pre-travel health advice and vaccinations.

9. E. coli (verocytotoxigenic or VTEC)

Escherichia coli (E. coli) are bacteria that live in the gut of humans and animals, particularly cattle and sheep. A few strains of E. coli, such as VTEC can produce toxins that lead to more serious and potentially fatal illness.

Spread is by eating contaminated food, direct contact with animals and by faecal-oral route from an infected person as a result of sharing towels and food. Spread by contaminated drinking has also been reported.

Symptoms

Symptoms vary depending on the severity of the infection but include diarrhoea, abdominal cramps, headache and bloody diarrhoea. The incubation period is 1 to 10 days and cases are infectious as long as bacteria are present in the faeces.

Spread

Spread is mainly by contaminated water and food and contact with animals. Person to person spread is by direct contact and can happen within families and child care settings. Outbreaks and sporadic cases have also been linked with handling animals. Therefore, adults should supervise children while washing their hands during visits to petting zoos and farm centres. Read chapter 8: pet and animal contact.

Exclusion

The standard exclusion period is until 48 hours after symptoms have resolved. However, some people pose a greater risk to others and may be excluded until they have a negative stool sample(s) for example pre-school infants, food handlers, and care staff working with vulnerable people. The HPT will advise in these instances.

Do's

- Follow healthcare professional's exclusion advice.
- Promote good hand washing to children visiting to farms or petting zoos, especially after handling animals and prior to eating or drinking (see chapter 8: pet and animal contact).

10. Diarrhoea and vomiting (Gastroenteritis)

Diarrhoea has numerous causes but diarrhoea caused by an infection in the gut can be easily passed to others.

Symptoms

Diarrhoea is defined as 3 or more liquid or semi-liquid stools in a 24 hour period.

Spread

These infections are spread when organisms enter the gut by the mouth or when contaminated hands or objects are put in the mouth or after eating contaminated food or drinks. Also, infection can be spread to contacts when the affected person vomits. This is because aerosols can spread the organism directly to others and contaminate the environment. A person will be infectious while symptoms remain.

Exclusion

Children and adults with diarrhoea or vomiting should be excluded until 48 hours after symptoms have stopped and they are well enough to return. If medication is prescribed, ensure that the full course is completed and there is no further diarrhoea or vomiting for 48 hours after the course is completed.

For some gastrointestinal infections, longer periods of exclusion from school are required and there may be a need to obtain microbiological clearance. For these groups, your local HPT, school health advisor or environmental health officer will advise.

If a child has been diagnosed with cryptosporidium, they should NOT go swimming for two weeks following the last episode of diarrhoea.

Do's

- Ensure the case is excluded.
- Do encourage staff and children to practice good hand hygiene at all times.
- Notify your local Health Protection Team if there are more cases than normally expected.

11. Bacillary Dysentery (Shigella)

This disease is passed directly from person to person by the faecal-oral route or by contaminated food. It is usually spread from those with diarrhoea but can be spread from those recovering from the illness even if they do not have symptoms.

Symptoms

Symptoms can include bloody diarrhoea, vomiting, abdominal pain and fever lasting on average from 4-7 days but can last for several weeks. The incubation period is 12 to 96 hours.

Exclusion

Microbiological clearance is required for some types of shigella species prior to the child or food handler returning to school (age of child and infectious agent).

12. Campylobacter

It is spread between people and animals by the faecal-oral route. Bacteria are present in the faeces of adults and children with diarrhoea, and spread to the mouths of other people directly on their hands or by food or objects. Campylobacter can be present in raw meat, especially chicken, and can contaminate other foods, surfaces and utensils. The disease usually lasts 3 to 5 days and has an incubation period of between 1 and 10 days but most commonly 3 to 5 days.

Exclusion

Cases should be excluded until 48 hours after symptoms have stopped.

13. Cryptosporidiosis

Cryptosporidiosis is spread from those with the infection to others by the faecal-oral route. It can also be spread by direct contact with farm animals particularly cattle and sheep. Spread by contaminated or untreated water and milk has also been reported. Symptoms include abdominal pain, diarrhoea and occasionally vomiting. The incubation period is between 1 and 12 days.

Exclusion

Cases should be excluded until 48 hours after symptoms have stopped.

14. Glandular fever

Glandular fever is caused by the Epstein-Barr virus.

Symptoms

Symptoms present as severe tiredness, aching muscles and sore throat, fever, swollen glands and occasionally jaundice (yellowing of the skin and eyes). In children, the disease is generally mild and difficult to recognise. The incubation period is 4 to 6 weeks but the infectious period is not accurately known.

Duration of the illness is from 1 to several weeks or months.

Spread

Spread is by direct contact with saliva and by indirect contact with hands or contaminated objects from cases. The incubation period is between 4 to 6 weeks.

Exclusion

Exclusion is not required and children can return once they feel well.

Do's

- Promote hand hygiene to reduce the risk of spread and ensure that used tissues are disposed of or washed straight away.
- Remember the child may feel unwell for some months.

Don'ts

There is no specific treatment only symptom management.

15.Hand, foot and mouth disease

Hand, foot and mouth disease is a common viral illness in childhood. It is generally a mild illness caused by an enterovirus. In very rare instances it can be more severe.

Symptoms

The child usually develops a fever, reduced appetite and generally feeling unwell. One or two days after these symptoms a rash will develop with blisters on their cheeks, hands and feet. Not all cases have symptoms. The incubation period is 3 to 5 days.

Spread

Hand foot and mouth infection is most contagious in the first 7 days but the virus can stay in the body for a few weeks. Spread is by direct contact with the secretions of the infected person (including faeces) and by coughing and sneezing. Younger children are more at risk because they tend to play closely with peers. Promote good hand washing to reduce the risk of transmission even after the child is well because the virus can still be present in the faeces and saliva (spit) for a few weeks.

Exclusion

Children are safe to return to school or nursery as soon as they are feeling better, there is no need to stay off until the blisters have all healed. Keeping your child off for longer periods is unlikely to stop the illness spreading. Exclusion of a well pupil is not required.

Do's

Do ensure that any tissues used to for nose and throat are disposed of or washed immediately. Promote hand washing.

Don'ts

Don't confuse with foot and mouth disease in animals.

16. Head lice

Head lice are tiny insects that live only on humans, feeding on blood. Eggs are grey or brown and about the size of a pinhead; are glued to the hair, close to the scalp and hatch in 7 to 10 days. Empty egg shells (nits) are white and shiny and are found further along the hair shaft as they grow out.

Spread

Head lice are spread by direct head-to-head contact and therefore tend to be more common in children because of the way they play. They cannot jump, fly or swim. When newly infected, cases have no symptoms. Itching and scratching on the scalp occurs 2 to 3 weeks after infection. There is no incubation period.

Treatment is only needed if live lice are seen. Dimeticone, a silicone oil (like Hedrin) or malathion, an insecticide are recommended treatments. Alternatively, lice can be physically removed by combing through hair that has been lubricated with a conditioner using a fine-toothed detector comb.

Exclusion

No exclusion is needed.

Do's

Treatment is needed only when live lice are seen.

Don'ts

Exclusion is not required.

17. Hepatitis A

Hepatitis A is a viral infection affecting the liver. The severity of the disease varies from a mild illness lasting 1 to 2 weeks to a severely disabling disease lasting several months. Children under 5 years may not have any symptoms.

Symptoms

Symptoms include abdominal pain, loss of appetite, nausea, fever and tiredness, followed by jaundice (yellowing of the skin and eyes), dark urine and pale faeces. Symptoms are usually much milder or not noticed in younger children and jaundice is not common in children under 5 years.

The illness in children usually lasts 1 to 2 weeks but be longer and more severe in adults.

Spread

Hepatitis A is spread from person to person through the faecal-oral route, most commonly when food and hands are contaminated. As some children may not have symptoms at all, they may readily spread the infection to others unless good personal hygiene measures are routinely taken.

Exclusion

Exclude cases from school while unwell or until 7 days after the onset of jaundice (or onset of symptoms if no jaundice or if under 5 or where hygiene is poor. There is no need to exclude well, older children with good hygiene who will have been much more infectious prior to diagnosis.

Do's

- Promote good hand washing to reduce the risk of spread.
- Take care to wash hand before handling food and after going to the toilet.
- Clean kitchen and toilet areas regularly.
- Household contacts of cases will be offered a hepatitis A vaccine if they are not immune.

18. Hepatitis B

Hepatitis B infection is not a common viral infection in young children.

Symptoms

The incubation period varies between 4 to 160 days. Symptoms can vary and include general tiredness, nausea and vomiting, loss of appetite, fever, dark urine and older children and adults may develop jaundice (a yellowing of the eyes and skin).

Spread

Spread is by contact with infected blood and body fluids entering the bloodstream through broken skin or the mucous membranes, for example through a bite which breaks the skin or if the skin is pierced by an object which has been in contact with someone else's body fluids.

All blood and body fluids should be considered potentially infectious and spills should be cleared wearing protective clothing and using a spills kit.

Exclusion

Acute cases of hepatitis B will be too ill to attend school and their doctors will advise when they can return. Do not exclude chronic cases of hepatitis B or restrict their activities. Similarly, do not exclude staff with chronic hepatitis B infection. Contact your local health protection team for more advice if required.

Do's

- Take a standard approach to cleaning all spillages of blood and body fluids.
- Always complete the accident book with details of injuries or adverse events.

Don'ts

Individuals with chronic hepatitis B infection should not be excluded or have their activities restricted.

19. Hepatitis C

Hepatitis C is not a common infection in children.

Symptoms

Hepatitis C virus (HCV) is a blood borne virus affecting the liver. Symptoms of hepatitis C infection can often be vague and include loss of appetite, fatigue, nausea and abdominal pain. Jaundice (yellowing of the skin and eyes) occurs less commonly than in hepatitis B infection. Up to 80% of those infected may be carriers of the virus and can pass it on to others.

Spread

HCV is present in blood and other body fluids and tissues and is spread in the same way as hepatitis B virus. Hepatitis C, like Hepatitis B, cannot be spread through casual contact.

Exclusion

No exclusion is needed

Do's

- Take a standard approach to cleaning all spillages of blood and body fluids.
- Always complete the accident book with details of injuries or adverse events.

Don'ts

Individuals with chronic hepatitis C infection should not be excluded or have their activities restricted.

20. Impetigo

Impetigo is an infectious bacterial skin disease and may be a primary infection or a complication of an existing skin condition such as eczema, scabies or insect bites. Impetigo is common in children, particularly during warm weather.

Symptoms

The infection can develop anywhere on the body but lesions tend to occur on the face, flexures and limbs not covered by clothing.

Spread

Spread is by direct contact with discharges from the scabs of an infected person. The bacteria invade skin through minor abrasions and then spread to other sites by scratching. Infection is spread mainly on hands, but indirect spread via toys, clothing, equipment and the environment may occur. The incubation period is between 4 to 10 days.

Exclusion

The child should be excluded from school until the lesions are crusted and healed or 48 hours after commencing antibiotic treatment.

Do's

- Promote hand hygiene to reduce the risk of spread.
- Towels and facecloths or eating utensils should not be shared by pupils.
- Ensure that toys and play equipment are thoroughly cleaned.

Don'ts

The child should not return to school until lesions are crusted over or 48 hours after starting antibiotic treatment.

21. Influenza

Influenza, commonly known as flu, is caused by a virus, usually influenza A or B. The illness is very infectious and easily spreads in crowded populations and in enclosed spaces. Flu viruses are always changing so this winter's flu strains will be slightly different from last winter's.

Annual vaccination is recommended for certain groups of people. Currently all children between the ages of 2, 3 or 4 years and children in year groups 1, 2 and 3 are recommended to have vaccination against influenza.

This programme will include more year groups in the future, your school health team will be able to advise you on this Influenza vaccine is also recommended for pregnant women. For further details see national immunisation schedule.

Symptoms

Influenza is a respiratory illness and commonly has a sudden onset. Symptoms include headache, fever, cough, sore throat, aching muscles and joints and tiredness. Cases are infectious 1 day before to 3 to 5 days after symptoms appear.

Spread

By breathing in droplets coughed out into the air by infected people or by the droplets landing on mucous membranes. Transmission may also occur by direct or indirect contact with respiratory secretions for example via soiled tissues, surfaces.

Incubation period is between 1 to 3 days.

Exclusion

There is no precise exclusion period. Adults and children with symptoms of influenza are advised to remain at home until recovered.

Do's

- Encourage those in risk groups to have the influenza vaccine.
- Encourage children and staff with flu-like symptoms to stay at home until recovered.
- Ask children to cover their noses and mouths with a tissue when coughing or sneezing and discard tissues after use.
- Ensure regular hand washing with soap and water, especially after coughing or sneezing.

Don'ts

Do not allow children under 16 years old to have aspirin as it is associated with Reye's syndrome (a neurological disorder).

22. Measles

Measles is a highly infectious viral infection. The mumps, measles-rubella (MMR) immunisation campaign carried out in the UK 1994 resulted in a dramatic reduction in cases of measles. However, there has recently been a sharp rise in the number of cases reported in unvaccinated individuals in London.

Symptoms

Symptoms include a runny nose; cough; conjunctivitis (sticky eye); high fever and small white spots (Koplik spots) inside the cheeks. Around day 3 of the illness, a rash of flat red or brown blotches appear, beginning on the face and spreading over the body. The incubation period is between 7 to 18 days.

Spread

Measles is highly infectious. The virus is transmitted through airborne droplet spread, and direct contact with nasal or throat secretions.

Exclusion

Cases are infectious from 4 days before onset of rash to 4 days after so it is important to ensure cases are excluded from school during this period.

Do's

- Encourage all children over the age of 1 to have MMR immunisations as per the national schedule.
- Staff should be up to date with their MMR vaccinations.

Don'ts

Children and adults with a weak immune system, pregnant women and children under 12 months who come into contact with measles should contact their GP immediately for advice.

23. Meningitis

Meningitis is a general term that describes an inflammation of the membranes covering the brain and spinal cord. It can be caused by a range of bacteria or viruses. Bacterial meningitis is less common but more serious than viral meningitis and needs urgent antibiotic treatment. In some cases, bacterial meningitis can lead to septicaemia (blood poisoning). If you suspect meningitis, get medical help urgently.

Symptoms

Common signs and symptoms of meningitis and septicaemia include fever, severe headache, photophobia, neck stiffness, non-blanching rash (see glass test box below), vomiting, drowsiness.

The incubation period varies with the organism causing the infection. Bacterial meningitis incubation is between 2 and 10 days.

Glass test

If a glass tumbler is pressed firmly against a septicaemic rash, the rash will not fade. You will be able to see the rash through the glass. If this happens get medical help immediately. Note that the rash is a late symptom - if any of the other symptoms have already occurred seek medical advice immediately.

The routine childhood immunisation schedule provides protection against meningitis caused by mumps, polio, Haemophilus influenzae type b (Hib), pneumococcus and Neisseria meningitidis group A, B, C, W and Y. There is no vaccination for some types of meningitis. Pupils should be encouraged to be up to date with their vaccinations.

There is no effective medication the treatment of viral meningitis but symptoms are usually much milder.

Exclusion

Once the child has been treated (if necessary) and has recovered, they can return to school. No exclusion is needed.

Meningitis is a notifiable disease.

24. Meningococcal meningitis and meningitis septicaemia

Meningitis and septicaemia require immediate medical attention.

The bacteria Neisseria meningitidis is responsible for meningococcal meningitis and meningococcal septicaemia (known collectively as ‘meningococcal infection’). There are 13 known groups of the bacteria, the most common worldwide are A, B, C, W135 and Y. In the UK, groups B and C are the most common. Meningococcal infection is a rare but serious disease and is fatal in around 1 in 10 people with the illness. About 15% of those that recover have long-term complications.

Symptoms

Symptoms include fever, severe headache, photophobia, drowsiness, non-blanching rash (see glass test box). Not all the symptoms will be present and cases can have symptoms of meningitis and septicaemia.

Glass test:

If a glass tumbler is pressed firmly against a septicaemic rash, the rash will not fade. You will be able to see the rash through the glass. If this happens get medical help immediately. Note that the rash is a late symptom - if any of the other symptoms have already occurred seek medical advice immediately.

Spread

Spread is from person to person through respiratory droplets and direct contact with nose and throat secretions. About 10% of us carry the bacteria harmlessly in our nose and throat without and only a very small proportion of people develop meningitis or septicaemia if they come into contact with it.

Close and prolonged contact is needed to pass the bacteria to others (such as contacts in a household setting or intimate kissing). For this reason, only people that have had significant close contact with the case in the previous 7 days will be offered antibiotics.

The case is considered non-infectious 24 hours after taking appropriate antibiotic treatment to clear the bacteria from their nose and throat.

If the child has been treated and has recovered, they can return to school. The HPT will have carried out a risk assessment and organised antibiotics for household and other close contacts. Exclusion is not necessary for household or close contacts unless they have symptoms suggestive of meningococcal infection.

Do's

- Seek medical advice immediately if meningitis is suspected.
- Inform HPT and school health advisor of a case of meningococcal disease in your school.
- Respect confidentiality of the patient.
- Inform the HPT if 2 cases of meningococcal disease occur in the school within 4 weeks.

25. Meningitis (viral)

The symptoms of meningitis (inflammation of the linings surrounding the brain) can be caused by a number of different viruses.

Symptoms

Symptoms include headache, fever, gastrointestinal or upper respiratory tract involvement and in some cases a rash. Active illness seldom lasts more than 10 days.

Spread

How the disease is spread will depend on the virus causing the illness. Transmission may be through droplet spread or direct contact with nose and throat discharges or faeces of infected individuals.

Exclusion

No exclusion is required. Once the child is well the risk of infection is minimal. There is no reason to exclude siblings and other close contacts of a case.

Do's

- Encourage high standards of basic hygiene.
- Encourage the prompt disposal of soiled tissues.
- Recommend a consultation with the GP.
- Seek advice from Health Protection Team if more than one case occurs.

26. Meticillin resistant Staphylococcus aureus (MRSA)

MRSA (meticillin resistant Staphylococcus aureus) is a bacteria that has developed resistance to methicillin (a type of penicillin) and some other antibiotics that are used to treat infections.

Symptoms

Staphylococcus aureus is commonly found on the skin and in the nostrils of about 25 to 30% of the population. Most people do not even realise they are carrying it because it does not harm them and they have no symptoms, or only experience minor problems such as skin infections or boils. It can occasionally cause serious infection.

Spread

Spread is mainly by direct contact with contaminated hands and objects.

Exclusion

None advised.

Do's

Staff should ensure good infection control principles are in place, in particular good hand washing, to reduce the risk of transmission.

All infected wounds should be covered.

27. Mumps

Symptoms

Mumps is a viral infection. The first symptoms of mumps are usually a raised temperature and general malaise. Following this there is stiffness or pain in the jaws or neck. Then the glands in the cheeks and under the jaw swell up and cause pain. The swelling can be one sided or affect both sides. Mumps is usually fairly mild in young children, but can cause swelling of the testicles and rarely, infertility in males over the age of puberty.

Spread

The mumps virus is highly infectious and can be spread by droplets from the nose and throat and by saliva.

Exclusion

Infected children can return to school 5 days after the onset of swelling, if well.

Do's

- Encourage staff and children to practice good hygiene at all times.
- Send the child home if unwell.
- Advise the parents to see their GP.
- Encourage parents to have their children immunised against mumps.

28. Ringworm

Symptoms

Ringworm, also known as tinea, is a fungal infection of the skin, hair or nails. It is caused by various types of fungi and infections are named after the parts of the body that are affected, namely face, groin, foot, hand, scalp, beard area and nail. Scalp ringworm in children is becoming more common in the UK, particularly in urban areas. Until recently this was usually spread from infected animals but now spread between humans within families and in schools is more common.

Ringworm of the scalp

Infection with animal ringworm starts as a small red spot which spreads leaving a scaly bald patch. The hair becomes brittle and breaks easily. The picture with human scalp ringworm varies from lightly flaky areas, often indistinguishable from dandruff, to small patches of hair loss on the scalp. There may be affected areas on the face, neck and trunk.

Ringworm of the body

Infected areas are found on the trunk or legs and have a prominent red margin with a central scaly area.

Athlete's foot

Affects the feet, particularly the toes, in between the toes and soles.

Nail ringworm

Infection of the nails often with infection of the adjacent skin. There is thickening and discolouration of the nail.

Spread

Spread is by direct skin to skin contact with an infected person or animal and with athlete's foot, by indirect contact with contaminated surfaces.

Exclusion

No exclusion needed. Once treatment has started for infections of the skin and scalp children can return to school. Scalp ringworm needs to be treated with oral anti-fungal agents. An anti-fungal cream is used to treat ringworm of the skin and feet.

Do's

- Wash and dry feet well in cases of athlete's foot.
- Keep towels separate in all cases.
- Ensure the child with ringworm of the feet is wearing socks and trainers. The child should have his or her feet are covered for physical education.

29. Rotavirus

Symptoms

Rotavirus infection is the most common cause of gastroenteritis (inflammation of the intestines) in children under 5 years of age worldwide. Rotavirus is a highly infectious virus and can cause severe diarrhoea, stomach cramps, vomiting, dehydration and mild fever. These symptoms usually last from 3 to 8 days.

Spread

Rotavirus is highly contagious and is mainly transmitted by the faecal-oral route, although respiratory transmission may also occur.

Apart from vaccination, good hygiene is the most important way of preventing the spread of rotavirus.

Exclusion

Until 48 hours after the symptoms have subsided.

Do's

- Encourage staff and children to practice good hygiene at all times.
- Send the child home if unwell advise the parents to see their GP.
- Use PPE when handling blood or body substances.

30. Rubella (German Measles)

Rubella is a viral infection. The infection is mild but can cause congenital rubella syndrome. When a pregnant woman who is not immune gets a rubella infection in the first twenty weeks of pregnancy it can have serious consequences for the pregnant woman and for the unborn baby. If you are not immune and develop rubella infection in the first twenty weeks of pregnancy, there is a chance that the virus will affect the baby's developing organs and cause serious disability.

In the UK, the introduction of the MMR vaccine has resulted in the infection being virtually eliminated, although due to the decline in the uptake of the measles, mumps and rubella vaccine it has resulted in some cases within the UK.

Symptoms

The symptoms of rubella are mild. Usually the rash is the first indication, although there may be mild catarrh, headache or vomiting at the start.

The rash takes the form of small pink spots all over the body. There may be a slight fever and some tenderness in the neck, armpits or groin and there may be joint pains. The rash lasts for only 1or 2 days, and the spots remain distinct, unlike measles.

Spread

Spread is by the respiratory route.

Exclusion

Exclude from school for 5 days from the appearance of the rash.

Do's

- Promote 2 MMR vaccinations for all pupils.
- Female staff should have 2 MMR vaccinations or show a history of rubella infection.

31. Scabies

Scabies is a skin infection caused by tiny mites that burrow in the skin. The pregnant female mite burrows into the top layer of the skin and lays about 2 to 3 eggs per day before dying after 4 to 5 weeks. The burrows may be several centimetres long but they are very close to the surface of the skin. The eggs hatch after 3 to 4 days into larvae which move to hair follicles where they develop into adults.

Symptoms

The appearance of the rash varies but tiny pimples and nodules are characteristic. Secondary infection can occur if the rash has been scratched. The scabies mites are attracted to folded skin such as the webs of the fingers. Burrows may also be seen on the wrists, palms elbows, genitalia and buttocks.

Spread

Spread is most commonly by direct contact with the affected skin.

Occasionally if there is impaired immunity or altered skin sensation, large numbers of mites occur and the skin thickens and becomes very scaly.

Exclusion

Yes. The infected child or staff member should be excluded until after the first treatment has been carried out.

Do's

- The child can return after the first treatment has been completed.
- It is important that the second treatment is not missed and this should be carried out 1 week after the first treatment.
- All household contacts and any other very close contacts should have 1 treatment at the same time as the second treatment of the case.

32. Scarlet Fever

A wide variety of bacteria and viruses can cause tonsillitis and other throat infections. Most are caused by viruses but streptococci bacteria account for 25 to 30% of cases. Certain strains of streptococcus bacteria produce a toxin which causes scarlet fever in susceptible people.

Symptoms

There is acute inflammation extending over the pharynx or tonsils. The tonsils may be deep red in colour and partially covered with a thick yellowish exudate. The illness symptoms vary but in severe cases there may be high fever, difficulty in swallowing and tender enlarged lymph nodes.

A rash develops on the first day of fever, it is red, generalised, pinhead in size and gives the skin a sandpaper-like texture and the tongue has a strawberry-like appearance. The fever lasts 24 to 48 hours. Scarlet fever is now usually a mild illness but is rarely complicated by ear infections, rheumatic fever which affects the heart, and kidney problems.

Spread

Spread is by the respiratory route through inhaling or ingesting respiratory droplets or by direct contact with nose and throat discharges especially during sneezing and coughing.

Exclusion

Yes. Children can return to school 24 hours after commencing appropriate antibiotic treatment. If no antibiotics have been administered the person will be infectious for 2 to 3 weeks. If there is an outbreak of scarlet fever at the school or nursery, the HPT will assist with letters and factsheet to send to parents or carers and staff.

Do's

- Ensure that particular attention is paid to hand washing at all times.
- Send the child home from school if unwell.
- Advise parents to take the child to their GP.
- Inform the HPT if there is an outbreak.

33. Slapped cheek syndrome, Parvovirus B19, Fifth's Disease

Symptoms

The illness may only consist of a mild feverish illness which escapes notice but in others a rash appears after a few days. The rose-red rash makes the cheeks appear bright red, hence the name 'slapped cheek syndrome'. The rash may spread to the rest of the body but unlike many other rashes it only rarely involves the palms and soles.

The child begins to feel better as the rash appears. The rash usually peaks after a week and then fades. The rash is unusual in that for some months afterwards, a warm bath, sunlight, heat or fever will trigger a recurrence of the bright red cheeks and the rash itself. Most children recover and need no specific treatment. In adults the virus may cause acute arthritis.

The virus can affect an unborn baby in the first 20 weeks of pregnancy. If a woman is exposed early in pregnancy (before 20 weeks) she should seek prompt advice from whoever is giving her antenatal care.

Spread

Spread is by the respiratory route and a person is infectious 3 to 5 days before the appearance of the rash. Children are no longer infectious once the rash appears. There is no specific treatment.

Exclusion

None. The child need not be excluded from school because he or she is no longer infectious by the time the rash occurs.

Do's

- Do advise a visit to the GP.
- Do request that parents inform the school of a diagnosis of fifth disease.

34. Threadworm

Threadworm infection is an intestinal infection and is very common childhood infection.

Symptoms

Adult worms live in the small intestine. Mature female worms migrate through the anus and lay thousands of eggs on the perianal skin causing itching, particularly at night. Infective embryos develop within 5 to 6 hours and these are transferred to the mouth on fingers as a result of scratching. Larvae emerge from the eggs in the small intestine and develop into adult worms.

Spread

Re-infection is common and infectious eggs are also spread to others directly on fingers or indirectly on bedding, clothing and environmental dust.

Exclusion

None needed.

Do's

- Do encourage high standards of basic hygiene.
- Do recommend a consultation with the GP or pharmacist.
- Do be aware that transmission is uncommon in schools.

Don'ts

Don't forget that threadworm infection can lead to lack of sleep, irritability and loss of concentration.

35. Tuberculosis (TB)

TB is a bacterial infection that can infect any part of the body, including the lungs. It can affect people of all ages, classes and ethnic background.

Symptoms

People with TB might have all or some of the following symptoms; cough, loss of appetite, loss of weight, fever, sweating particularly at night, breathlessness and pains in the chest. TB in a part of the body other than the lungs may produce a lump or swelling which can be painful.

Spread

Some (but not all) people who develop TB of the lung (pulmonary TB) are infectious to others. Spread happens when these infectious cases pass TB in their sputum to someone else by inhalation. This happens if the person had a lot of close contact with the case (especially if the case has been coughing). The incubation period is 4 to 12 weeks.

Exclusion

Yes. Pupils and staff with infectious TB can return to school after 2 weeks of treatment if well enough to do so and as long as they have responded to anti-TB therapy. Pupils and staff with non-pulmonary TB do not require exclusion and can return to school as soon as they are well enough.

Do's

- Do inform and discuss with the Health Protection Team, TB nurses or school health advisor before taking any action.
- Do maintain confidentiality of persons with suspected TB.
- Do exclude pupils whilst they are infectious, following taking advice from TB nurses or the Health Protection Team.

Don'ts

Don't exclude children or staff with non- pulmonary TB or those with pulmonary TB who have effectively completed at least 2 weeks of treatment as confirmed by the TB nurses.

36. Whooping Cough (pertussis)

Whooping cough (pertussis) is a bacterial chest infection caused by Bordetella pertussis. The national immunisation schedule recommends that women 16 to 32 weeks pregnant should be immunised to maximise the likelihood that the baby will be protected from birth. Infants receive 3 doses of vaccination by their 16th week and an additional pre-school booster.

Symptoms

The early stages of whooping cough, which may last a week or so, can be very like a heavy cold with a temperature and persistent cough. The cough becomes worse and usually the characteristic 'whoop' develops. Coughing spasms are frequently worse at night and may be associated with vomiting. The whole illness may last several months.

The disease is usually more serious in children of pre-school age. Antibiotics rarely affect the course of the illness, but may reduce the period the child is infectious.

Spread

Whooping cough spreads by direct contact with airborne particles of discharges from the nose and throat.

Exclusion

Yes. A child or staff member should not return to school until they have had 48 hours of appropriate treatment with antibiotics and they feel well enough to do so or 21 days from onset of illness if no antibiotic treatment.

Children should be immunised against whooping cough in their first year of life.

Do's

- Do advise parent to see GP.
- Do allow the child to return to school after exclusion period even if they are still coughing.
- Do encourage parents to have their children immunised against whooping cough.