

		<ul style="list-style-type: none"> Staff are directed to useful websites and resources that they might find helpful themselves. See IPAT Wellbeing drive and SAS Wellbeing Insurance. Staff briefings focus on wellbeing, recognising the importance of their own wellbeing and that of their pupils. Wellbeing and work-life balance are promoted with all staff. Trust wide bereavement policy and guidance in place. 				
OTHER OPERATIONAL ISSUES						
Existing site maintenance regimes are not up to date and/or all systems are not operational.		<ul style="list-style-type: none"> All utilities and systems (including gas, heating, water supply, mechanical and electrical systems and catering equipment) are maintained in line with premises management guidance / statutory compliance. Ventilation systems have been tested and any practical improvements to improve ventilation have been put in place. Health and safety audit findings have been followed up. 	Y			
Current policies and procedures have not been adapted/updated to take account of infectious diseases' impact.		<ul style="list-style-type: none"> Fire policies and procedures have been reviewed and revised where required, e.g., due to: <ul style="list-style-type: none"> possible absence of fire marshals Staff and pupils have been briefed on any new evacuation procedures. Fire drills are held at least every term to test out the evacuation procedures. Addendum added to safeguarding policy to ensure a DSL available at all times. Senior leaders in each school monitor compliance with risk mitigation and advise accordingly or adjust procedures where necessary. 	Y			
Staff shortages due to absence may compromise operational safety.		<ul style="list-style-type: none"> The health status and availability of every member of staff is known so that deployment can be planned. Roles have been reallocated to cover any critical functions where appropriate. Staff have appropriate competences and training to fulfil their reallocated roles. There are sufficient qualified first aiders to cover the numbers of staff and pupils on site. In the absence of an onsite, trained DSL, each school has access to trained DSL/DDSL through the wider hub / Trust. Each business / administrative team has contact details for teacher and teaching support staff supply agencies plus the Trust's list of approved, casual teachers available for supply if necessary. Consider combining classes. In the event of insufficient staff to safely allow a class to attend school, the school's available most senior leader must contact the Trust Leader (or DFO in the event of TL absence) to gain approval for class closure and the provision of remote education. 	Y			
Concerns for vulnerable pupils when absent from school.		<ul style="list-style-type: none"> Systems are in place to keep in contact with pupils who have an EHCP, a social worker or others who we deem vulnerable when self-isolating. Others deemed vulnerable include - children known to social care services in the past, children whose home circumstances might be particularly challenging because of domestic abuse, parental offending, adult mental health issues, drug and alcohol addiction (this list is not exhaustive). 	Y			

		<ul style="list-style-type: none"> We notify their social worker (if they have one) and, for looked-after children, the local authority virtual school head. We agree with the social worker the best way to maintain contact and offer support. 				
Concerns of exposure to infection during educational visits / residential.		<ul style="list-style-type: none"> Undertake full and thorough risk assessments in relation to all educational visits and ensure that any public health advice, such as hygiene and ventilation requirements, is included as part of that risk assessment. General guidance about educational visits is available and is supported by specialist advice from the Outdoor Education Advisory Panel (OEAP). Consider whether to go ahead with planned international educational visits by referring to the latest Foreign, Commonwealth and Development Office travel advice and the guidance. 	Y			

This table below refers to public health exclusions to indicate the time period an individual should not attend a setting to reduce the risk of transmission during the infectious stage. This is different to ‘exclusion’ as used in an educational sense.

INFECTION	EXCLUSION PERIOD	COMMENTS
Athlete’s foot	<ul style="list-style-type: none"> None 	<ul style="list-style-type: none"> Children should not be barefoot at school (for example in changing areas) and should not share towels, socks or shoes with others.
Chickenpox	<ul style="list-style-type: none"> At least 5 days from onset of rash and until all blisters have crusted over 	<ul style="list-style-type: none"> Pregnant staff contacts should consult with their GP or midwife
Cold sores (herpes simplex)	<ul style="list-style-type: none"> None 	<ul style="list-style-type: none"> Avoid kissing and contact with the sores
Conjunctivitis	<ul style="list-style-type: none"> None 	<ul style="list-style-type: none"> If an outbreak or cluster occurs, consult your local health protection team (HPT)
Respiratory infections including coronavirus (COVID-19)	<ul style="list-style-type: none"> Children and staff should not attend if they have a high temperature and are unwell Children who have a positive test result for COVID-19 should not attend school for 3 days after the day of the test Adults who have a positive test should not attend school for 5 days after the day of the test 	<ul style="list-style-type: none"> Children and staff with mild symptoms such as runny nose, and headache who are otherwise well can continue to attend school.

Diarrhoea and vomiting	<ul style="list-style-type: none"> • Staff and pupils can return 48 hours after diarrhoea and vomiting have stopped 	<ul style="list-style-type: none"> • If a particular cause of the diarrhoea and vomiting is identified there may be additional exclusion advice for example E. coli STEC and hep A
Diphtheria*	<ul style="list-style-type: none"> • Exclusion is essential. 	<ul style="list-style-type: none"> • Preventable by vaccination. • Report outbreaks to local HPT • Family contacts must be excluded until cleared to return by local HPT
Flu (influenza) or influenza like illness	<ul style="list-style-type: none"> • Until recovered 	<ul style="list-style-type: none"> • Report outbreaks to local HPT
Glandular fever	<ul style="list-style-type: none"> • None 	
Hand foot and mouth	<ul style="list-style-type: none"> • None 	<ul style="list-style-type: none"> • Contact local HPT if a large number of children are affected. • Exclusion may be considered in some circumstances
Head lice	<ul style="list-style-type: none"> • None 	
Hepatitis A	<ul style="list-style-type: none"> • Exclude until 7 days after onset of jaundice (or 7 days after symptom onset if no jaundice) 	<ul style="list-style-type: none"> • In an outbreak of Hepatitis A, local HPT will advise on control measures
Hepatitis B, C, HIV	<ul style="list-style-type: none"> • None 	<ul style="list-style-type: none"> • Hepatitis B and C and HIV are blood borne viruses that are not infectious through casual contact. • Contact local HPT for more advice
Impetigo	<ul style="list-style-type: none"> • Until lesions are crusted or healed, or 48 hours after starting antibiotic treatment 	<ul style="list-style-type: none"> • Antibiotic treatment speeds healing and reduces the infectious period
Measles	<ul style="list-style-type: none"> • 4 days from onset of rash and well enough 	<ul style="list-style-type: none"> • Preventable by vaccination with 2 doses of MMR • Promote MMR for all pupils and staff • Pregnant staff contacts should seek prompt advice from their GP or midwife
Meningococcal meningitis* or	<ul style="list-style-type: none"> • Until recovered 	<ul style="list-style-type: none"> • Meningitis ACWY and B are preventable

septicaemia*		<p>by vaccination.</p> <ul style="list-style-type: none"> Local HPT will advise on any action needed
Meningitis* due to other bacteria	<ul style="list-style-type: none"> Until recovered 	<ul style="list-style-type: none"> Hib and pneumococcal meningitis are preventable by vaccination. Local HPT will advise on any action needed
Meningitis viral	<ul style="list-style-type: none"> None 	<ul style="list-style-type: none"> Milder illness than bacterial meningitis. Siblings and other close contacts of a case need not be excluded
MRSA	<ul style="list-style-type: none"> None 	<ul style="list-style-type: none"> Good hygiene, in particular handwashing and environmental cleaning, are important to minimise spread. Contact local HPT for more information
Mumps*	<ul style="list-style-type: none"> 5 days after onset of swelling 	Preventable by vaccination with 2 doses of MMR. Promote MMR for all pupils and staff
Ringworm	<ul style="list-style-type: none"> Not usually required 	<ul style="list-style-type: none"> Treatment is needed
Rubella* (German measles)	<ul style="list-style-type: none"> 5 days from onset of rash 	<ul style="list-style-type: none"> Preventable by vaccination with 2 doses of MMR. Promote MMR for all pupils and staff. Pregnant staff contacts should seek prompt advice from their GP or midwife
Scabies	<ul style="list-style-type: none"> Can return after first treatment 	<ul style="list-style-type: none"> Household and close contacts require treatment at the same time
Scarlet fever*	<ul style="list-style-type: none"> Exclude until 24 hours after starting antibiotic treatment 	<ul style="list-style-type: none"> A person is infectious for 2 to 3 weeks if antibiotics are not administered. In the event of 2 or more suspected cases, please contact local HPT
Slapped cheek/Fifth disease/Parvovirus B19	<ul style="list-style-type: none"> None (once rash has developed) 	<ul style="list-style-type: none"> Pregnant contacts of case should consult with their GP or midwife

Threadworms	<ul style="list-style-type: none"> • None 	<ul style="list-style-type: none"> • Treatment recommended for child and household
Tonsillitis	<ul style="list-style-type: none"> • None 	<ul style="list-style-type: none"> • There are many causes, but most cases are due to viruses and do not need or respond to an antibiotic treatment
Tuberculosis* (TB)	<ul style="list-style-type: none"> • Until at least 2 weeks after the start of effective antibiotic treatment (if pulmonary TB) • Exclusion not required for non-pulmonary or latent TB infection • Always consult local HPT before disseminating information to staff, parents and carers 	<ul style="list-style-type: none"> • Only pulmonary (lung) TB is infectious to others and needs close, prolonged contact to spread • Local HPT will organise any contact tracing
Warts and verrucae	<ul style="list-style-type: none"> • None 	<ul style="list-style-type: none"> • Verrucae should be covered in swimming pools, gyms and changing rooms
Whooping cough (pertussis)*	<ul style="list-style-type: none"> • 2 days from starting antibiotic treatment, or 21 days from onset of symptoms if no antibiotics 	<ul style="list-style-type: none"> • Preventable by vaccination. • After treatment, non- infectious coughing may continue for many weeks. • Local HPT will organise any contact tracing

*denotes a notifiable disease. Registered medical practitioners in England and Wales have a statutory duty to notify their local authority or UKHSA health protection team of suspected cases of certain infectious diseases.

Useful guide for parents: <https://www.nhs.uk/live-well/is-my-child-too-ill-for-school/>