

West End Primary School and Nursery Outbreak Management Plan

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Headteacher	Rebecca Yeadon	Signed and date	6.5.22
Chair of Governors	Ben Haithwaite	Signed and date	6.5.22
Next review date	September 2022		

DfE	Department for Education
DHSC	Department for Health and Social Care
UKHSA	United Kingdom Health Security Agency
LHPT	Local Health Protection Team (LCC PH teams)
NHS	National Health Service
LCC	Leeds City Council
HSWT	LCC Health, Safety and Wellbeing Team

1. Introduction

The government has made it a national priority that education and childcare settings should continue to operate as normally as possible as we move to 'Living with Covid'.

Many of the measures that we put into place to manage Covid in our setting also have a benefit for managing other infectious illness that tend to occur in schools e.g hand hygiene, good ventilation, and cleaning. We also developed new temporary ways of working e.g grouping children, limiting mixing, remote learning, and enhanced cleaning that may help us respond to potential outbreaks of a variety of illnesses rapidly and minimise disruption to the education of our children.

Measures affecting education and childcare may be necessary in some circumstances, for example:

- to help manage severe operational impacts or identified health risks of an infectious illness outbreak within a setting,
- as part of a package of measures responding to an extremely high prevalence of infectious illness in the community and other measures have failed to reduce transmission.

This document is the Outbreak Management Plan for West End Primary School and Nursery and outlines how we will operate if any of the measures described in this document below were recommended for our setting or area. This includes how we will ensure every child, pupil or student receives the quantity and quality of education and care to which they are normally entitled.

West End Primary School and Nursery is a Primary School with Nursery setting operating on one site. Our cohort of pupils ranges from 2 years to 11 years old.

2. Principles

2.1 Prioritising education.

Our overarching objective is to maximise the number of children and young people in face-to-face education or childcare at all times and minimise any disruption, while protecting those most vulnerable to infectious illnesses. The impacts of having missed education during the pandemic have been severe for children, young people and adults. In all cases, any benefits in managing transmission of infectious illnesses will be weighed against any educational drawbacks. In making decisions we will endeavour to keep any measures to the minimum number of settings or groups possible, and for the shortest amount of time possible.

We will keep all measures under regular review and lift them as soon as the evidence supports doing so. Measures affecting education and childcare settings across an area will not be considered in isolation, but as part of a broader package of measures.

We will only consider attendance restrictions as a last resort. Where measures include attendance restrictions, we will contact the Local UKHSA team in conjunction with LCC for advice on any groups that should be prioritised.

2.2 Collaboration and guidance.

We recognise that multi-agency collaboration and communication is important in ensuring consistency in approach across England wherever issues occur, so that no group of children, pupils or students is unfairly disadvantaged. We understand that LCC, their Director of Public Health and DfE's regional school commissioners will maintain close working relationships through their regional partnership teams (RPTs).

We recognise that in large-scale public health incidents where decisions about actions to take in education, childcare and social care settings are made at a national level, DfE will work with the Department of Health and Social Care (DHSC), UKHSA, the Chief Medical Officer, and other government departments, as well as relevant local authorities and directors of public health.

We will continue to seek / follow the guidance from:

- DfE, DHSC, NHS and UKHSA,
- [Health protection in education and childcare settings - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/collections/health-protection-in-education-and-childcare-settings)
- [Emergency planning and response for education, childcare, and children's social care settings - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/collections/emergency-planning-and-response-for-education-childcare-and-childrens-social-care-settings)
- LCC's Public Health, HSWT and Children's Services teams.

3. Managing potential outbreaks and contingency measures

3.1 Managing Cases of Infectious Illnesses.

We will continue to manage cases amongst our school community by:

- Being aware of the guidance from UKHSA for [Health protection in education and childcare settings - GOV.UK \(www.gov.uk\)](https://www.gov.uk/guidance/health-protection-in-education-and-childcare-settings) and following the advice within,
- keeping good records of staff and pupil absences and the causes of that absence,
- asking staff and parent / carers to provide accurate information when they / their child is unwell so we can identify any potential infectious illnesses and / or outbreaks which need further action,
- having a detailed action plan – see Appendix A.
- **notifying LCC of potential outbreaks** in line with Appendix B using the Infection Outbreak Notification (ION) form via LeedsHPTSPOC@leeds.gov.uk
- contacting the LHPT and / or LCC HSWT if we need advice about cases and potential outbreaks,
- informing parents / carers and staff of cases of infectious illness in line with the guidance in [Health protection in education and childcare settings - GOV.UK \(www.gov.uk\)](https://www.gov.uk/guidance/health-protection-in-education-and-childcare-settings) and / or on the advice of UKHSA / the LHPT/ HSWT.

We will use the thresholds in Appendix B as an indication of when we may need to seek advice from UKHSA or LCC / have a potential outbreak.

We will seek public health advice if we have evidence of severe disease due to an infection, for example if a child / young person or staff member is admitted to hospital.

If we have an outbreak of an infectious illness we will follow the guidance in [Health protection in education and childcare settings - GOV.UK \(www.gov.uk\)](https://www.gov.uk/guidance/health-protection-in-education-and-childcare-settings) and will review the baseline measures for hand hygiene, cleaning and ventilation. This may include:

- whether any activities could take place outdoors, including exercise, assemblies, or classes,
- ways to improve ventilation indoors, where this would not significantly impact thermal comfort,
- one-off / temporary enhanced cleaning focussing on touch points and any shared equipment.

This plan outlines how we will operate if we need to / are advised to instigate any of the measures below for our setting / area by UKHSA, LHPTs or LCC. This plan covers:

- limiting attendance with remote learning taking place,
- introducing ‘bubbles’ or limiting mixing,
- testing or immunisation of staff and pupils where advised by UKHSA / LHPT,
- re-introducing face coverings,
- limiting residential educational visits, open days, transition or taster days, parental attendance, performances,
- free school meals if attendance is limited,
- safeguarding and designated safeguarding leads, and
- vulnerable children and young people.

3.2 Limiting Attendance.

We will only consider attendance restrictions as a short-term measure and as a last resort and following UKHSA or LCC advice in extreme cases of operational disruption to staffing or where other recommended measures have not mitigated against risks to face-to-face

education. We will continue to provide high-quality remote education for all pupils or students not attending site who are well enough to access it.

In all circumstances, we will give priority to vulnerable children and young people and children of critical workers to attend to their normal timetables as far as possible.

3.3 Introducing Bubbles or limiting mixing of groups.

If advised to introduce 'bubbles' or limit mixing by UKHSA / LHPT / HSWT we will evaluate staffing and pupils needs and instigate bubbles / limited mixing based on the control measures previously used in school to keep bubbles separate wherever possible. Details of our previous bubbles and control measures can be found in our covid risk assessment and covid outbreak management plans.

If this is not possible we will seek advice from UKHSA / our LHPT, and / or LCC if needed as to appropriate alternative bubbles, methods to limit mixing and control measures.

3.4 Communications, introducing testing or immunisation.

If advised to by UKHSA / LHPT, we will communicate with staff, pupils and parents / guardians to inform them of the type of testing or immunisation advised, how to access it and its importance. We will work with UKHSA / LHPT where necessary to assist with providing a testing site, and / or with home or community testing or immunisation for staff, and pupils.

3.5 Re-introducing face coverings.

If advised to by UKHSA / LHPT we will temporarily re-instate the wearing of face coverings and this may include communal areas and/or classrooms for both staff, pupils (where relevant), and visitors. We will follow previous exemptions for their use and any educational drawbacks in the recommended use of face coverings will be balanced with the benefits in managing transmission.

3.6 Limiting residential educational visits, open days, transition or taster days, performances, and parental / visitor attendance on site.

Educational Visits - we will seek / follow the advice from UKHSA / LHPT / HSWT to determine if visits are safe and appropriate to undertake or need postponing in the event of an outbreak of an infectious illness or to manage severe operational impacts. We will reflect any attendance restrictions in the visits risk assessment and only children who are attending the setting will go on an educational visit.

Open days, transition events and performances - we will seek / follow the advice from UKHSA / LHPT / HSWT to determine if activities are safe and appropriate to undertake or need postponing in the event of an outbreak of an infectious illness or to manage severe operational impacts. We will assess if the activities can be done virtually / remotely without onsite attendance from visitors.

Parental / visitor attendance on site – in the event of an outbreak of an infectious illness or to manage severe operational impacts we may limit access for parents/carers and visitors to essential visits only.

3.7 Free school meals if attendance is limited.

If attendance is limited, we will provide assistance to children eligible for free school meals who are not able to attend site via food vouchers or grab bags.

3.8 Safeguarding and designated safeguarding leads.

If attendance is limited we will work with our local safeguarding partners to be vigilant and responsive to all safeguarding threats with the aim of keeping vulnerable children and young people safe, particularly as more children and young people will be learning remotely. We will continue to have regard to any statutory safeguarding guidance that applies to us and will review our child protection policy so that it reflects any local restrictions and remains effective.

We will endeavour to ensure a trained DSL (or deputy) is available on site. Where this is not possible we will ensure that we have a senior leader on site who will take responsibility for co-ordinating safeguarding. We will also:

- have a trained DSL (or deputy) available to be contacted via phone or online video, or
- share a trained DSLs (or deputies) with other schools who will be available to be contacted via phone or online video.

3.9 Vulnerable children and young people.

Where vulnerable children and young people are absent and should be attending, we will:

- follow up with the parent or carer, working with LCC and social worker (where applicable), to explore the reason for absence and discuss their concerns,
- encourage the child or young person to attend educational provision, working with LCC and social worker (where applicable), particularly where the social worker and the Virtual School Head (where applicable) agrees that the child or young person's attendance would be appropriate,
- focus the discussions on the welfare of the child or young person and ensuring that the child or young person is able to access appropriate education and support while they are at home, and
- have in place procedures to maintain contact, ensure they can access remote education support, as required, and regularly check if they are doing so.

If we must temporarily stop onsite provision on UKHSA / LHPT advice, we will discuss alternative arrangements for vulnerable children and young people with LCC.

4. Risk Assessment and action plan.

If we need to instigate any of the measures in this plan, we will keep a record of the actions we have taken and why. After the event we will review and amend our current Infection prevention and control risk assessment if any changes are required. Appendix A details our action plan to support the different measures in this Outbreak Management Plan.

Appendix A – Action Plan for the measures in the Outbreak Management Plan.

Measure required	How we will action	Who will action	How we will inform / consult	Who will action
Identifying and notifying outbreaks	<ol style="list-style-type: none"> Monitoring of illness information and identifying potential outbreaks. Completing the ION form and notifying LCC. 	<ol style="list-style-type: none"> 	<ol style="list-style-type: none"> LCC via LeedsHPTSPOC@leeds.gov.uk 	<ol style="list-style-type: none">
Limiting attendance	<ol style="list-style-type: none"> Identify pupils who need to attend and first aid / medical / SEND needs. Identify staff needed on site. Identify staff to undertake remote learning. Discuss with our catering providers any catering changes needed and instigate scheme for pupils eligible for free school meals who are not attending site. Inform dedicated home to school transport providers of any pupils they usually transport who will not be attending site. Identify any vulnerable children and young people not attending and put in place arrangements for support. Identify whether DSL are on site / working remotely or shared with another school. In the absence of a DSL on site identify a senior leader on site who will take responsibility for co-ordinating safeguarding. Inform LCC. Review and amend Infection prevention and Control risk assessment. 	<ol style="list-style-type: none"> 	<ol style="list-style-type: none"> Parents / carers via parent mail and pupils via google classrooms / tapestry Staff via email. Catering via email Transport via email. LCC via DCS Alert DCSAlert@leeds.gov.uk and parentmail (for vulnerable children). 	<ol style="list-style-type: none">
Bubbles / limiting mixing	<ol style="list-style-type: none"> Identify bubbles and control measures to keep them separate following our previous groupings / controls, or Assess and identify alternative bubbles / control measures. Discuss with our catering providers any catering changes needed. Provide signage if required e.g introducing one way systems, separate entrances etc... Review and amend Infection prevention and Control risk assessment. 	<ol style="list-style-type: none"> 	<ol style="list-style-type: none"> Parents / carers via parent mail and pupils via google classrooms / tapestry Staff via email. Catering via email 	<ol style="list-style-type: none">
Testing or immunisation – what may be advised will vary from case to case.	<ol style="list-style-type: none"> Identify staff and / or pupil groups who will be advised to test or be immunised. Identify contractors and visitors who may be advised to test or be immunised e.g agency staff, catering, cleaning staff, transport staff and regular volunteers. Where relevant, identify how test results will be notified and recorded and by whom. Review and amend Infection prevention and Control risk assessment. 	<ol style="list-style-type: none"> 	<ol style="list-style-type: none"> Parents / carers via parent mail and pupils via google classrooms / tapestry Staff via email. Catering via email Transport via email. Cleaning via phone Contractors / visitors by email / phone 	<ol style="list-style-type: none">

Testing / immunisation on site.	<ol style="list-style-type: none"> 1. Work with UKHSA / LHPT / other bodies to identify a suitable area for onsite testing or immunisation. 2. Set up areas following UKHSA / LHPT / other bodies guidance. 3. Review and amend Infection prevention and Control risk assessment. 	<ol style="list-style-type: none"> 1. 2. 3. 	<ol style="list-style-type: none"> 1. Parents / carers via parent mail and pupils via google classrooms / tapestry 2. Staff via email. 	<ol style="list-style-type: none"> 1. 2.
Face coverings	<ol style="list-style-type: none"> 1. Identify areas face coverings should be worn. 2. Identify staff, pupils and regular visitors / contractors who will be asked to wear face coverings. 3. Obtain a supply of face coverings as a backup in case people forget. 4. Remind users how to safely use face coverings. 5. Put up signage at entrances to remind people to wear a face covering. 6. Review and amend Infection prevention and Control risk assessment. 	<ol style="list-style-type: none"> 1. 2. 3. 4. 5. 6. 	<ol style="list-style-type: none"> 1. Parents / carers via parent mail and pupils via google classrooms / tapestry . 2. Staff via email. 3. Catering via email. 4. Transport via email 5. Cleaning via email 6. Contractors / visitors by email / phone 	<ol style="list-style-type: none"> 1. 2. 3. 4. 5. 6.
Remote Education	<ol style="list-style-type: none"> 1. Identify which pupils will need remote education. 2. Identify which staff will deliver / oversee remote education. 3. Instigate remote education systems. 	<ol style="list-style-type: none"> 1. 2. 3. 	<ol style="list-style-type: none"> 1. Parents / carers via parent mail and pupils via google classrooms / tapestry 2. Staff via email. 	<ol style="list-style-type: none"> 1. 2.
Parental / Visitor attendance on site	<ol style="list-style-type: none"> 1. Identify what restrictions are needed and who it will affect. 2. Review and amend Infection prevention and Control risk assessment. 	<ol style="list-style-type: none"> 1. 2. 	<ol style="list-style-type: none"> 1. Parents / carers via parent mail and pupils via google classrooms / tapestry 2. Staff via email. 3. Contractors / visitors by email / phone 	<ol style="list-style-type: none"> 1. 2. 3.
Educational Visits	<ol style="list-style-type: none"> 1. Assess if it is still safe to carry out the visit / if it needs amending / needs cancelling or postponing. 2. Assess and make arrangements for any requirements for international travel. 3. Identify which pupils and staff can attend if school attendance is restricted. 4. Amend the visit risk assessments or postpone / cancel the visit. 5. Amend Evolve. 	<ol style="list-style-type: none"> 1. 2. 3. 4. 5. 	<ol style="list-style-type: none"> 1. Parents / carers via parent mail and pupils via google classrooms / tapestry 2. Staff via email. 3. Educational Visit via Evolve. 	<ol style="list-style-type: none"> 1. 2. 3.
On site Events	<ol style="list-style-type: none"> 1. Assess if it is still safe to carry out the event / if it needs amending / needs cancelling or postponing. 2. Identify which pupils and staff can attend if school attendance is restricted. 3. Identify if parents / carers / visitors can attend. 4. Assess if the activities can be done virtually / remotely without onsite attendance from visitors. 5. Review and amend Infection prevention and Control risk assessment. 	<ol style="list-style-type: none"> 1. 2. 3. 4. 5. 	<ol style="list-style-type: none"> 1. Parents / carers via parent mail and pupils via google classrooms / tapestry 2. Staff via email 3. Contractors / visitors by email / phone 	<ol style="list-style-type: none"> 1. 2. 3.
Enhanced cleaning /	<ol style="list-style-type: none"> 1. Identify any additional or enhanced cleaning / hand washing required. 	<ol style="list-style-type: none"> 1. 2. 	<ol style="list-style-type: none"> 1. Parents / carers via parent mail and pupils 	<ol style="list-style-type: none"> 1. 2.

hand washing.	<ol style="list-style-type: none"> 2. Make arrangements with staff / internal cleaning staff or contractors to carry out the cleaning. 3. Inform staff, pupils and visitors of the need for enhanced hand washing. 4. Ensure adequate supplies of appropriate cleaning products, hand washing / cleaning products and / or PPE are available / ensure appropriate cleaning products and / or PPE are used by contractors. 5. Review and amend Infection prevention and Control risk assessment. 	<ol style="list-style-type: none"> 3. 4. 5. 	<p>via google classrooms / tapestry</p> <ol style="list-style-type: none"> 2. Staff via email. 3. Contractors / visitors by email. 	<ol style="list-style-type: none"> 3.
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Appendix B – Guidance for exclusion periods and when notifications and / or further public health action may be necessary.

Infection	Exclusion period	Thresholds for notification and when further public health action may be required? *	Comments
Athlete's foot	None.	N/A	Children should not be barefoot at their setting (for example in changing areas) and should not share towels, socks or shoes with others.
Chickenpox	At least 5 days from onset of rash and until all blisters have crusted over.	<ol style="list-style-type: none"> 1. a greater than expected rate of infection compared with the usual background rate for the place and time where the outbreak has occurred**, 2. evidence of severe disease due to an infection, for example if a child / young person or staff member is admitted to hospital***, 3. more than one infection circulating in the same group of children / young people and staff e.g chicken pox and scarlet fever. 	Pregnant staff contacts should consult with their GP or midwife.
Cold sores (herpes simplex)	None.	N/A	Avoid kissing and contact with the sores.
Conjunctivitis	None.	<ol style="list-style-type: none"> 1. a greater than expected rate of infection compared with the usual background rate for the place and time where the outbreak has occurred, 2. evidence of severe disease due to an infection, for example if a child / young person or staff member is admitted to hospital. 	Advise parents to seek advice from their local pharmacist. Encourage children not to rub their eyes and to wash their hands frequently. Affected persons should avoid sharing towels, flannels and pillows.
Respiratory infections including coronavirus (COVID-19)	<p>Children / young people should not attend whilst they have a high temperature and are unwell.</p> <p>Staff should not attend whilst they are unwell or have a high temperature (if they had one).</p> <p>Children / young people who have a positive test result for COVID-19 should not attend the setting for 3 days after the day of the test if possible.</p>	<ol style="list-style-type: none"> 1. a higher than previously experienced and/or rapidly increasing number of staff or student absences due to acute respiratory infection or Covid, 2. evidence of severe disease due to an infection, for example if a child / young person or staff member is admitted to hospital. 	Children with mild symptoms such as runny nose, and headache who are otherwise well can continue to attend their setting.

	Staff who have a positive test result for COVID-19 should not attend the setting for 5 days after the day of the test if possible.		
Diarrhoea and vomiting	Staff and children / young people can return 48 hours after diarrhoea and vomiting have stopped.	<p>1. a higher than previously experienced and/or rapidly increasing number of staff or student absences due to diarrhoea or vomiting.</p> <p>2. evidence of severe disease due to an infection, for example if a child / young person or staff member is admitted to hospital,</p> <p>Cryptosporidium - 2 or more cases. Food poisoning or Giardia - 2 or more cases with similar symptoms linked in time or place or a greater than expected rate of infection compared with the usual background rate. Typhoid and Paratyphoid fever - 1 case.</p>	<p><u>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. For more information see chapter 3</u></p> <p>Some people pose a greater risk to others and may be excluded until they have a negative stool sample(s) e.g pre-school infants, food handlers, and staff working with vulnerable people. UKHSA will advise in these scenarios.</p>
Diphtheria	Exclusion is essential.	1 case	Preventable by vaccination. Family contacts must be excluded until cleared to return by your local HPT.
Flu (influenza) or influenza like illness	Until recovered	<p>1. a higher than previously experienced and/or rapidly increasing number of staff or student absences due to acute respiratory infection,</p> <p>2. evidence of severe disease due to an infection, for example if a child / young person or staff member is admitted to hospital,</p> <p>3. more than one infection circulating in the same group of children / young people and staff.</p> <p>4. a greater than expected rate of infection compared with the usual background rate for the place and time where the outbreak has occurred.</p>	<p>Encourage those in eligible groups to have the flu vaccine.</p> <p>Encourage children and staff with flu-like symptoms to stay at home until recovered.</p> <p>Ask children to cover their noses and mouths with a tissue when coughing or sneezing and discard tissues after use.</p> <p>Ensure regular hand washing with soap and water, especially after coughing or sneezing.</p>

Glandular fever	None	N/A	Encourage staff and children to wash their hands regularly with soap and water to reduce the risk of spread and ensure that used tissues are disposed of straight away.
Hand foot and mouth	None	Large number of children / young people or staff are affected.	Contact your local HPT if a large number of children are affected. Exclusion may be considered in some circumstances.
Head lice	None	N/A	
Hepatitis A	Exclude until 7 days after onset of jaundice (or 7 days after symptom onset if no jaundice).	1 case.	Your local HPT will advise if further control measures are required.
Hepatitis B, C, HIV	Hep B -People with acute hepatitis B will typically be too ill to attend their education or childcare setting and their doctor will advise them when they can return	Hepatitis B - 1 case	Hepatitis B and C and HIV are blood borne viruses that are not infectious through casual contact. Contact your UKHSA HPT for more advice.
Impetigo	Until lesions are crusted or healed, or 48 hours after starting antibiotic treatment.	N/A	Antibiotic treatment speeds healing and reduces the infectious period.
Measles	4 days from onset of rash and well enough.	1 case	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 septicaemia*	Until recovered.	1 case	Meningitis ACWY and B are preventable by vaccination. Your local HPT will advise on any action needed.
Meningitis due to other bacteria	Until recovered.	1 case	Hib and pneumococcal meningitis are preventable by vaccination. Your UKHSA HPT will advise on any action needed
Meningitis viral	None.	N/A	Milder illness than bacterial meningitis. Siblings and other close contacts of a case need not be excluded.
MRSA	None.	N/A	Good hygiene, in particular handwashing and environmental cleaning, are important to minimise spread.
Mumps	5 days after onset of swelling.	A greater than expected rate of infection compared with the usual background rate for the place and time where cases occurred.	Preventable by vaccination with 2 doses of MMR. Promote MMR for all pupils and staff.

Panton-Valentine Leukocidin Staphylococcus aureus (PVL-SA)	Children / young people and staff with a lesion or wound that cannot be covered should be excluded.	2 or more cases.	
Ringworm	Not usually required.	N/A	Treatment is needed.
Rubella (German measles)	5 days from onset of rash.	1 case	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	Can return after first treatment.	1 case	Household and close contacts require treatment at the same time.
Scarlet fever	Exclude until 24 hours after starting antibiotic treatment.	2 or more suspected cases or if chicken pox is also circulating.	A person is infectious for 2 to 3 weeks if antibiotics are not administered. In the event of 2 or more suspected cases, contact your UKHSA HPT.
Slapped cheek/Fifth disease/Parvovirus B19	None (once rash has developed).	A greater than expected rate of infection compared with the usual background rate for the place and time where cases occurred.	Pregnant contacts of case should consult with their GP or midwife.
Threadworms	None.	N/A	Treatment recommended for child and household.
Tonsillitis	None.	N/A	There are many causes, but most cases are due to viruses and do not need or respond to an antibiotic treatment.
Tuberculosis (TB)	Until at least 2 weeks after the start of effective antibiotic treatment (if pulmonary TB).	1 case of pulmonary TB.	Only pulmonary (lung) TB is infectious to others, needs close, prolonged contact to spread.
	Exclusion not required for non-pulmonary or latent TB infection.		Your local HPT will organise any contact tracing.
	Always consult your local HPT before disseminating information to staff, parents and carers.		
Warts and verrucae	None.	N/A	Verrucae should be covered in swimming pools, gyms and changing rooms.
Whooping cough (pertussis)	2 days from starting antibiotic treatment, or 21 days from onset of symptoms if no antibiotics.	1 case	Preventable by vaccination. After treatment, non-infectious coughing may continue for many weeks. Your local HPT will organise any contact tracing.

Yorkshire and the Humber HPT	Blenheim House, West One Duncombe Street, Leeds, LS1 4PL	Phone: 0113 386 0300	Out of hours advice: 0151 9091219
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Infection Outbreak Notification (ION) form should be sent to LeedsHPTSPOC@leeds.gov.uk

* Further public actions will be determined by the local authority and/or UKHSA health protection teams and communicated to the school.

** It is acknowledged that all education and childcare settings have a baseline level of absences and that it is not always possible to know what children are ill with but that a setting may be able to identify where there is a noticeable change in absences over a few days or successive weeks, for example, 'a rapidly increasing number' may look like a doubling of absences across the setting or in a year group in a short space of time.

*** Being admitted to hospital is generally an indication of severe illness where this requires at least an overnight stay (note: where you are informed that assessment and discharge from a hospital ward have occurred on the same day this is not the same as being admitted and does not indicate a more severe illness)