Infection Control Policy

Clarity Independent School

Bridge Barn Farm
Woodhill Road
Sandon
CM2 7SG

Clarity Independent School is committed to safeguarding...

"Our school is committed to our whole-school approach to safeguarding, which ensures that keeping children safe is at the heart of everything we do, and underpins all systems, processes and policies...We promote an environment where children and young people feel empowered to raise concerns and report incidents and we work hard in partnership with pupils, parents and caregivers to keep children safe."

Clarity Safeguarding Policy September 2026

Written by Debbie Hanson

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Updated Name: Debbie Hanson

Bridge Farm Barn, Woodhill Road, Sandon, Chelmsford CM2 7SG Tel: 01245 408 606 admin@clarity.essex.sch.uk DfE number 881/6073

Introduction

This policy incorporates Public Health England guidance Health protection in schools and other childcare facilities and Department for Education guidance. It provides information for staff managing a range of common and important childhood infections in settings, including schools. (Please see Critical Incident Plan for more details relating to the principles of infection prevention and control re coronavirus COVID-19.)

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

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

Many diseases can spread before the individual shows any symptoms at all (during the infectious period).

Infection prevention and control measures aim to interrupt the cycle of infection by promoting the routine use of good standards of hygiene so that transmission of infection is reduced overall. This is usually through:

- immunisation of pupils and staff
- good hand washing
- making sure the environment is kept clean
- teaching children about hygiene

Where a case of infection is known, measures aim to reduce or eliminate the risk of spread through information and prompt exclusion of a case.

How infection spreads

Infections are spread in many different ways:

Respiratory spread:
Contact with cough or other secretions from an infected person, like influenza. This can happen by being near the infected person when they cough and then breathe in the organism; or by picking up the organism from an infected item, for example, a used tissue or on an object in the environment, and then touching your nose or mouth.

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Direct contact spread:
By direct contact with the infecting organism, for example, contact with urine, or contact with the skin during contact sports such as rugby and in gyms, like impetigo or staphylococcal infections.

Gastrointestinal spread:
Resulting from contact with contaminated food or water (hepatitis A), contact with infected faeces, vomit or unwashed hands after using the toilet (typhoid fever).

Blood borne virus spread:
By contact with infected blood or body fluids, for example, while attending to a bleeding person or injury with a used needle (hepatitis B). Human mouths are inhabited by a wide variety of organisms, some of which can be transmitted by bites. Human bites resulting in puncture or breaking of the skin are potential sources of exposure to blood borne infections; therefore, it is essential that they are managed promptly.

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

Coronavirus
In all education, childcare and children's social care settings, preventing the spread of coronavirus involves preventing:

- direct transmission, for instance, when in close contact with those sneezing and coughing

- indirect transmission, for instance, touching contaminated surfaces

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Prevention and control

Hand washing:

Handwashing is one of the ***most important ways of controlling the spread of infections***, especially those that cause diarrhoea and vomiting and respiratory disease. Liquid soap, warm water and disposable paper towels are recommended.

- All staff and pupils are advised to wash their hands after using the toilet, before eating or handling food, at every change of activity / lesson and after touching animals.

- Cover all cuts and abrasions with a waterproof dressing.

- Coughs and sneezes spread diseases. Children and adults are encouraged to cover their mouth and nose with a disposable tissue or sneeze into their elbow if they do not have a tissue, and wash hands after using or disposing of tissues. Spitting should be discouraged.

- Wear disposable gloves, safety goggles and plastic aprons if there is a risk of splashing or contamination with blood or body fluids during an activity. Gloves should be disposable, non-powdered vinyl or latex-free and CE marked. Wear goggles if there is a risk of splashing to the face.

Bites

- If a bite does not break the skin: clean with soap and water and no further action is needed. Record in the accident book.

- If a bite breaks the skin: clean immediately with soap and running water. Record incident in accident book. Seek medical advice as soon as possible (on the same day) to treat potential infection, to protect against hepatitis B, for reassurance about HIV.

Managing needle stick injuries

Occasionally children or staff may injure themselves with discarded used hypodermic needles which they have found. Dispose of the needle safely to avoid the same thing happening to someone else. This can be done by contacting your local authority or school nurse. If someone pricks or scratches themselves with a used hypodermic needle:

- wash the wound thoroughly with soap and water

- cover it with a waterproof dressing

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- record it in the accident book and complete the accident form
- seek immediate medical attention from your local Accident and Emergency department

Cleaning blood and body fluid spills

All spillages of blood, faeces, saliva, vomit, nasal and eye discharges should be cleaned up immediately, wearing PPE, using the correct product, which can be found in the locked metal medical cabinet in the medical room and cleaning cupboard in the Kitchen.

Clean body fluid spillages using a product which combines detergent and disinfectant (and ensure it is effective against both bacteria and viruses). This body fluids cleaning kit (Haz Tab) is stored in the metal cabinet in the medical room and comes with instructions which all staff have read and signed to confirm (see Appendices). Always follow the manufacturer's instructions. Use disposable paper towels or cloths to clean up blood and body fluid spills and dispose of after use, followed by the spillage kit.

Blood Spillages

All blood spillages (e.g. a nose-bleed) require a separate procedure for management and cleaning. (See appendices).

Sanitary facilities

Good hygiene practices depend on adequate facilities. A hand wash basin with warm running water along with a mild, antibacterial, liquid soap, (preferably wall mounted with disposable cartridges but a standalone unit is also satisfactory), should be available. Bar soap should **not** be used as it can store harmful bacteria and spread them to other users.

Disposable paper towels are placed next to basins in wall mounted, non-touch dispensers, together with nearby waste-paper bins.

Toilet paper (plus spares) are available in each bathroom.

Suitable sanitary disposal facilities are provided in each bathroom where there are female staff and pupils aged 9 or over (junior and senior age groups).

Children with continence aids

Pupils who use continence aids (like continence pads, catheters) are encouraged to be as independent as possible. The principles of basic hygiene are applied by both pupils and staff

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involved in the management of these aids. Continence pads are changed in a designated area. Disposable powder-free non-sterile latex gloves and a disposable plastic apron are worn. Gloves and aprons are changed after every pupil. Hand washing facilities are readily available. Further advice can be obtained from the child's NHS advisor. The young person will have an Individual Health Care Plan detailing their needs around intimate care.

Dealing with contaminated clothing

Clothing of either the child or the first-aider may become contaminated with blood or body fluids. In addition, fabrics in the school could become contaminated with blood or body fluids.

Contaminated clothing should be removed as soon as possible and placed in a plastic bag and sent home with the child with advice for the parent on how to launder the contaminated clothing. The clothing should be washed separately in a washing machine, using a pre-wash cycle, fabric disinfectant suitable for the purpose, on the hottest temperature that the clothes will tolerate.

Contaminated school fabrics should be treated in the same way and laundered by the Site Manager.

What to do if you suspect an outbreak of infection

An outbreak or incident may be defined as any of the following:

- an incident in which 2 or more people experiencing a similar illness are linked in time or place
- a greater than expected rate of infection compared with the usual background rate for the place and time where the outbreak has occurred
- from time to time, Public Health England may amend the definition / thresholds of certain outbreaks in accordance with latest advice and for infection control purposes, for example, the Coronavirus outbreak. The school will adopt these procedures.

When to report

Headteachers and managers will contact the local health protection team as soon as they suspect an outbreak to discuss the situation and agree if any actions are needed. Please see NHS website for more specific information on how to manage specific illness and when to report.

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It is useful to have the information listed below available before this discussion as it will help to inform the size and nature of the outbreak:

- total numbers affected (staff and children)
- symptoms
- date(s) when symptoms started
- number of classes affected

For suspected cases of infectious illness where there is uncertainty it's an outbreak, the local HPT will be informed.

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

- Minimise contact with individuals who are unwell
- Wash and sanitise hands often
- Robust respiratory hygiene (catch it, bin it, kill it)
- Enhanced cleaning, including cleaning frequently touched surfaces more often
- Minimise contact and mixing
- Personal protective equipment (PPE)
- Social distancing measures are implemented

How to report

The school telephones our local HPT (number below) as soon as possible to report any serious or unusual illness particularly for:

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

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The full list of notifiable diseases was updated April 2025 and can be found here:

https://www.gov.uk/guidance/notifiable-diseases-and-causative-organisms-how-to-report

The local HPT can also draft letters and provide factsheets for parents and carers to ensure the most up to date information is given.

Public Health Agency summary poster (updated March 2017)

https://www.publichealth.hscni.net/sites/default/files/Guidance_on_infection_control_in%20schools_poster.pdf

UK Health Security Agency information (Updated 5th March 2025):

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

UKHSA East of England Health Protection Team (formally known as Health Protection Team HPT)
Suite 1 First Floor Nexus,
Harlow Innovation Park,
London Road,
Harlow,
CM17 9LX
EastofEnglandHPT@phe.gov.uk
Phone: 0300 303 8537 option 1
Out of hours for health professionals only: phone 01603 481 221

Immunisation

Immunisations are checked at the time of any NHS offered vaccination cycle. Parents are encouraged to have their child immunised. COVID-19 vaccinations are now well underway in the UK and the school supports and encourages everyone to participate in this National effort to rid the UK of this illness.

The NHS school nurse provides advice to the school and comes into school at regular intervals to provide immunisations for the children with parental consent.

Cleaning the environment

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

Cleaning contract

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

Colour-coded equipment is used in different areas with separate equipment for kitchen, toilet, classroom and office areas:

- **Disposable disinfectant wipes for toilets and wash-rooms (no reusable cloths used)**
- **Yellow sponges and cloths for hand wash basins and sinks**
- **Blue for general areas e.g. desks and tables, chairs, resources**
- **Green for kitchens - disposable cloths changed every day**

Cloths are disposable (or if reusable, disinfected after use).

Cleaning solutions are stored in accordance with Control of Substances of Hazardous to Health (COSHH), and cleaning equipment changed and decontaminated regularly.

Consideration is given to situations where additional cleaning will be required including during term time (for example in the event of an outbreak) and how the school might carry this out.

A nominated member of staff is chosen to monitor cleaning standards and discuss any issues with cleaning staff. This is the Site Manager:

Steve Hanson

Staff welfare and immunisation

All staff undergo a full health self-disclosure questionnaire before starting employment; this includes ensuring they are up to date with immunisations, including Measles, Mumps, Rubella (MMR) and COVID-19 including boosters. Staff with health conditions impacting every-day life have an Individual Risk Assessment and Individual Health Care Plan.

Exclusion

Staff employed in schools, nurseries and other childcare settings should have the same rules regarding exclusion applied to them as are applied to the children. They may return to work when they are no longer infectious, provided they feel well enough to do so.

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Pregnant staff

If a pregnant woman develops a rash or is in direct contact with someone with a rash who is potentially infectious, she should consult her doctor or midwife.

Chickenpox can affect the pregnancy if a woman has not already had the infection. The GP and midwife should be informed promptly. Shingles is caused by the same virus as chickenpox therefore anyone who has not had chickenpox is potentially vulnerable to the infection if they have close contact with a case of shingles.

Measles during pregnancy can result in early delivery or even loss of the baby. If a pregnant woman is exposed, the midwife should be informed immediately. All female staff under the age of 25 years, working with young children, should have evidence of 2 doses of MMR vaccine or a positive history of measles.

If a pregnant woman comes into contact with German measles she should inform her GP and midwife immediately. The infection may affect the developing baby if the woman is not immune and is exposed in early pregnancy.

All female staff under the age of 25 years, working with young children, should have evidence of 2 doses of MMR vaccine or a positive history of Rubella.

Slapped cheek disease (Parvovirus B19) can occasionally affect an unborn child if exposed early in pregnancy. The pregnant woman should inform their midwife promptly.

This list is not exhaustive; pregnant staff should consult NHS England and seek and follow advice from their GP / midwife.

Food handling staff

All staff who handle food are trained annually to Level 2 food hygiene using the Educare online courses. No member of staff is permitted to enter the kitchen unless they have completed the Food Hygiene qualification and passed it (pass mark of 70%). Their names are certified on the kitchen door.

Food handlers and catering staff may present a particular risk to the health of their pupils and staff if they become infected or have close contact with diseases that can be transmitted to others via the medium of food or drink.

These diseases commonly affect the gastrointestinal system (stomach and bowel) and usually cause diarrhoea or vomiting, or both.

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Food handling staff suffering from such diseases must be excluded from all food handling activity in the school or nursery setting until advised by the local Environmental Health Officer that they are clear to return to work. There are legal powers for the formal exclusion of such cases but usually voluntary exclusion will suffice with 'off work' certificates from the GP, as necessary.

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

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

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

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

COVID-19 advice

Clinically extremely vulnerable people were advised to take extra precautions during the peak of the pandemic in England. This is known as 'shielding'. However, all children and staff are now permitted to return to education and follow reduction of transmission measures.

There is specific guidance on what will happen if there is a local lockdown in our area. The Head Teacher stays abreast of current changes on all COVID-19 guidance daily and will implement the procedure where necessary.

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Managing specific diseases and infections (updated 5th March 2025)

Please refer to Public Health England advice on specific diseases and infections - https://www.gov.uk/government/publications/health-protection-in-schools-and-other-childcare-facilities/managing-specific-infectious-diseases-a-to-z

COVID-19

The school will follow advice from the Department for Education and Public Health England (currently there are no restrictions in the UK):

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

Our COVID-19 risk assessment to assess the risk of COVID-19 and the control measures is now expired and replaced with a COVID-19 statement (front page of website). COVID-19 is now covered by our Critical Incident Policy (website). Staff are re-trained at each update. This risk assessment will be reviewed on a regular basis and in light with any change in guidance.

In the event a member of staff or pupil has COVID-19, they may stay at home until they feel better as per the usual school sickness policy.

Pets and animal contact

Please refer to Public Health England on pet and animal contact - https://dera.ioe.ac.uk/id/eprint/30047/7/Chapter%208_%20pets%20and%20animal%20contact%20-%20GOV.UK.pdf

Overall responsibility for Infection Control in **Clarity Independent School** rests with the Head Teacher:

Debbie Hanson, Head Teacher

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Appendix 1

Diarrhoea and vomiting outbreak – school action checklist

Date Completed:	
Checklist Completed By (Print Name):	
Name & Tel No of Institution:	
Name of Head Teacher/Manager:	

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

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Appendix 2: List of notifiable diseases

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

- acute encephalitis
- acute meningitis
- acute poliomyelitis
- acute infectious hepatitis
- anthrax
- botulism
- brucellosis
- cholera
- diphtheria
- enteric fever (typhoid or paratyphoid fever)
- food poisoning
- haemolytic uraemic syndrome (HUS)
- infectious bloody diarrhoea
- invasive group A streptococcal disease and scarlet fever
- legionnaires' disease
- leprosy
- malaria
- measles
- meningococcal septicaemia
- mumps
- plague
- rabies
- rubella
- SARS
- smallpox
- tetanus
- tuberculosis
- typhus
- viral haemorrhagic fever (VHF)
- whooping cough
- yellow fever

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Appendix 3: Cleaning Body Fluids Spillages

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Cleaning Procedure for Sick/Bodily Fluids (NOT BLOOD)

1. Alert staff & pupils
2. Get child to stay in one place whilst a sick bowl is sought or to prevent spread of other bodily fluids.
3. Cover bodily fluid with a chair so it cannot be spread.
4. Remove pupils from area, remove poorly pupil to medical room.
5. Get Haz-Tab Disinfectant (for use of cleaning spillages of bodily fluids excluding blood-stained urine) located in locked medical room cupboard.
6. Put on gloves, apron, mask (if chosen) and take a yellow bag, the Haz-Tab disinfectant and flash wipes (located in kitchen cleaning cupboard) with you.
7. Open all windows and doors in the vicinity.
8. Follow specific product instructions: (Cover spillage with granules and wait for them to absorb the spillage. Leave NO LONGER THAN 2 MINUTES.)
9. Scoop up body fluid and granules using orange scoop or paper towels and put in yellow bag.
10. If there is still bodily fluid, use a second application and repeat above steps.
11. Dry the scoop with paper towels and clean with flash wipes.
12. Carpet – if required following use of specific sick / bodily fluids cleaning fluid:
    - Spray 2001 carpet cleaner on the carpet (located in the caretaker cupboard).
    - Use a cleaning (not kitchen cloth) to clean the stained area (located in the caretaker cupboard).
    - Discard cloth after use in yellow 'hazard waste' bag and notify Site Manager.

    Hard Floor:
    - Wipe spillage area with flash wipe and place in yellow hazard bag.
13. Remove apron, mask and then gloves and put in yellow bag.
14. Swan neck knot the yellow bag and put in the sanitary bin in bathroom.
15. Wash hands thoroughly with antibacterial soap and dry with paper towels.
16. If the spillage was on a carpet, leave wet floor sign in place until carpet is dry.

Policies -> Infection Control -> Appendix 5. Cleaning Body Fluids (NOT BLOOD) June 2025
Displayed: First Aid Room back of door [ ]

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Appendix 4: Bleeding Protocol and Cleaning Blood Spillages

Bleeding Protocol

Sometimes, an unexpected bleed happens e.g. nose-bleed. DH has a duty to protect staff and pupils from possible sources of infection, blood is a possible source. Good practice in the workplace / schools is that we are obliged to treat all spillages of blood in the same way, as if they were infected, so that we know we are safe if there ever was an infected blood spillage.

The following is our procedure:

- Each classroom has a 'sick bowl' which can be used for this purpose, then cleaned and re-used.
- If we know a Young Person is experiencing a period of regular bleeds, they should have a bowl next to them wherever they are, and tissues, to catch the bleed.
- Immediately when bleed starts, Young Person holds bowl under bleed whilst being escorted quickly but safely to first aid room by an adult.
- Young person rests on the couch, holds bowl under bleed and follows first aid procedure (Member of staff to alert a teaching staff member to supervise first aid procedure.)
- Once bleeding stops, Young Person to wash hands (with antibacterial soap) and face etc. in sink in first aid room (NOT TO GO TO BATHROOM etc. as this increases the risk of transmission of infection)
- Supervising first aider to alert Office staff / Site Manager that the (e.g. nose-bleed) has finished and supervise Young Person back to their lesson – bring a fresh bowl and tissues, to be kept next to Young Person for rest of the day
- If they need the loo whilst the (e.g. nose-bleed) is in progress, they take the bowl with them – supervising staff member to remind not to allow blood into sinks or anywhere else.
- Office staff / Site Manager to place blue towel over the bowl and sink / blood spillages (to prevent other young people seeing it if they enter the first aid room before it can be cleaned) and notifies Site Manager to begin cleaning and sanitising procedures. If Site Manager is not present, Office staff to clean a small spillage, notify DH (Headteacher) if large spillage.
- (If bleeding unable to be stopped after 20 minutes, follow relevant first aid procedures seeking medical attention at A and E.)
- Complete pink hazard sheet (first aid room, pink clipboard) and pupil first aid record.
- Notify DH so that information can be updated on pupil's IHCP for next time.

Seeing a Young Person bleed can be stressful for all involved, remember to follow the 'Wellbeing Checklist' to ensure everyone is ok. Have you taken care of your own wellbeing?

Offsite procedure – disposable bowls/yellow bag/paper towels/gloves/aprons –dry-clean everything with blue paper towels. Young Person to return to school asap. Once at school follow above and below procedures.

Cleaning blood procedure (different from other body fluids) Site Manager / Office staff (small spills) OR Site Manager / DH (larger spills)
Follow specific cleaning product instructions for cleaning blood from carpets:

- Open yellow hazard plastic refuse sack ready
- Gloves and plastic disposable apron on
- Blot liquid blood with blue paper towels -> yellow hazard plastic refuse sack.
- Use specific Blood body fluids cleaner and follow instructions.
- Dettol wipes to clean all surfaces with disinfectant -> yellow hazard plastic refuse sack.
- Gloves and apron into yellow hazard plastic refuse sack.
- Swan neck knot the refuse sack.
- Wash hands antibacterial soap and rinse thoroughly.
- Place bag in sanitary bin in any of the toilets, to be collected and disposed of by specialist company as per usual routine disposal.
- Wash hands again with antibacterial soap and rinse thoroughly.
- Complete incident hazard report and give to DH (pink clipboard)

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Appendix 5: Useful links

Exclusion Table:

https://www.gov.uk/government/publications/health-protection-in-schools-and-other-childcare-facilities/children-and-young-people-settings-tools-and-resources

Covid-19 Public Health England Guidance: https://www.gov.uk/coronavirus/education-and-childcare

Public Health England pet and animal contact:
https://dera.ioe.ac.uk/id/eprint/30047/7/Chapter%208_%20pets%20and%20animal%20contact%20-%20GOV.UK.pdf

Public Health England advice on specific diseases and infections:
https://www.gov.uk/government/publications/health-protection-in-schools-and-other-childcare-facilities/managing-specific-infectious-diseases-a-to-z

NHS Immunisation information: https://www.nhs.uk/conditions/vaccinations/

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

Children and Family Heath Surrey school nursing
https://childrenshealthsurrey.nhs.uk/services/school-nursing-general

Public Health England School Zone- e-Bug stop germs spreading with fun e-Bug resources
https://campaignresources.phe.gov.uk/schools

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