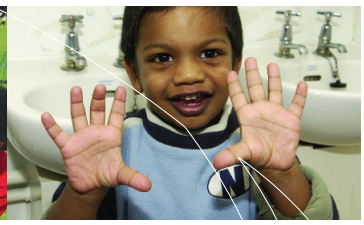
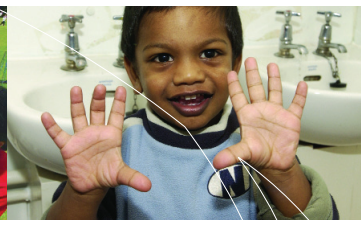


Guidance on Infection Control In Schools and other Child Care Settings

Prevent the spread of infections by ensuring: routine immunisation, high standards of personal hygiene and practice, particularly hand washing, and maintaining a clean environment.

Please contact your local Health Protection Unit (HPU) on _____ if you would like any further advice or information.

Diarrhoea and Vomiting illness#	Recommended period to be kept away from school, nursery, or childminders	Comments
Diarrhoea and/or vomiting	48 hours from last episode of diarrhoea or vomiting (48hr rule applies).	Exclusion from swimming should be for 2 weeks following last episode of diarrhoea.
E. coli 0157 VTEC	Exclusion is important for some children. Always consult with HPU.	Exclusion applies to young children and those who may find hygiene practices difficult to adhere to. Local HPU will advise. Exclusion from swimming should be for 2 weeks following last episode of diarrhoea.
Typhoid* [and paratyphoid*] (enteric fever)	Exclusion is important for some children. Always consult with HPU.	Exclusion applies to young children and those who may find hygiene practices difficult to adhere to. Local HPU will advise. Exclusion from swimming should be for 2 weeks following last episode of diarrhoea.
Shigella (Dysentery)	Exclusion may be necessary.	Exclusion (if required) applies to young children and those who may find hygiene practices difficult to adhere to. Local HPU will advise. Exclusion from swimming should be for 2 weeks following last episode of diarrhoea.
Respiratory Infections		
'Flu' (influenza)	Until recovered.	SEE: vulnerable children.
Tuberculosis*	Always consult with HPU.	Not usually spread from children. Requires quite prolonged, close contact for spread.
Whooping cough* (Pertussis)	Five days from commencing antibiotic treatment or 21 days from onset of illness if no antibiotic treatment.	Preventable by vaccination. After treatment non-infectious coughing may continue for many weeks. HPU will organise any contact tracing necessary.

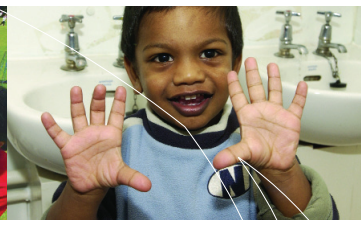


Rashes/Skin

	Recommended period to be kept away from school, nursery, or childminders	Comments
Athletes foot	None.	Athletes foot is not a serious condition. Treatment is recommended.
Chicken pox	5 days from onset of rash.	SEE: vulnerable children and female staff – pregnancy.
Cold sores, (herpes simplex)	None.	Avoid kissing and contact with the sores. Cold sores are generally a mild self-limiting disease.
German measles (rubella)*	5 days from onset of rash.	Preventable by immunisation (MMR x 2 doses). SEE: female staff - pregnancy.
Hand, foot & mouth	None.	Contact HPU if a large number of children are affected. Exclusion may be considered in some circumstances.
Impetigo	Until lesions are crusted or healed.	Antibiotic treatment by mouth may speed healing and reduce infectious period.
Measles*	5 days from onset of rash.	Preventable by vaccination (MMR x 2). SEE: vulnerable children and female staff – pregnancy.
Molluscum contagiosum	None.	A self limiting condition.
Ringworm	Until treatment commenced.	Treatment is important and is available from pharmacist. N.B. For ringworm of scalp treatment by GP is required. Also check and treat symptomatic pets.
Roseola (infantum)	None.	None.
Scabies	Child can return after first treatment.	Two treatments 1 week apart for cases. Contacts should have one treatment; include the entire household and any other very close contacts. If further information is required contact your local HPU.
Scarlet fever*	5 days after commencing antibiotics.	Antibiotic treatment recommended for the affected child.
Slapped cheek / fifth disease. Parvovirus B19	None.	SEE: vulnerable children and female staff – pregnancy.
Shingles	Exclude only if rash is weeping and cannot be covered.	Can cause chickenpox in those who are not immune i.e. have not had chicken pox. It is spread by very close contact and touch. If further information is required contact your local HPU. SEE: vulnerable children and female staff – pregnancy.
Warts and Verrucae	None.	Verrucae should be covered in swimming pools, gymnasiums and changing rooms.

Other infections

Conjunctivitis	None.	If an outbreak/cluster occurs consult HPU.
Diphtheria *	Exclusion is important. Always consult with HPU.	Preventable by vaccination. HPU will organise any contact tracing necessary.
Glandular fever	None.	About 50% of children get the disease before they are five and many adults also acquire the disease without being aware of it.

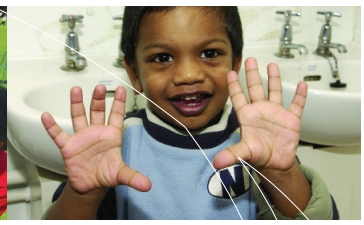


Other infections

	Recommended period to be kept away from school, nursery, or childminders	Comments
Head lice	None.	Treatment is recommended only in cases where live lice have definitely been seen. Close contacts should be checked and treated if live lice are found. Regular detection (combing) should be carried out by parents.
Hepatitis A*	Exclusion may be necessary. Always consult with HPU.	Good personal and environmental hygiene will minimise any possible danger of spread of hepatitis A. SEE: cleaning up body fluid spills and PPE information below.
Hepatitis B* and C*	None.	Hepatitis B and C are not infectious through casual contact. Good hygiene will minimise any possible danger of spread of both hepatitis B and C. SEE: cleaning up body fluid spills and PPE information below.
HIV / AIDS	None.	HIV is not infectious through casual contact. There have been no recorded cases of spread within a school or nursery. Good hygiene will minimise any possible danger of spread of HIV. SEE: cleaning up body fluid spills and PPE information below.
Meningococcal meningitis* / septicaemia*	Until recovered.	Meningitis C is preventable by vaccination. There is no reason to exclude siblings and other close contacts of a case. The HPU will give advice on any action needed and identify contacts requiring antibiotics.
Meningitis* due to other bacteria	Until recovered.	Hib meningitis and pneumococcal meningitis are preventable by vaccination. There is no reason to exclude siblings and other close contacts of a case. Always contact the HPU who will give advice on any action needed and identify contacts requiring antibiotics.
Meningitis viral*	None.	Milder illness. There is no reason to exclude siblings and other close contacts of a case. Contact tracing is not required.
MRSA	None.	Good hygiene, in particular hand washing and environmental cleaning, are important to minimise any danger of spread. If further information is required contact your local HPU.
Mumps*	Five days from onset of swollen glands.	Preventable by vaccination. (MMR x 2 doses).
Threadworms	None.	Treatment is recommended for the child and household contacts.
Tonsillitis	None.	There are many causes, but most cases are due to viruses and do not need an antibiotic.

*** denotes a notifiable disease.** It is a statutory requirement that Doctors report a notifiable disease to the proper officer of the Local Authority. In addition organisations may be required via locally agreed arrangements to inform their local HPU. Regulating bodies (e.g. Office for Standards in Education (OFSTED)/Commission for Social Care Inspection (CSCI)) may wish to be informed – please refer to local policy.

Outbreaks: if a school, nursery or childminder suspects an outbreak of infectious disease they should inform their Health Protection Unit (HPU). Advice can also be sought from the school health service.



GOOD HYGIENE PRACTICE

For more advice contact your local Health Protection Unit or school health service.

- **Handwashing#** is one of the most important ways of controlling the spread of infections, especially those that cause diarrhoea and vomiting and respiratory disease. The recommended method is the use of liquid soap, water and paper towels. Always wash hands after using the toilet, before eating or handling food, and after handling animals. Cover all cuts and abrasions with water proof dressings.

- **Coughing and Sneezing**easily spread infections. Children and adults should be encouraged to cover their mouth and nose with a tissue. Wash your hands after using or disposing of tissues. Spitting should be discouraged.

- **Cleaning** of the environment, including toys and equipment should be frequent, thorough, and follow national guidance e.g. use colour coded equipment, COSHH, correct decontamination of cleaning equipment. Monitor cleaning contracts and ensure cleaners are appropriately trained with access to Personal Protective Equipment PPE (see below)

- **Cleaning of blood and body fluid spillages.** All spillages of blood, faeces, saliva, vomit, nasal, and eye discharges should be cleaned up immediately (always wear PPE). When spillages occur, clean using a product which combines both a detergent and a disinfectant. Use as per manufacturers instructions and ensure it is effective against bacteria and viruses, and suitable for use on the affected surface. NEVER USE mops for cleaning up blood and body fluid spillages use disposable paper towels and discard clinical waste as described below. A spillage kit should be available for blood spills.

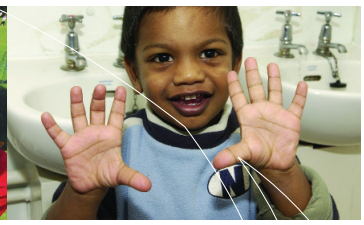
- **Personal Protective Clothing (PPE).** Disposable non powdered vinyl or latex free CE marked gloves and disposable plastic aprons, must be worn where there is a risk of splashing or contamination with blood/body fluids. (E.g. nappy or pad changing) Goggles should also be available for use if there is a risk of splashing to the face. Correct PPE should be used when handling cleaning chemicals.

- **Laundry** should be dealt with in a separate dedicated facility. Soiled linen should be washed separately at the hottest wash fabric will tolerate. Wear PPE when handling soiled linen. Soiled children's clothing should be bagged to go home, never rinse by hand.

- **Clinical waste.** Always segregate domestic and clinical waste in accordance with local policy.
Used nappies/pads, gloves, aprons and soiled dressings should be stored in correct clinical waste bags in foot operated bins. All clinical waste must be removed by a registered waste contractor. All clinical waste bags should be less than 2/3rds full and stored in a dedicated, secure area whilst awaiting collection.

SHARPS INJURIES AND BITES

If skin is broken make wound bleed/wash thoroughly using soap and water. Contact GP or occupational health or go to Accident and Emergency immediately. Ensure local policy is in place for staff to follow. Contact HPU for advice if unsure.



ANIMALS

Animals may carry infections, so wash hands after handling animals. Health and Safety Executive (HSE) guidelines for protecting the health and safety of children should be followed.

- Animals in school (permanently or visiting). Ensure animals living quarters are kept clean and away from food areas. Waste should be disposed of regularly, and litter boxes not accessible to children. Children should not play with animals unsupervised. Veterinary advice should be sought on animal welfare and animal health issues and the suitability of the animal as a pet. Reptiles are not suitable as pets in schools and nurseries as all species carry salmonella.

- Visits to farms. Ensure the farm is well managed, with grounds and public areas as clean as possible and animals prohibited from outdoor picnic areas. Check handwashing facilities are adequate and accessible with running water, liquid soap and disposable towels. (If necessary discuss with local Environmental Health Department or HSE). Ensure children wash and dry hands thoroughly after contact with animals, animal faeces, before eating or drinking, after going to the toilet and before departure. Ensure children understand not to eat or drink ANYTHING while touring the farm, not to put fingers in mouths, eat anything which may have fallen on the ground, or any animal food. Children should only eat in the places they are told to, and after washing hands well. Use waterproof plasters to protect any cuts or grazes not covered by clothes.

VULNERABLE CHILDREN

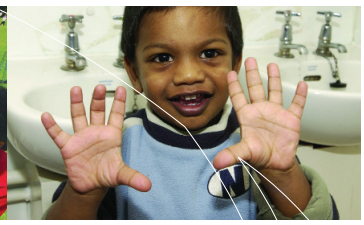
Some medical conditions make children vulnerable to infections that would rarely be serious in most children, these include: those being treated for leukaemia or other cancers, on high doses of steroids by mouth and with conditions which seriously reduce immunity. Schools and nurseries and childminders will normally have been made aware of such children. They are particularly vulnerable to chicken-pox or measles and if exposed to either of these the parent/carer should be informed promptly and further medical advice sought. It may be advisable for these children to have additional immunisations e.g. pneumococcal and influenza.
NB. Shingles is caused by the same virus as chickenpox virus therefore anyone who has not had chickenpox is potentially vulnerable to the infection if they have close contact with a case of shingles.

FEMALE STAFF – PREGNANCY

In general, if a pregnant woman develops a rash or is in direct contact with someone with a potentially infectious rash this should be investigated by a doctor. The greatest risk to pregnant women from such infections comes from their own child/children rather than the workplace.

- Chickenpox can affect the pregnancy if a woman has not already had the infection. If exposed early in pregnancy (first 20 weeks) or very late (last three weeks), the GP and ante-natal carer should be informed promptly and a blood test should be done to check immunity. NB. Shingles is caused by the same virus as chickenpox virus therefore anyone who has not had chickenpox is potentially vulnerable to the infection if they have close contact with a case of shingles.

- German measles (Rubella). If a pregnant woman comes into contact with German Measles she should inform her GP and ante-natal carer immediately to ensure investigation. 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 two doses of MMR vaccine.



- Slapped cheek disease (Parvovirus B19) can occasionally affect an unborn child. If exposed early in pregnancy (before 20 weeks) inform whoever is giving ante-natal care as this must be investigated promptly.

- Measles during pregnancy can result in early delivery or even loss of the baby. If a pregnant woman is exposed immediately inform whoever is giving ante-natal care to ensure investigation. All female staff under the age of 25 years, working with young children should have evidence of two doses of MMR vaccine.

IMMUNISATIONS

Immunisation status should always be checked at school entry and at the time of any vaccination. Any immunisations that have been missed should be given and further catch-up doses organised at school or through the child's GP.

For the most up to date immunisation advice check on www.immunisation.nhs.uk or the school health service can advise on the latest national immunisation schedule. From September 2006 this is:

2 months old	Diphtheria, tetanus, pertussis, polio and Hib (DTaP/IPV/Hib) Pneumococcal (PCV)	One injection One injection
3months old	Diphtheria, tetanus, pertussis, polio and Hib (DTaP/IPV/Hib) Meningitis C (Men C)	One injection One injection
4 months old	Diphtheria, tetanus, pertussis, polio and Hib (DTaP/IPV/Hib) Pneumococcal (PCV) Meningitis C (Men C)	One injection One injection One injection
Around 12 months	Hib/meningitis C	One injection
Around 13 months	Measles Mumps and Rubella (MMR) Pneumococcal (PCV)	One injection One injection
Three years four months to five years old	Diphtheria, tetanus, pertussis, polio (DTaP/IPV) Measles Mumps and Rubella (MMR)	One injection One injection
13 to 18yrs old	Tetanus, diphtheria, and polio (Td/IPV)	One injection

This is the UK Universal Immunisation Schedule. Children who present with certain risk factors may require additional immunisations. Some areas have local policies, check with HPU.

Staff immunisations

All staff should undergo a full occupational health check prior to employment; this includes ensuring they are up to date with immunisations. All staff aged 16 – 25 years should be advised to check they have had 2 doses of MMR.

Prevent the spread of infections by ensuring: routine immunisation, high standards of personal hygiene and practice, particularly hand washing, and maintaining a clean environment.

Please contact your local Health Protection Unit (HPU) on _____ if you would like any further advice or information.

Useful links: www.hpa.org.uk • www.dh.gov.uk • www.nhsdirect.nhs.uk • www.wiredforhealth.gov.uk
www.defra.gov.uk • www.hse.gov.uk • www.dfes.gov.uk • www.immunisation.nhs.uk
Fact Sheets and further information are also available at www.hpa.org.uk.
Hygiene education resource: www.healthcareA2Z.org.uk • www.buginvestigators.co.uk

Hard copies, in poster format, are available from:

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