

KA Guidance on infection control in schools and other childcare settings

This poster has been created using the Public Health England guidance 'Infection control in schools and childcare settings' published September 2017.

For further information and advice please contact your local PHE Centre on **0344 225 0562** or visit www.gov.uk/phe.

Rashes & Skin infections	Exclusion Period	Comments
Athlete's foot	None	Athlete's foot is not a serious condition. Treatment is recommended.
Chickenpox	Five days from onset of rash	Blister on the rash must be dry and crusted over.
Cold sores, (Herpes simplex)	None	Avoid kissing and contact with the sores. Cold sores are generally mild and heal without treatment.
German measles (rubella)	Five days from onset of rash	Preventable by vaccination with 2 doses of MMR (see national schedule @ www.nhs.uk). Promote MMR for all pupils and staff. Pregnant staff contacts should seek prompt advice from their GP or midwife.
Hand, foot and mouth	None	Contact your local health protection team if a large number of children are affected. Exclusion may be considered in some circumstances.
Impetigo	Until lesions are crusted/healed, or 48 hours after starting antibiotic treatment.	Antibiotic treatment speeds healing and reduces the infectious period.
Measles*	Four days from onset of rash and recovered	Preventable by vaccination (2 doses of MMR). Promote MMR for all pupils and staff. Pregnant staff contacts should seek prompt advice from their GP or midwife.
Ringworm	Not usually required	Treatment is needed.
Scabies	Can return after first treatment	Household and close contacts require treatment at the same time.
Scarlet fever	Exclude until 24hrs of appropriate antibiotic treatment completed.	A person is infectious for 2-3 weeks if antibiotics are not administered. In the event of 2 or more suspected cases, please contact your local health protection team for more advice.
Slapped cheek/fifth disease. Parvovirus B19	None (once rash has developed)	Pregnant contacts of case should consult with their GP or midwife.
Warts and verrucae	None	Verrucae should be covered in swimming pools, gymnasiums and changing rooms.

Diarrhoea & Vomiting Illness	Exclusion Period	Comments
Diarrhoea and/or vomiting	Whilst symptomatic until 48 hours after resolution of symptoms	See diarrhoea and vomiting section of guidance. Seek further advice from your local health protection team if unsure.

Respiratory Infections	Exclusion Period	Comments
Flu (influenza)	Until recovered	Report outbreaks to your local health protection team.
Tuberculosis (TB)	Always consult your local health protection team BEFORE disseminating information to staff, parents or carers	Only pulmonary (lung) TB is infectious to others. Needs close, prolonged contact to spread.
Whooping cough* (pertussis)	Two days from starting antibiotic treatment, or 21 days from onset of illness if no antibiotics.	Preventable by vaccination. After treatment, non-infectious coughing may continue for many weeks. Your local Health protection team will organise any contact tracing.

Other Infections	Exclusion Period	Comments
Conjunctivitis	None	If an outbreak or cluster occurs, consult your local health protection team.
Diphtheria *	Exclusion is essential. Always consult with your local health protection team.	Preventable by vaccination. Family contacts must be excluded until cleared to return by your local health protection team.
Glandular fever	None	
Head lice	None	Treatment only recommended when live lice are seen.
Hepatitis A*	Exclude until seven days after onset of jaundice (or seven days after symptom onset if no jaundice)	In an outbreak of hepatitis A, your local health protection team will advise on control measures.
Hepatitis B*, C*, HIV	None	Hepatitis B, C and HIV are blood borne viruses that are not infectious through casual contact. Contact your local health protection team for more advice.
Meningococcal meningitis/septicaemia*	Until recovered	Meningitis ACWY and B are preventable by vaccination (see national schedule @ www.nhs.uk). Your local health protection team will be able to advise.
Meningitis* due to other bacteria	Until recovered	Hib and pneumococcal meningitis are preventable by vaccination (see national schedule @ www.nhs.uk). Your local health protection team will be able to advise.
Meningitis viral*	None	Milder illness than bacterial meningitis. Siblings and other close contacts of a case need not be excluded.
MRSA	None	Good hygiene, in particular handwashing and environmental cleaning are important to minimise spread. If further information is required, contact your local health protection team.
Mumps*	Five days after the onset of swelling	Preventable by vaccination with 2 doses of MMR. Promote MMR for all pupils and staff.
Threadworms	None	Treatment is recommended for child and household.
Tonsillitis	None	There are many causes, but most cases are due to viruses and do not need an antibiotic treatment.

CLEANING

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 that combines both a detergent and a disinfectant. Never use mops for cleaning up blood and body fluid spillages. A spillage kit should be available for blood spills.

Toys and Equipment: It is strongly recommended that only hard toys should be available as they are easily wiped clean after use. Soft modelling and play dough should be replaced regularly or whenever it looks dirty. External sandpits should be covered when not in use and sand in both internal and external sand pits replaced regularly. Water troughs should be emptied and washed out after use, and stored inverted whilst not in use.

Enhanced cleaning during an outbreak: In the event of an outbreak your local Health Protection Team will recommend enhanced or more frequent cleaning. Plans will need to be developed to determine how this might be carried out during term time. Cleaning during an outbreak may require the use of a hypo-chlorite (bleach) based cleaning solution. Hypo-chlorite solutions should be diluted to 0.1% or 1000hpm.

ANIMALS

Animals (whether in school or on visits to farms and zoos) may carry a wide range of infections. Children should not have unsupervised access to animals and those handling/touching them should be advised to wash hands immediately afterwards.

Reptiles are not suitable as pets in educational settings as they can carry salmonella.

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 and with conditions that seriously reduce immunity. These children are particularly vulnerable to chickenpox, measles or parvovirus B19 and, if exposed to any 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, for example pneumococcal and influenza.

IMMUNISATIONS

Immunisation status should always be checked at school entry and at the time of any vaccination. Parents should be encouraged to have their child immunised and any immunisation missed or further catch-up doses organised through the child's GP.

For the most up-to-date immunisation advice see the NHS Choices website at www.nhs.uk/conditions/vaccinations or the school health service can advise on the latest national immunisation schedule.

Immunisation Schedule

8 weeks old	Diphtheria, tetanus, pertussis, polio, Hib and Hepatitis B (DTaP/IPV/Hib/HepB) Pneumococcal (PCV13) Rotavirus vaccine Meningococcal Group B (Men B)
12 weeks old	Diphtheria, tetanus, pertussis, polio, Hib and Hepatitis B (DTaP/IPV/Hib/HepB) Rotavirus vaccine
16 weeks old	Diphtheria, tetanus, pertussis, polio, Hib and Hepatitis B (DTaP/IPV/Hib/HepB) Pneumococcal (PCV13) Meningococcal Group B (Men B)
1 year old	HibM/Meningococcal Group C (Men C) Measles, mumps and rubella (MMR) Pneumococcal (PCV13) Meningococcal Group B (Men B)
2 - 8 years old (inc. years 1 - 4)	Influenza (Annual)
3 years & 4 months old	Diphtheria, tetanus, pertussis, polio (DTaP/IPV or dTaP/IPV) booster Measles, mumps and rubella (MMR)
12 - 13 years old	HPV vaccine protects against Cervical cancer (2 injections)
14 years old	Tetanus, diphtheria, and polio (Td/IPV) Meningitis A, C, W, Y (MenACWY)

STAFF HEALTH

Female Staff – Pregnancy: The greatest risk to pregnant women from such infections comes from their own child/children, rather than the workplace. Some specific risks are:

- Chickenpox
- German measles (rubella)
- Slapped cheek disease (parvovirus B19)
- Measles

If a pregnant woman develops a rash or is in direct contact with someone with a potentially infectious rash, she should consult her GP or Midwife. Please note: This advice also applies to pregnant students.

Staff Exclusions: Staff should follow the same rules as are applied to children. They may return to work when they are no longer infectious, provided they feel well enough to do so. Food handling staff suffering from infections must be excluded from all food handling activity in the setting until advised by the local Environmental Health Officer that they are clear to return.

Staff immunisations: All staff should undergo a full occupational health check before starting employment; this includes ensuring they are up to date with immunisations, including MMR and Hepatitis B.

*** denotes a notifiable disease. It is a statutory requirement that doctors report a notifiable disease to the proper officer of the local authority (usually a consultant in communicable disease control).**

Outbreaks: An outbreak is defined as two or more cases with similar symptoms over and above that which would normally be expected. If an outbreak of infectious disease is suspected, please contact your local PHE centre.