

Guidance on Infection Control in Schools and other Childcare Facilities

For the latest “*Guidance on Infection Control in Schools and Other Childcare Facilities*” from Public Health England (PHE) go to:

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

Further information can be found at <https://www.nhs.uk/>

Rashes and skin infections	Recommended period to be kept away from school, nursery or childminders	Comments
Chicken Pox (V)	Until all vesicles have crusted over	If there are also any scarlet fever cases in the facility, report any cases to your local IPCT/HPT. Spread: Respiratory secretions and touch
Cold sores (Herpes simplex) (V)	None	Cold sores take time to heal and are contagious, especially when the blisters burst. Do not kiss babies if you have a cold sore. It can lead to neonatal herpes, which is very dangerous to new born babies Spread: Contact with cold sores/blister fluid
Hand, foot and mouth (V)	None if child is well. Exclusion may be considered in some circumstances	Contact your local HPT if a large number of children are affected. Spread: Oral secretions and touch
Impetigo (B)	Until lesions are crusted and healed, or 48 hours after starting antibiotic treatment	Antibiotic treatment speeds healing and reduces the infectious period Spread: Touch and contaminated surfaces and items
Measles* (V)	Four days from onset of rash	Report any possible cases to PHE. Preventable by immunisation (MMR x2 doses). Spread: Nasal and throat secretions, touch and contaminated items/ surfaces
Molluscum contagiosum (V)	None	A condition that tends to go away on its own, without treatment Spread: direct touching the skin of an infected person or touching contaminated objects
PVL (B)	None Requires treatment & may need to be restricted from certain activities	If further information is required, contact your local IPCT Team/HPT Spread: Skin to skin and contaminated surfaces
Ringworm (F)	Exclusion not usually required	Treatment is required Spread: Skin to skin contact, household pets, soil (rare), contaminated items
Rubella (German measles) (V)*	Five days from onset of rash	Preventable by immunisation (MMR x2 doses). Report cases to PHE. See PHE Guidance document Spread: Nasal and throat secretions, touch and contaminated items/surfaces
Scabies (P)	Child can return after first treatment	Household and close contacts require treatment. Spread: Skin to skin contact
Scarlet fever* (B)	Child can return 24 hours after starting appropriate antibiotic treatment	Antibiotic treatment is recommended for the affected child. Report any cases to your local IPCT/HPT Spread: Respiratory droplets, direct touch and contaminated items/surfaces
Slapped cheek (fifth disease)/ Parvovirus B19) (V)	None (once rash has developed)	See PHE Guidance document Spread: Respiratory droplets, touch and contaminated items/surfaces
Shingles (V)	Exclude if rash is weeping and cannot be covered	A person with shingles is infectious to those who have not had chickenpox. Spread: Respiratory secretions or by direct contact with fluid from blisters
Warts and verrucae (V)	None	Verrucae should be covered in swimming pools, gymnasiums and changing rooms Spread: Contaminated surfaces or through close skin contact

Respiratory infections	Recommended period to be kept away from school, nursery or childminders	Comments
Flu (influenza) (V)	Until recovered	Vaccine is available for children and adults Spread: respiratory droplets, touch and contaminated items/surface
Tuberculosis* (B)	Always consult your local PHE centre	Some (but not all) people who develop TB of the lung are infectious to others. Spread: respiratory droplets, usually requires prolonged close contact
Whooping cough* (pertussis) (B)	48 hours from starting 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. Spread: respiratory droplets, nose and throat secretions

Diarrhoea and vomiting illness	Recommended period to be kept away from school, nursery or childminders	Comments
Diarrhoea/vomiting: Noro or rotavirus (V) campylobacter & salmonella (B)	Exclude for 48 hours from the last episode of diarrhoea / vomiting	Report outbreaks to your local IPCT Team/HPT Spread: Faecal oral route, infected water, contaminated food
E. coli O157 VTEC* Typhoid* and paratyphoid*(enteric fever) Shigella* (dysentery) (B)	Exclude for 48 hours from the last episode of diarrhoea. Further exclusion may be required for some children until they are no longer excreting. This includes children aged five years or younger and those who have difficulty in adhering to hygiene practices.	Children in these categories should be excluded until there is evidence of microbiological clearance. Some other contacts may also require microbiological clearance. Please consult PHE for further advice Spread: Faecal oral route, infected water, contaminated food
Cryptosporidiosis (P)	Exclude for 48 hours from the last episode of diarrhoea	Exclude from swimming for two weeks after the diarrhoea has settled. Spread: contact with soil, water, food or surfaces that have been contaminated by infected stools (faeces) containing the parasite.

Other infections	Recommended period to be kept away from school, nursery or childminders	Comments
Conjunctivitis (B & V)	None	If an outbreak/cluster occurs contact your local IPCT/HPT Spread: Direct touch and contaminated items
Diphtheria *(B)	Exclusion is essential. Always consult with PHE.	Preventable by vaccination. PHE centre will organise contact tracing necessary Spread: Respiratory droplets, touch and contaminated items/surfaces
Glandular fever (V)	None if child is well	Spread: Saliva and contaminated items
Head lice (P)	None	Child and contacts should be treated at same time if live lice are seen. Spread: Head to head contact
Hepatitis A* (V)	Exclude until 7 days after the onset of jaundice (or onset of symptoms if no jaundice)	PHE will advise on control measures Spread: Faecal oral route, infected water, contaminated food.
Blood Borne Viruses : Hepatitis B*, C*, HIV (V)	None if child is well. Do not exclude chronic cases; children or staff.	Not infectious through casual contact. Acute cases will be too ill to attend school and their doctors will advise when they can return. Contact your local IPCT Team/HPT and PHE Spread: Contact with blood or bodily fluids
Bacterial Meningitis* (including meningococcal) (B)	Until recovered. There is no reason to exclude siblings or other close contacts of a case.	PHE will advise on action needed. Spread: Respiratory droplets and direct contact with nose and throat secretions.
Viral Meningitis *(V)	None if child is well	Milder illness. There is no reason to exclude siblings and other close contacts of a case. Contact tracing is not required. Spread: Respiratory droplets and direct contact with nose and throat secretions.
Mumps* (V)	Exclude for five days after onset of swelling	Preventable by vaccination (MMR x2 doses) Spread: Droplets from nose and throat/saliva, and contaminated items/surfaces
Threadworms (P)	None	Treatment is recommended for the child and household contacts Spread: Eggs spread on hands, under fingernails, and on contaminated items

*denotes a notifiable disease. It is a statutory requirement that medical practitioners report notifiable diseases to the proper officer of the local authority— usually Public Health England

Type of Infection: V=Virus B= Bacteria P=Parasite F=Fungus
HPT = Health Protection Team IPCT= Infection Prevention & Control Team

Good hygiene practices to prevent the spread of infection

Schools and nurseries are common sites for the transmission of infections as children have immature immune systems, close contact with other children, may have an incomplete vaccination record and a poorer understanding of hygiene practices. The best way to manage infections in school and childcare facilities is to:

- Promote immunisation as per the routine childhood immunisation schedule <https://www.gov.uk/government/publications/the-complete-routine-immunisation-schedule>
- Adhere to recommended exclusion periods— for children and staff (as per table)
- Encourage regular hand washing and good personal hygiene amongst children
- Facilitate good environmental cleaning

For further information, including lesson plans around microbes and antibiotics and posters for display visit the ebug website <https://www.e-bug.eu/>

PEOPLE

Handwashing: Is one of the most important ways of controlling the spread of infection. Children and staff should be encouraged to wash their hands with liquid soap and warm water before and after using the toilet, before eating or handling food and after touching pets or animals. Liquid soap and paper towels are recommended. All cuts and abrasions should be covered with a waterproof plaster.

Personal Protective Equipment (PPE): Gloves (power and latex free) and aprons should be single use and worn where there is risk of splash or contamination with blood or bodily fluids—e.g. vomit/faeces. Gloves should always be carefully removed first, followed by apron, and hands washed after taking PPE off. Cloth tabards are not recommended for use between children and tasks.

Pregnancy: Contact with children or individuals with German measles (rubella), measles, chickenpox, shingles or slapped cheek should be reported to the midwife or GP for advice. A suitable pregnancy risk assessment should be undertaken.

Immunisation: Schools and childcare settings are encouraged to check and record a child's immunisation status on initial entry. Parents and carers should be advised to have their child immunised and to catch up on any doses which may have been missed. The routine childhood immunisation schedule can be found on the PHE or NHS website. Staff should also ensure they are up to date with their immunisations including 2 doses of MMR vaccine, encouragement to have the seasonal flu vaccination.

Employees, who may be exposed to blood and bodily fluids, including risk of bites, should be signposted to occupational health services to ask about Hepatitis B vaccination.

Vulnerable individuals: Some children have impaired immunity due to underlying illness and risk factors are susceptible to acquiring infection. These may include leukaemia, other cancers, treatment with high dose steroids, enteral feeding or management or other medical devices. If a vulnerable child is thought to have been exposed to a communicable disease (as per table) parents or carers should be informed promptly so that they may seek further medical advice as appropriate.

Bites and sharps injuries: If skin is broken as a result of a used needle injury or bite, encourage the wound to bleed and wash thoroughly with soap and water. The puncture wound can be covered with a plaster and incident recorded in the accident book. Medical advice should be sought immediately. If medicinal or diagnostic needles are required for children on-site, a sharps bin must be available at the point of care for immediate disposal, correctly assembled, signed, dated and disposed of/replaced when 2/3 full.

ENVIRONMENT

Cleaning: of the environment, including toys and equipment is vital to reduce the risk of infection transmission. Colour-coded equipment should be used in different areas with separate equipment for kitchen, toilet, classroom and office areas (**red** for toilets and wash rooms; **yellow** for hand wash basins and sinks; **blue** for general areas and **green** for kitchens). Cloths should be disposable (or if reusable, laundered after use). As a minimum a detergent based product should be used to clean surfaces, toys and other items. Disinfectants may be required in some situations i.e. if bodily fluids are present. The IPCT or Health Protection team will advise around this.

Outbreak reporting and management: An outbreak of infection may be defined as: an incident in which two or more people are experiencing a similar illness or symptoms and are linked in time or place, i.e. lots of children off at the same time with illness such as chest infections, diarrhoea and vomiting or skin infections. Outbreaks should be reported to your local IPCT or HPT team (contact details below) who will be able to advise accordingly.

Remember: ‘*Catch it, Bin it, Kill it:*’ Children and adults should be encouraged to carry tissues and use them to catch coughs and sneezes, then to bin the tissues and to kill the germs by washing hands. Spitting should be discouraged.

Nappy/continence product changing: A designated area is required away from general/play facilities and any areas where food or drink is prepared or consumed. Disposable PPE should be worn and hands washed once the task is completed and waste disposed of appropriately. Facilities producing large amounts of used nappies/continence products must contact their local authority to discuss appropriate waste disposal arrangements.

Laundry: There should be a designated laundry area on site if items need to be regularly laundered. This should be away from food preparation areas and staff using the facilities should have access to PPE and hand hygiene facilities if handling soiled items. Settings where blood or body fluid spillages may occur on clothing, bedding or other items for laundering may consider obtaining dissolvable (alginate) bags which can be directly placed into the washing machine on sluice or pre-wash cycle to prevent cross contamination. Tumble dryers are also recommended. Do not dry items on radiators. Soiled items to be sent home for cleaning should be placed directly into a plastic bag, or alginate bag for parents/carers with appropriate advice.

Animals: Contact with animals can pose a risk of infection, including gastro-intestinal, fungal and parasitic infection. Children and adults must always wash their hands with soap and water after handling or petting animals, particularly farm animals.

Contact Details - PHE North West Tel: 0344 225 0562

Your local Health Protection (HP) or IPCT (IC) Team are: