OUR HEALTHIER NATION

GUIDANCE *on infection control in schools and nurseries*

CHILDREN WHO ARE UNWELL WITH AN INFECTIOUS DISEASE SHOULD NOT BE AT SCHOOL OR NURSERY.

Once they are better they should return unless they pose a risk of infection to others. They should not return to school or nursery until the risk has passed. This chart gives some quick guidance on the control of the commoner and more important infections encountered in school or nursery. It is not intended to act as a guide to diagnosis. This should only be undertaken by an appropriately qualified health professional. Whenever there is any doubt about the management of a particular illness, advice should be sought from one of the contacts listed below.

School Nurse .....

Telephone .....

School Doctor .....

Telephone .....

Consultant in Communicable Disease Control (CCDC)

.....

Telephone .....

FURTHER INFORMATION

Background information supporting the advice in this poster, and a list of other sources of information, can be found on the PHLS website at www.phls.co.uk From March 1999 schools can obtain further information through the 'Wired for Health' website at www.wiredforhealth.gov.uk accessed via the National Grid for Learning (NGfL).

TO MINIMISE THE RISK OF TRANSMISSION OF INFECTION TO OTHER CHILDREN AND STAFF

RASHES AND SKIN	Recommended period to be kept away from school (once child is well)	COMMENTS
Athletes foot	None	
Chickenpox	For five days from onset of rash	It is not necessary to wait until spots have healed or crusted. (IMPORTANT: see FEMALE STAFF IN SCHOOLS, see VULNERABLE CHILDREN)
Cold sores (Herpes simplex virus)	None	Many healthy children and adults excrete this virus at some time without having a 'sore'
German measles (rubella)	Five days from onset of rash	The child is most infectious before the diagnosis is made and most children should be immune due to immunisation so that exclusion after the rash appears will prevent very few cases. (IMPORTANT: see FEMALE STAFF IN SCHOOLS)
Hand, foot and mouth disease	None	Usually a mild disease not justifying time off school
Impetigo	Until lesions are crusted or healed	Antibiotic treatment by mouth may speed healing. If lesions can reliably be kept covered exclusion may be shortened
Measles	Five days from onset of rash	Measles is now rare in the UK. (IMPORTANT: see VULNERABLE CHILDREN)
Molluscum contagiosum	None	A mild condition
Ringworm (Tinea)	None	Proper treatment by the GP is important Scalp ringworm needs treatment with an antifungal by mouth
Roseola	None	A mild illness, usually caught from well persons
Scabies	Until treated	Outbreaks have occasionally occurred in schools and nurseries. Child can return as soon as properly treated. This should include all the persons in the household
Scarlet fever	Five days from commencing antibiotics	Treatment recommended for the affected child
Slapped cheek or Fifth disease (Parvovirus)	None	(IMPORTANT: see FEMALE STAFF IN SCHOOLS) Exclusion is ineffective as nearly all transmission takes place before the child becomes unwell
Warts and verrucae	None	Affected children may go swimming but verrucae should be covered

DIARRHOEA AND VOMITING ILLNESS	Recommended period to be kept away from school (once child is well)	COMMENTS
Diarrhoea and/or vomiting (with or without a specified diagnosis)	Until diarrhoea and vomiting has settled (neither for the previous 24 hours)	Usually there will be no specific diagnosis and for most conditions there is no specific treatment. A longer period of exclusion may be appropriate for children under age 5 and older children unable to maintain good personal hygiene
E. coli and Haemolytic Uraemic Syndrome	Depends on the type of E. coli seek FURTHER ADVICE from the CCDC	
Giardiasis	Until diarrhoea has settled (neither for the previous 24 hours)	There is a specific antibiotic treatment
Salmonella	Until diarrhoea and vomiting has settled (neither for the previous 24 hours)	If the child is under five years or has difficulty in personal hygiene, seek advice from the Consultant in Communicable Disease Control
Shigella (Bacillary dysentery)	Until diarrhoea has settled (neither for the previous 24 hours)	If the child is under five years or has difficulty in personal hygiene, seek advice from the Consultant in Communicable Disease Control
(See also HANDS – WASHING AND GOOD HYGIENE PROCEDURES)		

RESPIRATORY	Recommended period to be kept away from school (once child is well)	COMMENTS
'Flu' (influenza)	None	Flu is most infectious just before and at the onset of symptoms
Tuberculosis	CCDC will advise on action	Generally requires quite prolonged, close contact for spread Not usually spread from children
Whooping cough (Pertussis)	Five days from commencing antibiotic treatment	Treatment (usually with erythroymycin) is recommended though non-infectious coughing may still continue for many weeks

OTHERS	Recommended period to be kept away from school (once child is well)	COMMENTS
Conjunctivitis	None	If an outbreak occurs consult Consultant in Communicable Disease Control
Glandular fever (Infectious mononucleosis)	None	
Head lice (nits)	None	Treatment is recommended only in cases where live lice have definitely been seen (see FURTHER INFORMATION)
Hepatitis A	See Comments	There is no justification for exclusion of well older children with good hygiene who will have been much more infectious prior to the diagnosis. Exclusion is justified for five days from the onset of jaundice or stools going pale for the under fives or where hygiene is poor.
Meningococcal meningitis/septicaemia	The CCDC will give specific advice on any action needed	There is no reason to exclude from schools siblings and other close contacts of a case
Meningitis not due to Meningococcal infection	None	Once the child is well infection risk is minimal
Mumps	Five days from onset of swollen glands	The child is most infectious before the diagnosis is made and most children should be immune due to immunisation
Threadworms	None	Transmission is uncommon in schools but treatment is recommended for the child and family
Tonsillitis	None	There are many causes, but most cases are due to viruses and do not need an antibiotic. For one cause, streptococcal infection, antibiotic treatment is recommended

HIV / AIDS	HIV is not infectious through casual contact. There have been no recorded cases of spread within a school or nursery. (See CLEANING UP BODY FLUID SPILLS)
HEPATITIS B AND C	Although more infectious than HIV, hepatitis B and C have only rarely spread within a school setting. Universal precautions will minimise any possible danger of spread of both hepatitis B and C. (See CLEANING UP BODY FLUID SPILLS)

OUTBREAKS OF INFECTION

If a school or nursery suspects that some of its children are part of an outbreak of infection (an unusual number of cases of an infectious disease) they should inform their Consultant in Communicable Disease Control (see CONTACTS FOR FURTHER ADVICE). Advice can also be sought from the school doctor or nurse.

IMMUNISATIONS

By the age of two all children should have received 3 doses of diphtheria/tetanus/whooping cough/Hib and polio immunisations and at least one dose of measles, mumps, rubella (MMR) immunisation.
By age 5 all children should, in addition, have had a booster of diphtheria, tetanus and polio, and a second dose of MMR.

HANDS – WASHING AND GOOD HYGIENE PROCEDURES

- Effective hand-washing is an important method of controlling the spread of infections, especially those that cause diarrhoea and vomiting.
- Always wash hands after using the toilet and before eating or handling food using warm, running water and a mild, preferably liquid, soap. Toilets must be kept clean.
- Rub hands together vigorously until a soapy lather appears and continue for at least 15 seconds ensuring all surfaces of the hands are covered.
- Rinse hands under warm running water and dry hands with a hand dryer or clean towel (preferably paper).
- Discard disposable towels in a bin. Bins with foot-pedal operated lids are preferable.
- Encourage use of handkerchiefs when coughing and sneezing.
- If a food handler has diarrhoea or vomiting the CCDC's advice should be sought urgently.

CLEANING UP BODY FLUID SPILLS – UNIVERSAL PRECAUTIONS

- Spills of body fluids: Blood, Faeces, Nasal and Eye Discharges, Saliva and Vomit, must be cleaned up immediately.
- Wear disposable gloves. Be careful not to get any of the fluid you are cleaning up in your eyes, nose, mouth or any open sores you may have.
- Clean and disinfect any surfaces on which body fluids have been spilled. An effective disinfectant solution is household bleach solution diluted 1 in 10 but it must be used carefully.
- Discard fluid-contaminated material in a plastic bag along with the disposable gloves. The bag must be securely sealed and disposed of according to local guidance.
- Mops used to clean up body fluids should be cleaned in a cleaning equipment sink (not a kitchen sink), rinsed with a disinfecting solution and dried.
- Ensure contaminated clothing is hot laundered (minimum 60°C).

VULNERABLE CHILDREN

Some children have medical conditions that make them especially vulnerable to infections that would rarely be serious in most children.

- Such children include those being treated for leukaemia or other cancers, children on high doses of steroids by mouth and children with conditions which seriously reduce immunity. Usually schools or nurseries are made aware of such children through their parents or the carers or the School Health Service.
- These children are especially vulnerable to chicken-pox or measles. If a vulnerable child is exposed to either of these the parent/carers should be informed promptly so that they can seek further medical advice as necessary.

FEMALE STAFF IN SCHOOLS – PREGNANCY

Some infections if caught by a pregnant woman can pose a danger to her unborn baby.

- Chickenpox: this can affect the pregnancy of a woman who has not previously had the disease. If a pregnant woman is exposed early in pregnancy (the first 20 weeks) or very late in pregnancy (the last three weeks before birth) she should promptly inform her GP and whoever is giving her ante-natal care who can do a blood test to check she is immune.
- German measles (Rubella): if a woman who is not immune to rubella is exposed to this infection in early pregnancy her baby can be affected. Female staff should be able to show evidence of immunity to rubella or, if that is not available, have a blood test and, if appropriate, immunisation. If a woman who may be pregnant comes into contact with rubella she should inform her GP promptly.
- Slapped cheek disease (Parvovirus): occasionally, parvovirus can affect an unborn child. If a woman is exposed early in pregnancy (before 20 weeks) she should promptly inform whoever is giving her ante-natal care.

ANIMALS IN SCHOOL (PERMANENTLY OR VISITING)

Animals may carry infections, especially gastroenteritis, and guidelines for protecting the health and safety of the children should be followed.

- Animal living quarters should be kept clean. All waste should be disposed of regularly. Litter boxes should not be accessible to children.
- Young children should not play with animals unsupervised and children must wash their hands after handling animals, cleaning cages, etc.
- Particular care should be taken with reptiles as all species can carry salmonella.

PRECAUTIONS FOR SCHOOL VISITS TO FARMS

- Check that the farm is well managed and that the grounds and public areas are as clean as possible. Note that manure, slurry and sick animals present a particular risk of infection and animals must be prohibited from any outdoor picnic areas.
- Check that the farm has washing facilities adequate and accessible for the age of the children visiting with running water, soap (preferably liquid) and disposable towels or hot air dryers. Any drinking water taps should be appropriately designated in a suitable area.
- Explain to pupils that they cannot be allowed to eat or drink anything, including crisps, sweets, chewing gum, etc., while touring the farm, or put their fingers in the mouth, because of the risk of infection.
- If children are in contact with, or feeding, farm animals, warn them not to place their faces against the animals or taste the animal feed.
- Ensure all pupils wash and dry their hands thoroughly after contact with animals and particularly before eating and drinking.
- Meal-breaks or snacks should be taken well away from areas where animals are kept, and pupils warned not to eat anything which may have fallen to the ground.
  Any crops produced on the farm should be thoroughly washed in drinking water before consumption.
- Ensure pupils do not consume unpasteurised produce, for example milk or cheese.
- Ensure all children wash their hands thoroughly before departure and ensure that footwear is as free as possible from faecal material.

Issued by Department of Health, Department for Education and Employment and Public Health Laboratory Service. Further copies of this poster can be obtained from: Department of Health, PO Box 410, Wetherby LS23 7LN. Fax: 01937 845 381. GICP