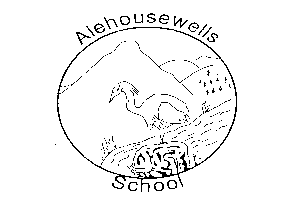
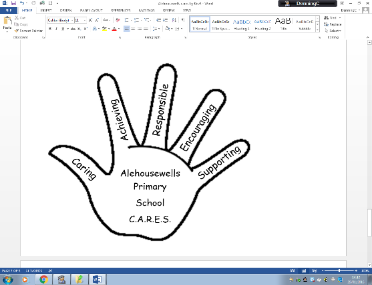
Alehousewells School & Nursery



# Guidance on Infection Control



**Guidance on Infection Control in Schools and Nurseries**

**to minimise the risk of transmission of infection to other children and staff**

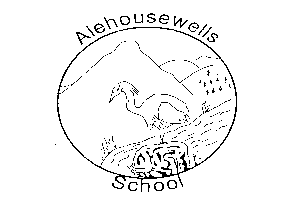
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| --- | --- | --- | --- | --- | --- | --- | --- |
| **Disease** | **Recommended Period to be Kept Away from School (once child is well)** | | | **Comments** | | | |
| Diarrhoea and/or vomiting (with or without a specific diagnosis) | Until diarrhoea and vomiting has settled (neither for the previous  48 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. | | | |
| “Flu” (influenza) | None | | | Flu is most infectious just before and at the onset of symptoms | | | |
| Chickenpox | For five days from onset of rash until spots have healed or crusted | | |  | | | |
| Cold Sores | None | | | Exclusion – children with open sores who “mouth” toys, bite or drool | | | |
| Conjunctivitis | None | | |  | | | |
| Head Lice (nits) | None | | | Treatment is recommended only in  cases where live lice have definitely been seen. It is recommended to carry out detection combing once a week | | | |
| Threadworms | None | | | Transmission is uncommon in schools but treatment is recommended for the child and family | | | |
| Warts and verrucae | None | | | Affected children may go swimming but verrucae should be covered | | | |
| Slapped cheek or Fifth (Parvovirus) | None | | | Exclusion is ineffective as nearly all transmission takes place before the child becomes unwell | | | |
| Hand, foot and mouth disease | None | | | Usually a mild disease not justifying time off school | | | |
| Impetigo | Until lesions are crusted or healed or have been treated for 48 hours with an appropriate antibiotic | | | Antibiotic treatment by mouth may speed healing. If lesions can reliably be kept covered exclusion may be shortened | | | |
| Measles | Four days from onset of rash | | | Measles is now rare in the UK | | | |
| German Measles (rubella) | Four 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 exclusion after the rash appears will prevent very few cases | | | |
|  | | | | | | |  |
| **Disease** | | **Recommended Period to be Kept Away from School (once child is well)** | | | **Comments** | | |
| Mumps | | Five days from the onset of swollen glands – ten days if contact with unvaccinated population eg babies | | | The child is most infectious before the diagnosis is made and most children should be immune due to immunisation | | |
| Meningococcal meningitis/ Septicaemia | | Seek further advice on any action needed | | | There is no reason to exclude from school siblings and other close contacts of a case | | |
| Meningitis not due to  Meningococcal infection | | None | | | Once the child is well, infection risk is minimal | | |
| Shingles | | Five days from onset of rash | | | If lesions can be covered, no exclusion is necessary | | |
| Ringworm (Tinea) | | None | | | Proper treatment by the GP is important. Scalp ringworm needs  treatment with an antifungal by mouth | | |
| Scabies | | Until first treatment is completed | | | Outbreaks have occasionally occurred in school and nurseries. Child can return as soon as properly treated. This should include all the persons in the household | | |
| Scarlet Fever | | 24 hours from commencing antibiotics | | | Treatment recommended for the affected child. | | |
| Ecoli and Haemolytic Uraemic Syndrome | | Depends on the type of Ecoli, seek further advice | | |  | | |
| Salmonella | | Until diarrhoea and vomiting has settled (neither for the previous 48 hours) | | | If the child is under five years or has difficulty in personal hygiene, seek further advice | | |
| Whooping cough (Pertussis) | | 48 hours from commencing antibiotic treatment | | | Treatment (usually with erythroymycin) is recommended though non-infectious coughing may still continue for many weeks | | |
| Tuberculosis (Respiratory) | | Two weeks after start of treatment | | | Generally requires quite prolonged, close contact for spread. Not usually spread from children | | |
| Tuberculosis  (Non-respiratory/  Environmental) | | None | | |  | | |
| Glandular fever | | None | | | Saliva on toys etc can cause infection in children | | |
| HIV/AIDS | | HIV is not infectious through casual contact. There have been no recorded cases of spread within a school or nursery | | | | | |
| 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 | | | | | |
|  | | | |

Immunisations

By the age of 2, all children should have received 3 doses of diphtheria/tetanus/whooping cough/HIB and polio immunisations and at least one dose of measles, mumps, and 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.

February 2018