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  |
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| **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  |
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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.

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