

**Health Protection for schools, nurseries and other childcare facilities**  
**Exclusion table Infection**

Health Protection for schools, nurseries and other childcare facilities Exclusion table Infection	Exclusion period	Comments
Athlete's foot	None	Athlete's foot is not a serious condition. Treatment is recommended.
Chicken pox	Five days from onset of rash and all the lesions have crusted over	
Cold sores (herpes simplex)	None	Avoid kissing and contact with the sores. Cold sores are generally mild and heal without treatment
Conjunctivitis	None	If an outbreak/cluster occurs, consult your local HPT
Diarrhoea and vomiting	Whilst symptomatic and 48 hours after the last symptoms.	See section in chapter 9
Diphtheria *	Exclusion is essential. Always consult with your local HPT	Preventable by vaccination. Family contacts must be excluded until cleared to return by your local HPT
Flu (influenza)	Until recovered	Report outbreaks to your local HPT.
Glandular fever	None	Contact your local HPT if a large numbers of children are affected. Exclusion may be considered in some circumstances
Hand foot and mouth	None	Contact your local HPT if a large numbers of children are affected. Exclusion may be considered in some circumstances
Head lice	None	Treatment recommended only when live lice seen
Hepatitis A*	Exclude until seven days after onset of jaundice (or 7 days after symptom onset if no jaundice)	In an outbreak of hepatitis A, your local HPT will advise on control measures
Hepatitis B*, C*, HIV	None	Hepatitis B and C and HIV are blood borne viruses that are not infectious through casual contact. Contact your local HPT for more advice
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
Meningococcal meningitis*/ septicaemia*	Until recovered	Meningitis ACWY and B are preventable by vaccination (see national schedule @ www.nhs.uk). Your local HPT will advise on any action needed
Meningitis* due to other bacteria	Until recovered	Hib and pneumococcal meningitis are preventable by vaccination (see national schedule @ www.nhs.uk) Your local HPT will advise on any action needed
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. Contact your local HPT for more information
Mumps*	Five days after onset of swelling	Preventable by vaccination with 2 doses of MMR (see national schedule @ www.nhs.uk). Promote MMR for all pupils and staff.

## Chapter 1: introduction

Schools and nurseries are common sites for transmission of infections. Children are particularly susceptible because:

- they have immature immune systems
- have close contact with other children
- sometimes have no or incomplete vaccinations
- have a poor understanding of hygiene practices <sup>1</sup>

These guidelines aim to provide information for staff about managing a range of common and important childhood infections in settings including schools and nurseries.

The guidance is not intended to be used as a tool for diagnosing infectious disease but to help and direct staff about where and when to seek further advice. It can also be used as a tool to help develop local policy and training.

The way to prevent and manage infectious disease in your setting is to:

- promote immunisation
- promptly exclude the unwell child or member of staff
- check that effective handwashing is being carried out routinely

If you are notified of a case of infectious disease in a pupil or staff member, please report it to your local [Health Protection Team \(HPT\)](#) as soon as possible as not all infections require exclusion. Your local team can also give you additional advice and support as needed.

## Chapter 2: infections in childcare settings

Micro-organisms such as bacteria, viruses and fungi are everywhere and commonly do not cause infection (and can even be beneficial). However, some do cause infection resulting in symptoms such as fever and sickness <sup>2</sup>.

Infections in children are common. This is because a child's immune system is immature. Added to this, young children often have close contact with their friends, for example through play, and lack good hygiene habits, making it easier for infections to be passed on <sup>3</sup>.

Many diseases can spread before the individual shows any symptoms at all (during the infectious period). For example a pupil with chickenpox is infectious to others 1 to 2 days before the rash appears.

Infection prevention and control measures aim to interrupt the cycle of infection by promoting the routine use of good standards of hygiene so that transmission of infection is reduced overall. This is usually through:

- immunisation of pupils and staff
- good hand washing
- making sure the environment is kept clean

Where a case of infection is known, measures aim to reduce or eliminate the risk of spread through information and prompt exclusion of a case.

## **How infections spread**

Infections are spread in many different ways but the most important of these are through:

### **Respiratory spread**

Contact with cough or other secretions from an infected person, like influenza. This can happen by being near the infected person when they cough and then breathe in the organism; or by picking up the organism from an infected item, for example, a used tissue or on an object in the environment, and then touching your nose or mouth.

### **Direct contact spread**

By direct contact with the infecting organism, for example, contact with the skin during contact sports such as rugby and in gyms, like impetigo or staphylococcal infections.

### **Gastrointestinal spread**

Resulting from contact with contaminated food or water (hepatitis A), contact with infected faeces or unwashed hands after using the toilet (typhoid fever).

## **Blood borne virus spread**

By contact with infected blood or body fluids, for example, while attending to a bleeding person or injury with a used needle (hepatitis B). Human mouths are inhabited by a wide variety of organisms, some of which can be transmitted by bites. Human bites resulting in puncture or breaking of the skin are potential sources of exposure to blood borne infections, therefore, it is essential that they are managed promptly.

There is a theoretical risk of transmission of hepatitis B from human bites, so the injured person should be offered vaccination. Although HIV can be detected in saliva of people who are HIV positive there is no documented evidence that the virus has been transmitted by bites<sup>4</sup>.

## **Exclusion**

Prompt exclusion is essential to preventing the spread of infection in childhood settings. There should be a local policy for exclusion of staff and children while they are infectious and a procedure for contacting parents or carers when children become ill at school.

When pupils are suffering from infectious diseases they should be excluded from school on medical grounds for the minimum period recommended. Formal exclusion of pupils from school on medical grounds is enforceable by the Head Teacher only, acting on behalf of the local authority or the managers or governors of a school<sup>1</sup>.

In exceptional cases, when parents insist on the return of their child to school when the child still poses a risk to others, the local authority may, by serving notice on the child's parents or carers, require that they keep the child away from school until they no longer pose a risk to others<sup>1</sup>.

Exposure to infectious disease is not normally a reason for medical exclusion. However, your local HPT can advise.

## **Exclusion table**

See [exclusion table](#) above

## **Handwashing**

Hand washing is one of the most important ways of controlling the spread of infections, especially those that cause diarrhoea and vomiting and respiratory disease. Liquid soap, warm water and paper towels are recommended.

Advise all staff and pupils to wash their hands after using the toilet, before eating or handling food and after touching animals.

Cover all cuts and abrasions with a waterproof dressing.

## **Coughing and sneezing**

Coughs and sneezes spread diseases. Children and adults should be encouraged to cover their mouth and nose with a disposable tissue and wash hands after using or disposing of tissues. Spitting should be discouraged.

## **Personal protective equipment (PPE)**

Wear disposable gloves and plastic aprons if there is a risk of splashing or contamination with blood or body fluids during an activity. Gloves should be disposable, non-powdered vinyl or latex-free and CE marked. Wear goggles if there is a risk of splashing to the face.

## **Managing cuts, bites and nose bleeds**

Staff should be aware of the school health and safety policy and manage situations such as cuts, bites and bleeds according to that policy. This includes the identification and training of nominated first aiders for the school.

If a bite does not break the skin:

1. Clean with soap and water.
2. No further action is needed.

If a bite breaks the skin:

1. Clean immediately with soap and running water.
2. Record incident in accident book.
3. Seek medical advice as soon as possible (on the same day):
  - to treat potential infection

- to protect against hepatitis B
- for reassurance about HIV

## **Managing needle stick injuries**

Occasionally children or staff may injure themselves with discarded used hypodermic needles which they have found. Dispose of the needle safely to avoid the same thing happening to someone else. This can be done by either contacting your local authority or school nurse. If someone pricks or scratches themselves with a used hypodermic needle:

- wash the wound thoroughly with soap and water
- cover it with a waterproof dressing
- record it in the accident book and complete the accident form
- seek immediate medical attention from your local Accident and Emergency department

## **Cleaning blood and body fluid spills**

All spillages of blood, faeces, saliva, vomit, nasal and eye discharges should be cleaned up immediately, wearing PPE.

Clean spillages using a product which combines detergent and disinfectant (and ensure it is effective against both bacteria and viruses). Always follow the manufacturer's instructions. Use disposable paper towels or cloths to clean up blood and body fluid spills, and dispose of after use. A spillage kit should be available for bodily fluids like blood, vomit and urine<sup>2</sup>.

## **Sanitary facilities**

Good hygiene practices depend on adequate facilities. A hand wash basin with warm running water along with a mild liquid soap, preferably wall mounted with disposable cartridges, should be available. Bar soap should not be used.

Place disposable paper towels next to basins in wall mounted dispensers, together with a nearby foot-operated waste paper bin.

Toilet paper should be available in each cubicle (it is not acceptable for toilet paper to be given out on request). If schools or nurseries experience problems with over-use, they could consider installing paper dispensers to manage this.

Suitable sanitary disposal facilities should be provided where there are female staff and pupils aged 9 or over (junior and senior age groups).

## **Managing nappies**

Children in nappies must have a designated changing area, away from play facilities and from any area where food or drink is prepared or consumed. Hand washing facilities must be available in the room so that staff can wash and dry their hands after every nappy change, before handling another child or leaving the nappy changing room. Soiled nappies should be wrapped in a plastic bag before disposal in the general school waste.

Clean children's skin with a disposable wipe. Flannels should not be used to clean bottoms. Label nappy creams and lotions with the child's name and do not share with others.

Wipe changing mats with soapy water or a baby wipe after each use. Mats should be cleaned thoroughly with hot soapy water if visibly soiled and at the end of each day. Check weekly for tears and discard if the cover is damaged.

A designated sink for cleaning potties (not a hand wash basin) should be located in the area where potties are used. Wear household rubber gloves to flush contents down the toilet. The potty should be washed in hot soapy water, dried and stored upside down.

The rubber gloves should be washed whilst wearing them and then wash and dry hands after taking them off.

Nappy waste can sometimes be produced in large quantities in places such as nurseries. Although considered non-hazardous, in quantity it can be offensive and cause handling problems. Where the premises produce more than one standard bag or container of human hygiene waste over the usual collection interval, it is advised to package it separately from other waste streams. Organisations that produce significant amounts of used nappies should contact their local authority to discuss appropriate disposal arrangements.

## **Children with continence aids**

Pupils who use continence aids (like continence pads, catheters) should be encouraged to be as independent as possible. The principles of basic hygiene should be applied by both pupils and staff involved in the management of these aids.

Continence pads should be changed in a designated area. Disposable powder-free non-sterile latex gloves and a disposable plastic apron should also be worn. Gloves and aprons should be changed after every pupil. Hand washing facilities should be readily available. Contact your school health team for further advice.

## **Laundry**

There should be a designated area on site if there is a need for laundry facilities. This area should:

- be separate from any food preparation areas
- have appropriate hand washing facilities
- have a washing machine with a sluice or pre-wash cycle

Staff involved with laundry services should ensure that:

- manual sluicing of clothing is not carried out as this can subject the operator to inhale fine contaminated aerosol droplets; soiled articles of clothing should be rinsed through in the washing machine pre-wash cycle, prior to washing
- gloves and aprons are worn when handling soiled linen or clothing
- hands are thoroughly washed after removing gloves

## **Dealing with contaminated clothing**

Clothing of either the child or the first-aider may become contaminated with blood or body fluids. Clothing should be removed as soon as possible and placed in a plastic bag and sent home with the child with advice for the parent on how to launder the contaminated clothing. The clothing should be washed separately in a washing machine, using a pre-wash cycle, on the hottest temperature that the clothes will tolerate.

## **Vulnerable groups at particular risk from infection**

Some children have impaired immune defence mechanisms in their bodies (known as immuno-compromised) and hence will be more likely to acquire infections. Also, the consequence of infection in the immuno-compromised is likely to be significantly more serious than in those with a properly functioning immune system (known as immuno-competent).



Impaired immunity can be caused by certain treatments such as those for leukaemia or other cancers, like cytotoxic therapy and radiotherapy. Other treatments such as high doses of steroids, enteral feeding and others, may also have a similar effect. Children and carers will have been fully informed by their doctor.

There are also some rare diseases, which can reduce the ability of a person to fight off infection. Usually nurseries and schools are aware of such vulnerable children through information given by their parents or guardians.

If a vulnerable child is thought to have been exposed to a communicable disease, chickenpox or measles in the school setting, parents or guardians of that child should be informed promptly so that they can seek further medical advice from their GP or specialist, as appropriate.

It is important that these children are also made known to the school nurse on entry to the school.