

Guidance on Infection Control in North Wales - Schools and Pre-School Settings

July 2013 – Review Date July 2014

If a school/pre-school in **North Wales** requires advice on exclusion periods / communicable diseases they are advised to do the following –

1. In the first instance a school/pre-school should refer to the information below which is relevant to both children and staff.
2. If further information is required regarding an illness and exclusion period a school/pre-school should contact the Health Protection Team, Public Health Wales in Mold: 01352 803234. (Any school should inform the school nurse of the outcome).
3. If a school/pre-school observes a higher rate of absence than is usual, they should inform the Health Protection Team – 01352 803234.
4. In cases of illness involving school staff, schools should contact their Occupational Health Team.
5. In cases where there are local/national outbreaks of illness schools/pre-schools will be informed and advised of any actions they are required to take.

Good Hygiene Practice

For guidance on good hygiene practices in relation to hand hygiene, toilet hygiene, clothing and fabrics, farm visits etc schools should refer to the 2006 Welsh Government document 'Teach Germs a Lesson' and childcare settings should refer to 'Mind the Germs' and the local 'Infection Control Audit Toolkit for Early Years Settings'.

Rashes and skin infections	Recommended period to be kept away from school and pre-school settings	Comments
Athlete's foot	None	Athletes foot is not a serious condition. Treatment is recommended
Chickenpox	Five days from the onset of rash	<i>SEE: Vulnerable Children and Pregnant Staff</i>
Cold sores, (Herpes simplex)	None	Avoid kissing and contact with the sores. Cold sores are generally mild and self-limiting.
German measles (rubella)	Six days from onset of rash	Preventable by immunisation (MMR x 2 doses). <i>SEE: Pregnant Staff</i>
Hand, foot and mouth	None	Contact your local Health Protection Team if a large number of children are affected. Exclusion may be considered in some circumstances
Impetigo	Until lesions are crusted and healed, or 48 hours after commencing antibiotic treatment	Antibiotic treatment speeds healing and reduces the infectious period
Measles	Four days from onset of rash	Preventable by vaccination (MMR x 2). <i>SEE: Vulnerable Children and Pregnant Staff</i>
Molluscum contagiosum	None	A self-limiting condition
Ringworm	Exclusion not usually required	Treatment is required
Roseola (infantum)	None	None
Scabies	Child can return after first treatment	Household and close contacts require treatment
Scarlet fever	Child can return 24 hours after commencing appropriate antibiotic treatment	Antibiotic treatment recommended for the affected child
Slapped cheek / fifth disease. Parvovirus B19	None	<i>SEE: Vulnerable Children Pregnant Staff</i>
Shingles	Exclude only if rash is weeping and cannot be covered	Can cause chickenpox in those who are not immune i.e. have not had chickenpox. It is spread by very close contact and touch. If further information is required, contact the Health Protection Team. <i>SEE: Vulnerable Children and Female Staff – Pregnancy</i>
Warts and Verrucae	None	Verrucae should be covered in swimming pools, gymnasiums and changing rooms

Diarrhoea and vomiting illness	Recommended period to be kept away from school and pre-school settings	Comments
Diarrhoea and/or vomiting	48 hours from last episode of diarrhoea or vomiting	
<i>E. coli</i> O157 VTEC	Should be excluded for 48 hours from the last episode of Diarrhoea	Further exclusion may be required for young children under five and those who have difficulty in adhering to hygiene practices
Typhoid [and paratyphoid] (enteric fever)	Further exclusion may be required for some children until they are no longer excreting	This guidance may also apply to some contacts who may require microbiological clearance
Shigella (dysentery)		Please consult your local Health Protection Team for further advice
Cryptosporidiosis	Exclude for 48 hours from the last episode of diarrhoea	Exclusion from swimming is advisable for two weeks after the diarrhoea has settled

Respiratory infections	Recommended period to be kept away from school and pre-school settings	Comments
'Flu (influenza)	Until recovered	<i>SEE: Vulnerable Children</i>
Tuberculosis	Always consult the Health Protection Team	Requires prolonged close contact for spread
Whooping cough (pertussis)	Five days from commencing 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. The Health Protection Team will organise any contact tracing necessary.

Other infections	Recommended period to be kept away from school and pre-school settings	Comments
Conjunctivitis	None	If an outbreak/cluster occurs, consult the Health Protection Team
Diphtheria	Exclusion is essential. Always consult the Health Protection Team	Family contacts must be excluded until cleared to return by the Health Protection Team. Preventable by vaccination. The Health Protection Team will organise any contact tracing necessary
Glandular fever	None	
Head lice	None	Treatment is recommended only in cases where live lice have been seen
Hepatitis A	Exclude until seven days after onset of jaundice (or seven days after symptom onset if no jaundice)	In an outbreak of hepatitis A, the Health Protection Team will advise on control measures
Hepatitis B, C, HIV/AIDS	None	Hepatitis B and C and HIV are blood borne viruses that are not infectious through casual contact. For cleaning of body fluid spills. <i>SEE: Teach Germs a Lesson (Welsh Government, 2006)</i>
Meningococcal meningitis / septicaemia	Until recovered	Meningitis C is preventable by vaccination. There is no reason to exclude siblings or other close contacts of a case. The Health Protection Team will advise on any action needed
Meningitis due to other bacteria	Until recovered	Hib and pneumococcal meningitis are preventable by vaccination. There is no reason to exclude siblings or other close contacts of a case. The Health Protection Team can advise on actions needed
Meningitis viral	None	Milder illness. There is no reason to exclude siblings and other close contacts of a case. Contact tracing is not required
MRSA	None	Good hygiene, in particular hand washing and environmental cleaning, are important to minimise any danger of spread. If further information is required, contact the Health Protection Team
Mumps	Exclude child for five days after onset of swelling	Preventable by vaccination (MMR x 2 doses)
Threadworms	None	Treatment is recommended for the child and household contacts
Tonsillitis	None	There are many causes, but most cases are due to viruses and do not need an antibiotic

Vulnerable Children

Some medical conditions make children vulnerable to infections that would rarely be serious in most children, these include those being treated for leukaemia or other cancers, on high doses of steroids and with conditions that seriously reduce immunity.

Pregnant Staff (including pregnant children)

If a pregnant woman develops a rash or is in direct contact with someone with a potentially infectious rash, this should be investigated by a doctor. The greatest risk to pregnant women from such infections comes from their own child/children, rather than the workplace.

Immunisations

Immunisation status should always be checked at school/pre-school entry and at the time of any vaccination. Parents should be encouraged to have their child immunised and any immunisation missed or further catch-up doses organised through the child's GP. For the most up-to-date immunisation advice www.immunisation.nhs.uk, or the child's GP can advise.

2 months old	<ul style="list-style-type: none"> • Diphtheria, tetanus, pertussis, polio and Hib (DTaP / IPV / Hib) • Pneumococcal (PCV) • Rotavirus 	<ul style="list-style-type: none"> • One injection • One injection • By mouth
3 months old	<ul style="list-style-type: none"> • Diphtheria, tetanus, pertussis, polio and Hib (DTaP / IPV / Hib) • Meningitis C (Men C) • Rotavirus 	<ul style="list-style-type: none"> • One injection • One injection • By mouth
4 months old	<ul style="list-style-type: none"> • Diphtheria, tetanus, pertussis, polio and Hib (DTaP/IPV/Hib) • Pneumococcal (PCV) 	<ul style="list-style-type: none"> • One injection • One injection
12 – 13 months	<ul style="list-style-type: none"> • Hib / meningitis C • Measles Mumps and Rubella (MMR) • Pneumococcal (PCV) 	<ul style="list-style-type: none"> • One injection • One injection • One injection
Three years and four months or soon after	<ul style="list-style-type: none"> • Diphtheria, tetanus, pertussis, polio (DTaP / IPV) or dTaP / IPV • Measles Mumps and Rubella (MMR) 	<ul style="list-style-type: none"> • One injection • One injection
13 to 18 years old	<ul style="list-style-type: none"> • Tetanus, diphtheria, and polio (Td/IPV) • Meningitis C 	<ul style="list-style-type: none"> • One injection • One injection
Girls aged 12 to 13 years	<ul style="list-style-type: none"> • Cervical cancer caused by human papilloma virus types 16 and 18. HPV vaccine 	<ul style="list-style-type: none"> • Three injections over a six month period

* Flu vaccination is being phased in from Autumn 2013

<https://www.gov.uk/government/publications/the-complete-routine-immunisation-schedule-201314>

This is the UK Universal Immunisation Schedule. Children who present with certain risk factors may require additional immunisations. Some areas have local policies – check with your GP.

Staff Immunisations

All staff should undergo a full occupational health check prior to employment; this includes ensuring they are up to date with immunisations. All staff aged 16–25 should be advised to check they have had two doses of MMR and one dose of Meningitis C.

Adapted from "Health Protection Agency" April 2010.

For references visit www.hpa.org.uk Information produced with the assistance of the Royal College of Paediatrics and Child Health.