

Guidance on infection prevention and control in schools and childcare settings#

Remember you can help prevent the spread of infections by checking children have had their routine immunisations, maintaining a clean environment and ensuring good personal hygiene (among staff and children), especially ensuring regular hand washing.

Scan the QR codes with your mobile device to access the guidance documents online



Public Health England Guidance on Infection Control in Schools and other Childcare Settings.

<http://bit.ly/2GKzyUg>



The Green Book
Information for public health professionals on immunisation.

<http://bit.ly/2fHqF4K>



The NHS routine immunisation schedule

<https://bit.ly/2FNgbG>

Rashes and skin infections

	Recommended period to be kept away from school, or childcare setting	Comments
Athlete's foot	None	Athlete's foot is not a serious condition. Treatment is recommended
Chickenpox	Five days from onset of rash	Blisters on the rash must be dry and crusted over
Cold sores, (Herpes simplex)	None	Avoid kissing and contact with the sores. Cold sores are generally mild and heal without treatment
German measles (rubella)*	Four days from onset of rash	Preventable by immunisation (MMR x2 doses). See Public Health England Guidance document above. Pregnant staff contacts should seek prompt advice.
Hand, foot and mouth	None	Contact your Public Health England centre 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 starting antibiotic treatment	Antibiotic treatment speeds healing and reduces the infectious period
Measles*	Exclude confirmed or likely cases for four days from onset of rash and when recovered sufficiently. Unvaccinated sibling contacts should be excluded for 21 days after last exposure	Preventable by immunisation (MMR x2 doses). Promote MMR for all pupils and staff. Pregnant staff contacts should seek prompt advice from their GP or midwife
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 at the same time
Scarlet fever*	Exclude until 24 hours of appropriate antibiotic treatment completed	A person is infected for 2-3 weeks if antibiotics are not administered. In the event of 2 or more suspected cases contact Public Health England
Slapped cheek/fifth disease. Parvovirus B19	None (once rash has developed)	Pregnant contacts should consult GP or midwife
Shingles	Exclude only if rash is weeping and cannot be covered	Can cause chickenpox in those who are not immune, ie have not had chickenpox. It is spread by very close contact and touch. If further information is required, contact your local Public Health England centre. See Public Health England Guidance document above
Warts and verrucae	None	Verrucae should be covered in swimming pools, gymnasiums and changing rooms

Respiratory infections

	Recommended period to be kept away from school, or childcare setting	Comments
Flu (influenza)	Until recovered	Report outbreak to Public Health England
Tuberculosis*	Always consult Public Health England before disseminating information to staff/ carers	Requires prolonged close contact for spread. Only pulmonary TB is infectious to others
Whooping cough* (pertussis)	Two days from starting 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. Your local Public Health England centre will organise any contact tracing necessary

Pre-school, nursery or childminding.

* denotes a notifiable disease. It is a statutory requirement that doctors report a notifiable disease to the proper officer of the local authority (for Bristol, North Somerset and South Gloucestershire, this is the South West Public Health England Centre). In addition, you may need to inform other regulating bodies, for example Office for Standards in Education (OFSTED) or Care Quality Commission (CQC). Please follow local policy.

Diarrhoea and vomiting illness

	Recommended period to be kept away from school, or childcare setting	Comments
Diarrhoea and/or vomiting [including amoebiasis (amoebic dysentery), Campylobacter, Cyclosporiasis, Norovirus and Rotavirus where cause is known]	48 hours from last episode of diarrhoea or vomiting	Good hygiene, in particular handwashing and environmental cleaning, are important to minimise any danger of spread. Exclusion from swimming is advisable for two weeks after the diarrhoea has settled
E. coli O157 STEC, Typhoid* [and paratyphoid*] (enteric fever) Shigella (bacillary dysentery)	All cases should be excluded for 48 hours from the last episode of diarrhoea. Further exclusion may be required for some children until there is microbiological evidence that they do not present a risk of onward transmission	Exclusion required until evidence of microbiological clearance (or equivalent) is available for children aged 5 years or younger and some older children where there is a concern around ability to maintain high levels of personal hygiene.
Cryptosporidiosis and Giardiasis	Exclude for 48 hours from the last episode of diarrhoea	Exclusion from swimming for two weeks after the diarrhoea has settled

Other infections

	Recommended period to be kept away from school, or childcare setting	Comments
Conjunctivitis	None	If an outbreak/cluster occurs, consult your local Public Health England centre
Diphtheria*	Exclusion is essential. Always consult with your Public Health England centre	Family contacts must be excluded until cleared to return by your local Public Health England centre. Preventable by vaccination. Your local Public Health England centre 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, your local Public Health England centre will advise on control measures
Hepatitis B*, C*, HIV/AIDS	None	Hepatitis B and C and HIV are bloodborne viruses that are not infectious through casual contact. See Public Health England Guidance document above
Meningococcal meningitis*/ septicaemia*	Until recovered	Meningitis ACWY and B are preventable by vaccination. Public Health England will advise on any action needed
Meningitis* due to other bacteria	Until recovered	Hib and pneumococcal meningitis are preventable by vaccination. Your local Public Health England centre will give advice on any action needed
Meningitis viral*	None	Milder illness than bacterial meningitis. There is no reason to exclude siblings and other close contacts of a case
MRSA	None	Good hygiene, in particular handwashing and environmental cleaning, are important to minimise any danger of spread. For further information contact Public Health England
Mumps*	Exclude child for five days after onset of swelling	Preventable by vaccination (MMR x2 doses). Promote MMR for all pupils and staff
Worm infestations [including hookworm, roundworm, tapeworm, threadworm and whipworm]	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

Public Health England Centre

For outbreaks or advice please contact Public Health England South West on 0300 303 8162 option 1, option 1

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www.bristol.gov.uk
www.n-somerset.gov.uk
www.southglos.gov.uk

