

APPENDIX 6

| Guidance on Infection Control and Communicable Disease In Schools and Child Care Settings | | |
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| To Minimise the Risk of Transmission of Infection to Other Children and Staff | | |
| Rashes and Skin | Exclusion period | Comments |
| Athletes foot | None | Athletes foot is not serious. Treatment is recommended. |
| Chickenpox (Varicella zoster) | 5 days from onset of rash. | Pregnant staff should seek advice from their GP. Severe infection may occur in vulnerable children |
| Cold Sores (herpes simplex) | None | Avoid kissing and contact with the sores. Cold sores are generally a mild self-limiting disease. |
| German Measles (Rubella) | 6 days from onset of rash | Preventable by immunisation (MMR x 2 doses). Pregnant staff should seek advice from their GP. |
| Hand, foot and mouth | None | Contact your local Health Protection Team (HPT) if a large number of children are affected. Exclusion may be considered in some circumstances. |
| Impetigo (Streptococcal Group A, skin infection) | Until sores are crusted or healed or until 48 hours after antibiotic treatment has started | Antibiotic treatment may speed healing and reduce infectious period. |
| Measles | 4 days from onset of rash. Always consult with HPT. | Preventable by immunisation (MMR x 2 doses). Pregnant staff should seek advice from their GP. Severe infection may occur in vulnerable children. Your local HPT will organise contact tracing. |
| Molluscum contagiosum | None | A mild self limiting condition. Try to avoid prolonged skin to skin contact. |
| Ringworm | None | |
| Roseola (infantum) | None | None |
| Scabies | Child can return after first treatment | Two treatments 1 week apart for cases. Contacts should also have 2 treatments, include the entire household and any other very close contacts. If further information required contact your local HPT. |
| Scarlet fever | 24 hours from commencing antibiotics | Antibiotic treatment recommended for affected child. |
| Slapped Cheek Syndrome (Erythrovirus B19) | None | Pregnant staff should seek advice from their GP. Severe infection may occur in vulnerable children. |
| Shingles (Varicella Zoster) | Exclude only if rash is weeping and cannot be covered e.g. with clothing | Can cause chickenpox in those who have not had chickenpox. |
| Warts and Verrucae | None | Verrucae should be covered in swimming pools |
| Diarrhoea and Vomiting Illness | Exclusion period | Comments |
| Diarrhoea and / or vomiting | Exclude until 48 hours after the diarrhoea and/or vomiting has stopped. Your local HPT will advise. | Diarrhoea is defined as 3 or more loose stools in 24 hours or a sudden change of bowel habit. Blood in stools require urgent medical attention. |
| Norovirus, Campylobacter, Salmonella | 48 hours from last episode of diarrhoea and vomiting. | |
| Cryptosporidiosis | 48 hours from last episode of diarrhoea and vomiting. | |

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| E.coli O157, Shigella (Bacillary dysentery), Enteric fever (Typhoid and paratyphoid) | Your local HPT will advise. | |
| Respiratory Infections | Exclusion period | Comments |
| Coughs/colds | Until recovered. | Consider influenza during the winter months |
| Flu (influenza) | Until recovered. | Severe infection may occur in those who are vulnerable to infection. |
| Tuberculosis (TB) | Consult with local HPT. | Not usually spread from children. Requires prolonged close contact for spread. |
| Whooping cough (Pertussis) | 5 days from commencing antibiotic treatment or 21 days from the onset of illness if no antibiotic treatment. | Preventable by vaccination. After treatment non-infections coughing may still continue for many weeks. Your local HPT will organise any contact tracing. |
| Others | Exclusion period | Comments |
| Conjunctivitis | None. If outbreak occurs consult with local HPT. | Antibiotics will not work if the infection is due to a virus. In these cases the discharge is usually only clear fluid (like tears) and the eyes are only slightly red. In these cases exclusion is not required. |
| Diphtheria | Exclusion will apply. Always consult with your local HPT. | Preventable by vaccination. Your local HPT will organise all contact Tracing. |
| Glandular Fever | None | |
| Headlice | None | Treatment is recommended only in cases where live lice have definitely been seen. Close contacts should be checked and treated if live lice are found. Regular detection (combing) should be carried out by parents. |
| Hepatitis A or E | 7 days from onset of jaundice/ symptoms. | |
| Hepatitis B and C | None | Blood borne viruses are not infectious through casual contact. |
| Meningococcal Meningitis / Septicaemia | Until recovered. HPT will advise. | Meningitis C is preventable by vaccination. There is no reason to exclude siblings and other close contacts of a case. Your local HPT will provide advice for staff and parents as required and organise all contact tracing. |
| 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. Your local HPT will give advice on any action required. |
| Meningitis viral | None | Milder illness. There is no reason to exclude siblings and other close contacts of a case. |
| Mumps | 5 days from onset of swollen glands. | Preventable by vaccination (MMR x 2 doses) |
| Threadworms | None | Treatment is required for the child and all household contacts. |

For further information please contact the Health Promotion Team Tel: 01387 272724