

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

October 2018 – Review Date October 2019

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 2017 Public Health Wales All Wales Infection Prevention and Control Guidance for Education Settings

http://www.wales.nhs.uk/sitesplus/documents/888/All%20Wales%20Infection%20Prevention%20and%20Control%20Guidance%20for%20Educational%20Settings_FINALMay%202017x.pdf and childcare settings should refer to Infection Prevention and Control for Childcare Settings (0-5 years) and the local 'Infection Control Audit Toolkit' for settings with nursery age children (0-5).

<http://www.wales.nhs.uk/sitesplus/documents/888/Infection%20Prevention%20and%20Control%20for%20Childcare%20Settings%20Final%202014%20%282%29.output.pdf>

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)	Four 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>
Ringworm	Exclusion not usually required	Treatment is required
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 (once rash has developed)	<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 (report outbreaks to local HPT)</i>
Tuberculosis	Always consult the HPT before sending out info to staff/parents	Requires prolonged close contact for spread
Whooping cough (pertussis)	Two 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
Glandular fever	None	
Head lice	None	Treatment is recommended only in cases where live lice are 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 following most up to date infection control guidance.
Meningococcal meningitis / septicaemia	Until recovered	Meningitis ACWY & B are preventable by vaccination. 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. 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.
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 can be organised through the child's GP. Speak to the child's GP for the most up-to-date immunisation advice.

2 months old	Diphtheria, tetanus, pertussis (whooping cough), polio and Haemophilus influenzae type b (Hib) & hepatitis B	DTaP/IPV/Hib/HepB	Thigh
	Pneumococcal disease	PCV	Thigh
	Rotavirus (<i>cut off is 15 weeks old</i>)	Rotavirus	By mouth
	Meningococcal Group B (MenB)	MenB	Left Thigh
3 months old	Diphtheria, tetanus, pertussis, polio and Hib & Hep B	DTaP/IPV/Hib/HepB	Thigh
	Rotavirus (<i>cut off is 24 weeks old</i>)	Rotavirus	By mouth
4 months old	Diphtheria, tetanus, pertussis, polio, Hib & Hep B	DTaP/IPV/Hib/HepB	Thigh
	Meningococcal Group B (MenB) 2 nd dose	MenB	Left Thigh
	Pneumococcal disease	PCV	Thigh
12 – 13 months old (within a month of first birthday)	Hib/MenC	Hib/MenC	Upper arm/thigh
	Pneumococcal disease	PCV	Upper arm/thigh
	Measles Mumps and Rubella (German measles)	MMR	Upper arm/thigh
	Meningococcal Group B (MenB) 3 rd dose	MenB	Left Thigh
Children aged 2 & 3 yrs old and all primary school children.	Influenza (each year from October)	Flu nasal spray	Nostrils
3 years & 4 months	Diphtheria, tetanus, pertussis, polio	DTaP/IPV	Upper arm
	Measles Mumps and Rubella	MMR	Upper arm
Girls aged 12 to 13 Years old (school year 8)	Cervical cancer caused by human papilloma virus types 16 & 18 (& genital warts caused by type 6 & 11)	HPV	Upper arm
14 years old (school yr 9)	Tetanus, diphtheria, and polio	Td/IPV	Upper arm
	Meningococcal groups A, C, W & Y disease	MenACWY	Upper arm

The complete routine imms schedule from August 2018 is available from:

http://www.nhsdirect.wales.nhs.uk/pdfs/Routine%20Immunisation%20Schedule%20-%20Children%20and%20Adults_2018%20final%207%20Aug%202018.pdf

Immunisation for those at risk - this link is the UK universal immunisation schedule and includes immunisations for those at risk. Children who present with certain risk factors may require additional immunisations. Some areas have local policies – check with GP. **Pregnant staff** - should be offered flu vaccination which can be given at any stage of pregnancy; from 28 weeks of pregnancy onwards, pregnant women should also be offered whooping cough (Pertussis) vaccination. **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 Men 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.