Guidance on Infection Control in Schools and Other Childcare Facilities

NHS Greater Manchester

For the latest "Guidance on Infection Control in Schools and Other Childcare Facilities" from The UK Health Scrutiny Agency (UKHSA) go to: https://www.gov.uk/government/publications/health-protection-in-schools-and-other-childcare-facilities
Further information can be found at https://www.nhs.uk

Legend: **V** = Virus, **B** = Bacteria, **P** = Parasite, **F** = Fungus
HPT = Health Protection Team, **IPCT** = Infection Prevention & Control Team

Rashes and skin infections	Recommended period to be kept away from school, nursery or childminders	Comments	Spread
Chickenpox (V)	Until 5 days after the appearance of the rash and all blisters have crusted over.	If there are also any scarlet fever cases in your setting, report any cases to your local IPCT/HPT.	Respiratory secretions contaminated items & surfaces, direct contact with blisters before crusted
Cold sores (Herpes simplex) (V)	None	Cold sores take time to heal and are infectious, especially when the blisters burst. Do not kiss babies if you have a cold sore, it can lead to neonatal herpes, which is very dangerous to newborn babies.	Direct contact with cold sores/blister fluid.
Hand, foot and mouth (V)	None if child is well. Exclusion may be considered in some circumstances.	Contact your local IPCT/HPT if a large number of children are affected.	Respiratory secretions, contaminated items & surfaces,
Impetigo (B)	Until blisters are crusted and healed, or 48 hours after starting antibiotic treatment.	Antibiotic treatment speeds healing and reduces the infectious period.	Touch and contaminated surfaces and items.
Measles* (V)	Four days from onset of rash.	GPs notify any possible cases to UKSHA. Preventable by immunisation (MMR x2 doses at 12 months and 3 years 4 months)	Respiratory secretions, touch and contaminated items/ surfaces.
Molluscum contagiosum (V)	None	A condition that tends to go away on its own, without treatment.	Direct touching the skin of an infected person or touching contaminated objects.
Mpox (V)	Stay away until confirmed safe to return by their clinician	Higher risk of serious complications if: Under 5 years old Pregnant People with weakened immune systems	Direct contact with rash, skin lesions or scabs. Contact with bodily fluids, clothing or linens (such as bedding or towels) contaminated items/ surfaces.
PVL (B)	Children and staff with a lesion or wound that cannot be covered should be excluded. May need to be restricted from certain activities.	If further information is required, contact your local IPCT Team/HPT.	Skin to skin and contaminated surfaces.
Ringworm (F)	Exclusion not usually required.	Treatment is required.	Skin to skin contact, household pets, soil (rare), contaminated items.
Rubella (German measles) (V)*	Five days from onset of rash.	Preventable by immunisation (MMR x2 doses). Pregnant staff contacts should seek prompt advice from their GP/midwife	Respiratory secretions, touch and contaminated items/surfaces.
Scabies (P)	None but avoid close physical contact with others until 24 hours after starting first dose of treatment If unable to avoid close physical contact with others (e.g. children under 5 years and those who have difficulty in adhering to hygiene practices) then exclude until 24 hours after first treatment.	Household and close contacts require treatment at the same time	Skin to skin contact.
Scarlet fever* (B)	Child can return 24 hours after starting appropriate antibiotic treatment	Antibiotic treatment is recommended. Individuals who decline treatment should be excluded until no further symptoms. Report any cases to your local IPCT/HPT.	Respiratory secretions, direct touch and contaminated items/surfaces.
Slapped cheek (Fifth Disease/ Parvovirus B19) (V)	None (once rash has developed)	Pregnant contacts of a case should seek prompt advice advice from their GP/midwife	Respiratory secretions, touch and contaminated items/surfaces.
Shingles (V)	Exclude if rash is weeping and cannot be covered.	A person with shingles is infectious to those who have not had chickenpox.	Respiratory secretions or by direct contact with fluid from blisters.
Warts and verrucae (V)	None	Verrucae should be covered in swimming pools, gymnasiums and changing rooms.	Contaminated surfaces or through close skin contact.

Other infections	Recommended period to be kept away from school, nursery or childminders	Comments	Spread
Conjunctivitis (B & V)	None	If an outbreak/cluster occurs, contact your local IPCT/HPT.	Direct touch and contaminated Items.
Diphtheria *(B)	Exclusion is essential. Always consult with UKHSA.	Preventable by vaccination. UKHSA will organise contact tracing if necessary.	Respiratory secretions, touch and contaminated items/surfaces.
Glandular fever (V)	None if child is well.		Saliva and contaminated items.
Head lice (P)	None	Child and contacts should be treated at same time if live lice are seen.	Head-to-head contact.
Hepatitis A* (V)	Exclude until 7 days after the onset of jaundice (or onset of symptoms if no jaundice).	UKHSA will advise on control measures.	Faecal oral route, infected water, contaminated food.
Blood Borne Viruses: Hepatitis B*, C*, HIV (V)	None if child is well. Do not exclude chronic cases; children or staff.	Not infectious through casual contact. Acute cases will be too ill to attend school and their doctors will advise when they can return. Contact your local IPCT Team/HPT and UKHSA.	Contact with blood or bodily fluids.
Bacterial Meningitis* (including meningococcal) (B)	Until recovered. There is no reason to exclude siblings or other close contacts of a case.	UKHSA will advise on action needed.	Respiratory secretions, contaminated items and surfaces
Viral Meningitis * (V)	None if child is well.	Milder illness. There is no reason to exclude siblings and other close contacts of a case. Contact tracing is not required.	Respiratory secretions, contaminated items and surfaces
Mumps* (V)	Exclude for 5 days after onset of swelling.	Preventable by vaccination (MMR x2 doses).	Respiratory secretions, contaminated items and surfaces
Threadworms (P)	None	Treatment is recommended for the child and household contacts.	Eggs spread on hands, under fingernails, and on contaminated Items.

* **Denotes a notifiable disease. It is a statutory requirement that medical practitioners report notifiable diseases to the proper officer of the local authority—usually UKSHA.**

Contact details

Your local Health Protection Team is:
Bury Health Protection Nurses
Email: infectionprevention@bury.gov.uk
Tel: 0161 253 6900

UKSHA North West Tel: 0344 225 0562

Scan for additional resources:

Or go to:
https://sway.cloud.microsoft/dk6YsXksU4boUoD2

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Respiratory infections	Recommended period to be kept away from school, nursery or childminders	Comments	Spread
Flu (influenza) (V)	Until child is well enough and no longer has a fever. Children with mild symptoms such as runny nose, sore throat or slight cough who are well with no fever can continue to attend	Vaccine is available for children and adults in at risk groups. Report outbreaks to your IPCT Team/HPT.	Respiratory secretions, contaminated items and surfaces
COVID-19 (V)	Until child is well enough and no longer has a fever. Children with mild symptoms such as runny nose, sore throat or slight cough who are well with no fever can continue to attend **Its not recommended that children are tested for Covid 19 unless instructed by a health professional.** If test positive stay at home and avoid contact with others for 3 days after the day they took the test.	Vaccine is available for children and adults in at risk groups.	Respiratory secretions, contaminated items and surfaces
Tuberculosis* (B)	Always consult your local UKHSA	Some (but not all) people who develop TB of the lung are infectious to others.	Respiratory secretions, usually requires prolonged close contact.
Whooping cough* (pertussis) (B)	48 hours from starting antibiotic treatment, or 14 days from onset of coughing if no antibiotic treatment. For staff who provide close personal care to vulnerable babies in priority groups in a nursery exclude for 21 days if not had at least 48 hours of treatment (your HPT will support you with this)	Preventable by vaccination. After treatment, non-infectious coughing may continue for many weeks.	Respiratory secretions, contaminated items and surfaces

Diarrhoea and vomiting illness	Recommended period to be kept away from school, nursery or childminders	Comments	Spread
Diarrhoea and/or Vomiting	Exclude for 48 hours from the last episode of diarrhoea/vomiting.	Report outbreaks to your local IPC/HP Team. If a particular cause of the diarrhoea and vomiting is identified, there may be additional exclusion advice, for example E. coli STEC and hepatitis A	Faecal oral route, infected water, contaminated food.
E. coli O157 VTEC* Typhoid* and paratyphoid* (enteric fever) Shigella* (dysentery) (B)	Exclude for 48 hours from the last episode of diarrhoea. Further exclusion may be required for some children until they are no longer excreting. This includes children aged five years or younger and those who have difficulty in adhering to hygiene practices.	Children in these categories should be excluded until there is evidence of microbiological clearance. Some other contacts may also require microbiological clearance. Please consult UKHSA for further advice.	Faecal oral route, infected water, contaminated food.
Cryptosporidiosis (P)	Exclude for 48 hours from the last episode of diarrhoea.	Exclude from swimming for two weeks after the diarrhoea has settled.	Contact with soil, water, food or surfaces that have been contaminated by infected stools (faeces) containing the parasite.

Good hygiene practices to prevent the spread of infection

Schools and nurseries are common sites for the transmission of infections as children have immature immune systems, close contact with other children, who may have an incomplete vaccination record and a poorer understanding of hygiene practices. The best way to manage infections in school and childcare facilities is to:

- Promote immunisation as per the routine childhood immunisation schedule (https://www.gov.uk/government/publications/the-complete-routine-immunisation-schedule)
- Adhere to recommended exclusion periods— for children and staff (as per table)
- Encourage regular hand washing and good personal hygiene amongst children
- Facilitate good environmental cleaning

For further information, including free educational resources, posters, lesson plans around microbes, the spread, prevention and treatment of infection and antibiotics visit the e-Bug website: https://www.e-bug.eu/

People

Handwashing: Is one of the most important ways of controlling the spread of infection. Children and staff should be encouraged to wash their hands with liquid soap and warm water before and after using the toilet, before eating or handling food and after touching pets or animals. Liquid soap and paper towels are recommended. All cuts and abrasions should be covered with a waterproof plaster.

Personal Protective Equipment (PPE): Gloves (powder and latex free) and aprons should be single use and worn where there is risk of splash or contamination with blood or bodily fluids—e.g., vomit/faeces. Gloves should always be carefully removed first, followed by apron, and hands washed after taking PPE off. Cloth tabards are not recommended for use between children and tasks.

Pregnancy: Contact with children or individuals with German measles (rubella), measles, chickenpox, shingles or slapped cheek should be reported to the midwife or GP for advice. A suitable pregnancy risk assessment should be undertaken.
Immunisation: Schools and childcare settings are encouraged to check and record a child's immunisation status on initial entry. Parents and carers should be advised to have their child immunised and to catch up on any doses which may have been missed. The routine childhood immunisation schedule can be found on the UKHSA or NHS website. Staff should also ensure they are up to date with their immunisations including 2 doses of MMR vaccine, encouragement to have the seasonal flu and covid 19 vaccination. Employees who may be exposed to blood and bodily fluids, including risk of bites, should be signposted to occupational health services to ask about Hepatitis B vaccination.

Vulnerable individuals: Some children have impaired immunity due to underlying illness and risk factors are susceptible to acquiring infection. These may include leukaemia, other cancers, treatment with high dose steroids, enteral feeding or management or other medical devices. If a vulnerable child is thought to have been exposed to a communicable disease (as per table) parents or carers should be informed promptly so that they may seek further medical advice as appropriate.
Bites and sharps injuries: If skin is broken as a result of a used needle injury or bite, encourage the wound to bleed and wash thoroughly with soap and water. The puncture wound can be covered with a plaster and incident recorded in the accident book. Medical advice should be sought immediately. If medicinal or diagnostic needles are required for children on-site, a sharps bin must be available at the point of care for immediate disposal, correctly assembled, signed, dated and disposed of/replaced when 2/3 full.

Environment

Cleaning: of the environment, including toys and equipment is vital to reduce the risk of infection transmission. Colour-coded equipment should be used in different areas with separate equipment for kitchen, toilet, classroom and office areas (**red** for toilets and washrooms; **yellow** for hand wash basins and sinks; **blue** for general areas and **green** for kitchens). Cloths should be disposable (or if reusable, laundered after use). As a minimum a detergent-based product should be used to clean surfaces, toys and other items. Disinfectants may be required in some situations i.e., if bodily fluids are present. The IPCT or Health Protection team will advise around this.

Outbreak reporting and management: An outbreak of infection may be defined as: an incident in which two or more people are experiencing a similar illness or symptoms and are linked in time or place, i.e., lots of children off at the same time with illness such as chest infections, diarrhoea and vomiting or skin infections. Outbreaks should be reported to your local IPCT or HPT team (contact details below) who will be able to advise accordingly.
Remember: ***'Catch it, Bin it, Kill it'.*** Children and adults should be encouraged to carry tissues and use them to catch coughs and sneezes, then to bin the tissues and to kill the germs by washing hands. Spitting should be discouraged.

Nappy/continence product changing: A designated area is required away from general/play facilities and any areas where food or drink is prepared or consumed. Disposable PPE should be worn, and hands washed once the task is completed and waste disposed of appropriately. Facilities producing large amounts of used nappies/continence products must contact their local authority to discuss appropriate waste disposal arrangements.

Laundry: There should be a designated laundry area on site if items need to be regularly laundered. This should be away from food preparation areas and staff using the facilities should have access to PPE and hand hygiene facilities if handling soiled items. Settings where blood or body fluid spillages may occur on clothing, bedding or other items for laundering may consider obtaining dissolvable (alginate) bags which can be directly placed into the washing machine on sluice or pre-wash cycle to prevent cross contamination. Tumble dryers are also recommended. Do not dry items on radiators. Soiled items to be sent home for cleaning should be placed directly into a plastic bag, or alginate bag for parents/carers with appropriate advice.

Animals: Contact with animals can pose a risk of infection, including gastro-intestinal, fungal and parasitic infection. Children and adults must always wash their hands with soap and water after handling or petting animals, particularly farm animals.