

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/2g2FL57>



The Green Book
Information for public health professionals on immunisation.

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



The NHS routine immunisation schedule

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

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	Until all vesicles have crusted over	See PHE Guidance document above
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 (as per "Green Book")	Preventable by immunisation (MMR x2 doses). See PHE Guidance document above
Hand, foot and mouth	None	Contact your PHE 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*	Four days before and after onset of rash	Preventable by immunisation (MMR x2 doses). See PHE Guidance document above. Please consult your local PHE centre for further advice
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 starting appropriate antibiotic treatment	Antibiotic treatment is recommended for the affected child
Slapped cheek/fifth disease. Parvovirus B19	None (once rash has developed)	See PHE Guidance document
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 PHE centre. See PHE 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	See PHE Guidance document
Tuberculosis*	Always consult your local PHE centre	Requires prolonged close contact for spread
Whooping cough* (pertussis)	Five 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 PHE 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 South Gloucestershire, this is the South West PHE 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.

PHE Centre

For outbreaks or advice please contact Public Health England South West on 0300 3038162 option 1, 2.

Diarrhoea and vomiting illness

	Recommended period to be kept away from school, or childcare setting	Comments
Diarrhoea and/or vomiting	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 0157 VTEC, Typhoid* [and paratyphoid*] (enteric fever) Shigella (dysentery)	Should be excluded for 48 hours from the last episode of diarrhoea. Further exclusion may be required for some children until they are no longer excreting	Further exclusion is required for 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. This guidance may also apply to some contacts who may also require microbiological clearance. Please consult your local PHE centre for further advice
Cryptosporidiosis	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 PHE centre
Diphtheria *	Exclusion is essential. Always consult with your PHE centre	Family contacts must be excluded until cleared to return by your local PHE centre. Preventable by vaccination. Your local PHE 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 PHE 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 PHE Guidance document above
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. In case of an outbreak, it may be necessary to provide antibiotics with or without meningococcal vaccination to close school contacts. Your local PHE centre will advise on any action is 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. Your local PHE centre will give advice on any action 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 handwashing and environmental cleaning, are important to minimise any danger of spread. If further information is required, contact your local PHE centre
Mumps*	Exclude child for five days after onset of swelling	Preventable by vaccination (MMR x2 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

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