

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

April 2018 – Review Date April 2020

Individuals with a suspected or confirmed infectious disease should not attend the setting during the time they are considered infectious. The table below is a guide to as to whether an individual should attend a setting or not. This is based upon the period on infectivity and not upon whether the individual is well enough to attend. If uncertain, individuals should stay at home and seek advice from NHS Direct Wales 0845 46 47, their pharmacy or GP.

If a setting requires advice on exclusion periods / communicable diseases they are advised to do the following-

1. In the First instance refer to the information below which is relevant to both children and staff.
2. If further information is required, contact Health Protection Team. (Inform school nurse if applicable).
3. In case of illness involving school staff, contact the Occupational Health Team.
4. In case where there are local/national outbreaks of illness, settings will be informed and advised of any actions they are required to take by the Health Protection Team.

**Health Protection Team, Public Health Wales: 0300 00 300 32**

Settings should keep an illness register for all children and staff; as well as a register of individuals who may be considered vulnerable to infection.

If more than two cases of ANY illness are observed, contact the Health Protection Team as this can be defined as an outbreak.

It is a statutory requirement to report the following diseases to the Health Protection Team: acute encephalitis, acute infectious hepatitis, acute meningitis, acute poliomyelitis, anthrax, botulism, brucellosis, cholera, diphtheria, enteric fever (typhoid or paratyphoid fever), food poisoning, haemolytic uremic syndrome (HUS), infectious bloody diarrhoea, invasive group A streptococcal disease, legionnaires disease, leprosy, malaria, measles, meningococcal septicaemia, mumps, plague, rabies, rubella, SARS, scarlet fever, smallpox, tetanus, tuberculosis, typhus, viral haemorrhagic fever, whooping cough and yellow fever. \* Notifiable disease.

Note: even if there is no exclusion period, if a child is unwell they should not attend school.

Rashes and skin infections	Period individual to be kept away from Setting	Comments
Unexplained rashes should be considered infectious until health advice is obtained.		
Athlete's foot	None.	Athletes' foot is not a serious condition. Treatment is recommended
Chickenpox	5 days from onset of rash AND until all vesicles (blisters) have crusted over	SEE: <i>Vulnerable Individuals and Pregnant Woman</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 vaccination and contained within the routine immunisation schedule (MMR x 2 doses). SEE: <i>Pregnant Women</i>
Hand, foot and mouth	None.	Contact your local Health Protection Team if a large number of children are affected. Keeping individuals from the setting may be considered in some circumstances
Impetigo	Until affected areas 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 and contained within the routine immunisation schedule (MMR x 2 doses). SEE: <i>Vulnerable individuals and Pregnant Women</i>
Molluscum contagiosum	None.	A self-limiting condition
Ringworm	None.	Treatment is required
Roseola (infantum)	None.	None
Scabies	Individual can return after first treatment	Household and close contacts require treatment
Scarlet fever*	Individual can return 24 hours after commencing appropriate antibiotic treatment	Antibiotic treatment recommended for the affected individual.
Slapped cheek / fifth disease. Parvovirus B19	None (once rash as developed)	SEE: <i>Vulnerable individuals and Pregnant Women</i>
Shingles	Individual only to be kept away from setting 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. SEE: <i>Vulnerable individuals and Pregnant Women</i>
Warts and Verrucae	None.	Verrucae should be covered in swimming pools, gymnasiums and changing rooms
<b>Diarrhoea and vomiting illness</b>		
Diarrhoea and/or vomiting	48 hours from last episode of diarrhoea or vomiting	
<i>E. coli</i> O157 VTEC	Should be kept away from the setting for 48 hours from the last episode of Diarrhoea	Individuals aged 5 years of younger and those who have difficulty in maintaining good personal hygiene need to be kept away from the setting until there is proof that they are not carrying the germ (microbiological clearance) adhering to hygiene practices. Need to be kept away from setting.
Typhoid [and paratyphoid] (enteric)	Some individuals may need to be kept	

fever)* Shigella (dysentery)	away from the setting until they are no longer excreting	This guidance may also apply to some people that the individual may have been in contact with that may also require microbiological clearance. Please contact health Protection Team for Further Advice.
Cryptosporidiosis	Keep away from setting for 48 hours from the last episode of diarrhoea.	Individuals should not be permitted to swim for two weeks after the last bout of diarrhoea has ended.
<b>Respiratory illnesses</b>		
Flu (influenza)	Until recovered	SEE: <i>Vulnerable Children</i>
Tuberculosis*	Always consult the Health Protection Team	Requires prolonged close contact for spread
Whooping cough (pertussis)*	48 hours from commencing antibiotic treatment, or 21 days from onset of illness if no antibiotic treatment	Preventable by vaccination and contained within the UK Routine Immunisation Schedule. After treatment, non-infectious coughing may continue for many weeks. The Health Protection Team can assist in tracing people that the individual may have had contact with if necessary.
<b>Other infections</b>		
Conjunctivitis	None.	If an outbreak/cluster occurs, consult the Health Protection Team
Diphtheria*	Must not attend setting. Always consult the Health Protection Team	Preventable by vaccination and contained within UK Routine Immunisation Schedule. Family contacts must be kept away from setting until cleared to return by the Health Protection Team. The Health Protection Team will consider the risk that any contact the individual has had with others if necessary.
Glandular fever	None.	
Head lice	None.	Treatment is recommended only in cases where live lice have been seen
Hepatitis A	Individual should be kept away from the setting until seven days after onset of jaundice (or seven days after symptom offset 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.
Meningococcal meningitis / septicaemia*	Until recovered	Several types of meningococcal disease are preventable by vaccination. There is no reason to keep siblings or other close contacts of the individual from attending settings. In the case of an outbreak, it may be necessary to provide antibiotics with or without meningococcal vaccination to close school contacts. 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. There is no reason to exclude siblings or other close contacts of a case away from settings. The Health Protection Team can advise on actions needed
Meningitis viral	None.	Milder illness. There is no reason to keep siblings and other close contacts of the individual away from setting. Tracing people that individual has had contact with is not required.
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*	Keep away from setting 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 Individuals

Some medical conditions make children vulnerable 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 Women (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 a pregnant woman from such infections comes from their own child/children, rather than the workplace.

### Immunisation

Immunisation status (staff and children) should always be checked before starting school/pre-school at the time of any vaccination. Parents are encouraged to immunise their child or to arrange further does through the family doctor. For further information about the immunisation schedule, please visit:

<http://www.wales.nhs.uk/sitesplus/888/page/43510>

Adapted from: "All Wales Infection Prevention and Control Guidance for Education Settings" (2017)