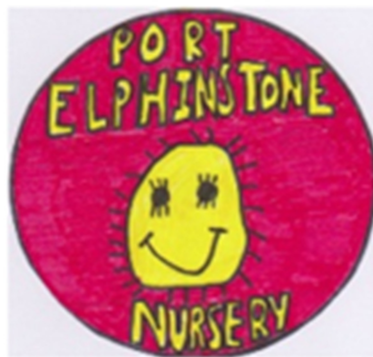
Port Elphinstone School & Nursery

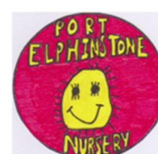


Guidance on Infection Control

Guidance on Infection Control in Schools and Nurseries to minimise the risk of transmission of infection to other children and staff

Disease	Recommended Period to be Kept Away from School (once child is well)	Comments
Diarrhoea and/or vomiting (with or without a specific diagnosis)	Until diarrhoea and vomiting has settled (neither for the previous 48 hours)	Usually there will be no specific diagnosis and for most conditions there is no specific treatment. A longer period of exclusion may be appropriate for children under age 5 and older children unable to maintain good personal hygiene.
"Flu" (influenza)	None	Flu is most infectious just before and at the onset of symptoms
Chickenpox	For five days from onset of rash until spots have healed or crusted	
Cold Sores	None	Exclusion – children with open sores who "mouth" toys, bite or drool
Conjunctivitis	None	
Head Lice (nits)	None	Treatment is recommended only in cases where live lice have definitely been seen. It is recommended to carry out detection combing once a week
Threadworms	None	Transmission is uncommon in schools but treatment is recommended for the child and family
Warts and verrucae	None	Affected children may go swimming but verrucae should be covered
Slapped cheek or Fifth (Parvovirus)	None	Exclusion is ineffective as nearly all transmission takes place before the child becomes unwell
Hand, foot and mouth disease	None	Usually a mild disease not justifying time off school
Impetigo	Until lesions are crusted or healed or have been treated for 48 hours with an appropriate antibiotic	Antibiotic treatment by mouth may speed healing. If lesions can reliably be kept covered exclusion may be shortened
Measles	Four days from onset of rash	Measles is now rare in the UK
German Measles (rubella)	Four days from onset of rash	The child is most infectious before the diagnosis is made and most children should be immune due to immunisation so exclusion after the rash appears will prevent very few cases

These guidelines are from NHS Scotland



Disease	Recommended Period to be Kept Away from School (once child is well)	Comments
Mumps	Five days from the onset of swollen glands – ten days if contact with unvaccinated population eg babies	The child is most infectious before the diagnosis is made and most children should be immune due to immunisation
Meningococcal meningitis/ Septicaemia	Seek further advice on any action needed	There is no reason to exclude from school siblings and other close contacts of a case
Meningitis not due to Meningococcal infection	None	Once the child is well, infection risk is minimal
Shingles	Five days from onset of rash	If lesions can be covered, no exclusion is necessary
Ringworm (Tinea)	None	Proper treatment by the GP is important. Scalp ringworm needs treatment with an antifungal by mouth
Scabies	Until first treatment is completed	Outbreaks have occasionally occurred in school and nurseries. Child can return as soon as properly treated. This should include all the persons in the household
Scarlet Fever	24 hours from commencing antibiotics	Treatment recommended for the affected child.
Ecoli and Haemolytic Uraemic Syndrome	Depends on the type of Ecoli, seek further advice	
Salmonella	Until diarrhoea and vomiting has settled (neither for the previous 48 hours)	If the child is under five years or has difficulty in personal hygiene, seek further advice
Whooping cough (Pertussis)	48 hours from commencing antibiotic treatment	Treatment (usually with erythroymycin) is recommended though non-infectious coughing may still continue for many weeks
Tuberculosis (Respiratory)	Two weeks after start of treatment	Generally requires quite prolonged, close contact for spread. Not usually spread from children
Tuberculosis (Non-respiratory/ Environmental)	None	
Glandular fever	None	Saliva on toys etc can cause infection in children
HIV/AIDS	HIV is not infectious through casual contact. There have been no recorded cases of spread within a school or nursery	
Hepatitis B and C	Although more infectious than HIV, hepatitis B and C have only rarely spread within a school setting. Universal precautions will minimise any possible danger of spread of both hepatitis B and C	

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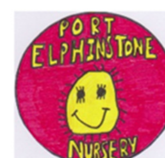

Immunisations

By the age of 2, all children should have received 3 doses of diphtheria/tetanus/whooping cough/HIB and polio immunisations and at least one dose of measles, mumps, and rubella (MMR) immunisation.

By age 5 all children should, in addition, have had a booster of diphtheria, tetanus and polio, and a second dose of MMR.

Hands – Washing and Good Hygiene Procedures

- Effective hand washing is an important method of controlling the spread of infections, especially those that cause diarrhoea and vomiting.
- Always wash hands after using the toilet and before eating or handling food using warm, running water and a mild, preferably liquid soap. Toilets must be kept clean.
- Rub hands together vigorously until a soapy lather appears and continue for at least 15 seconds ensuring all surfaces of the hands are covered.
- Rinse hands under warm running water and dry hands with a hand dryer or clean towel (preferably paper).
- Discard disposable towels in a bin. Bins with foot pedal operated lids are preferable.
- Encourage use of handkerchiefs when coughing and sneezing.

February 2018