



Guidance on infection control & exclusions in schools/childcare settings

This poster has been created using the UK Health Security Agency 'Health protection in education and childcare settings' Updated April 2022.

For further information and advice please contact your local UKHSA HPT on **0344 225 0562** or visit www.gov.uk/government/organisations/uk-health-security-agency

Infection	Exclusion Period	Comments
Athlete's foot	None	Children should not be barefoot at school (for example in changing areas) and should not share towels, socks or shoes with others.
Chickenpox	At least 5 days from onset of rash and until all blisters have crusted over.	Pregnant staff contacts should consult with their GP or midwife.
Cold sores, (Herpes simplex)	None	Avoid kissing and contact with the sores.
German measles (Rubella)*	5 days from onset of rash.	Preventable by vaccination with 2 doses of MMR. Promote MMR for all pupils and staff. Pregnant staff contacts should seek prompt advice from their GP or midwife.
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/healed, or 48 hours after starting antibiotic treatment.	Antibiotic treatment speeds healing and reduces the infectious period.
Measles	4 days from onset of rash and well enough.	Preventable by vaccination with 2 doses of MMR. Promote MMR for all pupils and staff. Pregnant staff contacts should seek prompt advice from their GP or midwife.
Ringworm	Not usually required.	Treatment is needed.
Scabies	Can return after first treatment.	Household and close contacts require treatment at the same time.
Scarlet fever*	Exclude until 24hrs after starting antibiotic treatment.	A person is infectious for 2 to 3 weeks if antibiotics are not administered. In the event of 2 or more suspected cases, please contact your UKHSA HPT.
Slapped cheek/fifth disease. Parvovirus B19	None (once rash has developed)	Pregnant contacts of case should consult with their GP or midwife.
Warts and verrucae	None	Verrucae should be covered in swimming pools, gyms and changing rooms.
Diarrhoea and/or vomiting	Staff and students can return 48 hours after diarrhoea and vomiting have stopped.	If a particular cause of the diarrhoea and vomiting is identified there may be additional exclusion advice for example E. coli STEC and hep A. For more information see chapter 3 of the health protection in education and childcare settings guidance.
Flu (influenza) or influenza like illness	Until recovered	Report outbreaks to your local HPT. For more information see chapter 3 of the health protection in education and childcare settings guidance.
Respiratory infections including coronavirus (COVID-19)	Children and young people should not attend if they have a high temperature and are unwell. Children and young people who have a positive test result for COVID-19 should not attend the setting for 3 days after the day of the test	Children and young people should not attend if they have a high temperature and are unwell. Children and young people who have a positive test result for COVID-19 should not attend the setting for 3 days after the day of the test.
Tuberculosis (TB)*	Until at least 2 weeks after the start of effective antibiotic treatment (if pulmonary TB). Exclusion not required for non-pulmonary or latent TB infection. Always consult your local HPT before disseminating information to staff, parents and carers.	Only pulmonary (lung) TB is infectious to others, needs close, prolonged contact to spread. Your local HPT will organise any contact tracing.
Whooping cough* (pertussis)	2 days from starting antibiotic treatment, or 21 days from onset of symptoms if no antibiotics.	Preventable by vaccination. After treatment, non-infectious coughing may continue for many weeks. Your local HPT will organise any contact tracing.
Conjunctivitis	None	If an outbreak or cluster occurs, consult your local health protection team (HPT).
Diphtheria*	Exclusion is essential. Always consult with your UKHSA HPT.	Preventable by vaccination. Family contacts must be excluded until cleared to return by your local HPT.
Glandular fever	None	
Head lice	None	
Hepatitis A	Exclude until 7 days after onset of jaundice (or 7 days after symptom onset if no jaundice)	In an outbreak of Hepatitis A, your local HPT will advise on control measures.
Hepatitis B, C, HIV	None	Hepatitis B, C and HIV are blood borne viruses that are not infectious through casual contact. Contact your UKHSA HPT for more advice.
Meningococcal meningitis* or septicaemia*	Until recovered	Meningitis ACWY and B are preventable by vaccination. Your local HPT team will advise on any action needed.
Meningitis* due to other bacteria	Until recovered	Hib and pneumococcal meningitis are preventable by vaccination. Your UKHSA HPT will advise on any action needed.
Meningitis viral	None	Milder illness than bacterial meningitis. Siblings and other close contacts of a case need not be excluded.
MRSA	None	Good hygiene, in particular handwashing and environmental cleaning are important to minimise spread. Contact your UKHSA HPT for more.
Mumps*	5 days after the onset of swelling.	Preventable by vaccination with 2 doses of MMR. Promote MMR for all pupils and staff.
Threadworms	None	Treatment is recommended for child and household.

CLEANING

Blood and body fluid spillages: Any spillages of blood, faeces, saliva, vomit, nasal and eye discharges should be cleaned immediately, wearing PPE. Use gloves and an apron if anticipate splashing and risk assess the need for eye protection.

Spillages must be cleaned using a product which combines detergent and disinfectant that is effective against both bacteria and viruses. Manufacturer's guidance should always be followed.

Use disposable paper towels or cloths to clean up blood and body fluid spills. These should be disposed of immediately and safely after use. A spillage kit should be available for bodily fluids like blood, vomit and urine.

Toys and Equipment: It is strongly recommended that only hard toys should be available as they are easily wiped clean after use. Soft modelling and play dough should be replaced regularly or whenever it looks dirty. External sandpits should be covered when not in use and sand in both internal and external sand pits replaced regularly. Water troughs should be emptied and washed out after use and stored inverted whilst not in use.

Enhanced cleaning during an outbreak: In the event of an outbreak of infection at your setting, your UKHSA HPT team may recommend enhanced or more frequent cleaning, to help reduce transmission.

Advice may be given to ensure twice daily cleaning of areas (with particular attention to door handles, toilet flushes and taps) and communal areas where surfaces can easily become contaminated such as handrails.

Plans should be developed for such an event on how the setting might carry this out which could also include during term time. Dedicated cleaning equipment should be colour coded according to area of use.

Cleaning during an outbreak may require the use of a hypo-chlorite (bleach) based cleaning solution. Hypo-chlorite solutions should be diluted to 0.1% or 1000hpm.

IMMUNISATIONS

Immunisation status should always be checked at 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 organised through the child's GP.

For the most up-to-date immunisation advice see the NHS Choices website at www.nhs.uk/conditions/vaccinations or the school health service can advise on the latest national immunisation schedule.

Immunisation Schedule

When	Diseases protected against/vaccine given
8 weeks old	Diphtheria, tetanus, pertussis (whooping cough), polio, Haemophilus influenzae type b (Hib) and hepatitis B (DTaP/IPV/Hib/HepB) Meningococcal Group B (Men B) Rotavirus gastroenteritis
12 weeks old	Diphtheria, tetanus, pertussis, polio, Hib and hepatitis B (DTaP/IPV/Hib/HepB) Pneumococcal (PCV13) Rotavirus
16 weeks old	Diphtheria, tetanus, pertussis, polio, Hib and hepatitis B (DTaP/IPV/Hib/HepB) Meningococcal Group B (Men B)
1 year old	Hib/Meningococcal Group C (Men C) Measles, mumps and rubella (MMR) Pneumococcal (PCV13) Meningococcal Group B (Men B)
Eligible paediatric age group	Influenza (each year from September)
3 years & 4 months old	Diphtheria, tetanus, pertussis, polio (DTaP/IPV or dTaP/IPV) Measles, mumps and rubella (MMR)
12 – 13 years old	Cancers and genital warts caused by specific human papillomavirus (HPV) types (two doses 6-24 months apart)
14 years old	Tetanus, diphtheria and polio (Td/IPV) Meningitis A, C, W, Y (MenACWY)

STAFF HEALTH

Female Staff – Pregnancy: The greatest risk to pregnant women from such infections comes from their own child/children, rather than the workplace. Some specific risks are:

- Chickenpox
- German measles (rubella)
- Slapped cheek disease (parvovirus B19)
- Measles
- Mumps

If a pregnant woman develops a rash or is in direct contact with someone with a potentially infectious rash, she should consult her GP or Midwife. *Please note: This advice also applies to pregnant students.*

Staff Exclusions: Staff should follow the same rules as are applied to children. They may return to work when they are no longer infectious, provided they feel well enough to do so.

Food handling staff suffering from infections must be excluded from all food handling activity in the setting until advised by the local Environmental Health Officer that they are clear to return.

Staff immunisations: All staff should undergo a full occupational health check before starting employment; this includes ensuring they are up to date with immunisations, including MMR and, where required, Hepatitis B.

*** denotes a notifiable disease. Registered medical practitioners in England and Wales have a statutory duty to notify their local authority or UKHSA health protection team of suspected cases of certain infectious diseases.**

Outbreaks: An outbreak is defined as two or more cases with similar symptoms over and above that which would normally be expected. If an outbreak of infectious disease is suspected, please contact your local UKHSA HPT.