Public Health England

Protecting and improving the nation's health

Guidance on infection control in schools and other childcare settings

About Public Health England

Public Health England exists to protect and improve the nation's health and wellbeing, and reduce health inequalities. It does this through advocacy, partnerships, world-class science, knowledge and intelligence, and the delivery of specialist public health services. PHE is an operationally autonomous executive agency of the Department of Health.

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1. Introduction

The document provides guidance for schools and other childcare settings, such as nurseries, on infection control issues.

It is an updated version of guidance that was produced in 2010.

Prevent the spread of infections by ensuring:

- routine immunisation
- high standards of personal hygiene and practice, particularly handwashing
- maintaining a clean environment

For further information and advice visit www.gov.uk/phe or contact your local health PHE centre. See Appendix 1 for contact details.

2. Rashes and skin infections

Children with rashes should be considered infectious and assessed by their doctor.

Infection or complaint	Recommended period to be kept away from school, nursery or childminders	Comments
Athlete's foot	None	Athlete's foot is not a serious condition. Treatment is recommended
Chickenpox	Until all vesicles have crusted over	*See: Vulnerable Children and Female Staff – Pregnancy*
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: Female Staff – Pregnancy*
Hand, foot and mouth	None	Contact your local HPT 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 from onset of rash	Preventable by vaccination (MMR x2). *See: Vulnerable Children and Female Staff – Pregnancy*
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: Vulnerable Children and Female Staff – Pregnancy*
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: Vulnerable Children and Female Staff – Pregnancy*
Warts and verrucae	None	Verrucae should be covered in swimming pools, gymnasiums and changing rooms

3. Diarrhoea and vomiting illness

Infection or complaint	**Recommended period to be kept away from school, nursery or childminders**	**Comments**
Diarrhoea and/or vomiting	48 hours from last episode of diarrhoea or vomiting	
E. coli O157 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 is advisable for two weeks after the diarrhoea has settled

4. Respiratory infections

Infection or complaint	Recommended period to be kept away from school, nursery or childminders	Comments
Flu (influenza)	Until recovered	*See: Vulnerable Children*
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

5. Other infections

Infection or complaint	Recommended period to be kept away from school, nursery or child minders	Comments
Conjunctivitis	None	If an outbreak/cluster occurs, consult your local PHE centre
Diphtheria *	Exclusion is essential. Always consult with your local HPT	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. For cleaning of body fluid spills s*ee: Good Hygiene Practice*
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

* denotes a notifiable disease. It is a statutory requirement that doctors report a notifiable disease to the proper officer of the local authority (usually a consultant in communicable disease control). In addition, organisations may be required via locally agreed arrangements to inform their local PHE centre. Regulating bodies (for example, Office for Standards in Education (OFSTED)/Commission for Social Care Inspection (CSCI)) may wish to be informed – please refer to local policy.

Outbreaks: if an outbreak of infectious disease is suspected, please contact your local PHE centre.

6. Good hygiene practice

Handwashing

Handwashing is one of the most important ways of controlling the spread of infections, especially those that cause diarrhoea and vomiting, and respiratory disease. The recommended method is the use of liquid soap, warm water and paper towels. Always wash hands after using the toilet, before eating or handling food, and after handling animals. Cover all cuts and abrasions with waterproof dressings.

Coughing and sneezing

Coughing and sneezing easily spread infections. Children and adults should be encouraged to cover their mouth and nose with a tissue. Wash hands after using or disposing of tissues. Spitting should be discouraged.

Personal protective equipment (PPE)

Disposable non-powdered vinyl or latex-free CE-marked gloves and disposable plastic aprons must be worn where there is a risk of splashing or contamination with blood/body fluids (for example, nappy or pad changing). Goggles should also be available for use if there is a risk of splashing to the face. Correct PPE should be used when handling cleaning chemicals.

Cleaning of the environment

Cleaning of the environment, including toys and equipment, should be frequent, thorough and follow national guidance. For example, use colour-coded equipment, COSHH and correct decontamination of cleaning equipment. Monitor cleaning contracts and ensure cleaners are appropriately trained with access to PPE.

Cleaning of blood and body fluid spillages

All spillages of blood, faeces, saliva, vomit, nasal and eye discharges should be cleaned up immediately (always wear PPE). When spillages occur, clean using a product that combines both a detergent and a disinfectant. Use as per manufacturer’s instructions and ensure it is effective against bacteria and viruses and suitable for use on the affected surface. Never use mops for cleaning up blood and body fluid spillages – use disposable paper towels and discard clinical waste as described below. A spillage kit should be available for blood spills.

Laundry

Laundry should be dealt with in a separate dedicated facility. Soiled linen should be washed separately at the hottest wash the fabric will tolerate. Wear PPE when handling soiled linen. Children's soiled clothing should be bagged to go home, never rinsed by hand.

Clinical waste

Always segregate domestic and clinical waste, in accordance with local policy. Used nappies/pads, gloves, aprons and soiled dressings should be stored in correct clinical waste bags in foot-operated bins. All clinical waste must be removed by a registered waste contractor. All clinical waste bags should be less than two-thirds full and stored in a dedicated, secure area while awaiting collection.

Sharps disposal

Sharps should be discarded straight into a sharps bin conforming to BS 7320 and UN 3291 standards. Sharps bins must be kept off the floor (preferably wall-mounted) and out of reach of children.

Sharps injuries and bites

If skin is broken, encourage the wound to bleed/ wash thoroughly using soap and water. Contact GP or occupational health or go to A&E immediately. Ensure local policy is in place for staff to follow. Contact your local HPT for advice, if unsure.

Animals

Animals may carry infections, so hands must be washed after handling any animals. Health and Safety Executive (HSE) guidelines for protecting the health and safety of children should be followed.

Animals in school (permanent or visiting)

Ensure animals' living quarters are kept clean and away from food areas. Waste should be disposed of regularly, and litter boxes not accessible to children. Children should not play with animals unsupervised. Veterinary advice should be sought on animal welfare and animal health issues and the suitability of the animal as a pet. Reptiles are not suitable as pets in schools and nurseries, as all species carry salmonella.

Visits to farms

Please contact your local environmental health department, which will provide you with help and advice when you are planning a visit to a farm or similar establishment. For more information see http://www.face-online.org.uk/resources/preventing-or-controlling-ill-health-from-animal-contact-at-visitor-attractions-industry-code-of-practice

Vulnerable children

Some medical conditions make children vulnerable to infections 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. Schools and nurseries and childminders will normally have been made aware of such children. These children are particularly vulnerable to chickenpox, measles or parvovirus B19 and, if exposed to either of these, the parent/carer should be informed promptly and further medical advice sought. It may be advisable for these children to have additional immunisations, for example pneumococcal and influenza.

Female staff – pregnancy

If a pregnant woman develops a rash or is in direct contact with someone with a potentially infectious rash, this should be investigated according to PHE guidelines by a doctor. The greatest risk to pregnant women from such infections comes from their own child/children, rather than the workplace. Some specific risks are:

- chickenpox can affect the pregnancy if a woman has not already had the infection. Report exposure to midwife and GP at any stage of exposure. The GP and antenatal carer will arrange a blood test to check for immunity. Shingles is caused by the same virus as chickenpox, so anyone who has not had chickenpox is potentially vulnerable to the infection if they have close contact with a case of shingles
- German measles (rubella). If a pregnant woman comes into contact with german measles she should inform her GP and antenatal carer immediately to ensure investigation. The infection may affect the developing baby if the woman is not immune and is exposed in early pregnancy
- slapped cheek disease (parvovirus B19) can occasionally affect an unborn child. If exposed early in pregnancy (before 20 weeks), inform whoever is giving antenatal care as this must be investigated promptly
- measles during pregnancy can result in early delivery or even loss of the baby. If a pregnant woman is exposed she should immediately inform whoever is giving antenatal care to ensure investigation

This advice also applies to pregnant students.

7. 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 or the school health service can advise on the latest national immunisation schedule.

Immunisation schedule

Two months old	Diphtheria, tetanus, pertussis, polio and Hib (DTaP/IPV/Hib) Pneumococcal (PCV13) Rotavirus vaccine	One injection One injection Given orally
Three months old	Diphtheria, tetanus, pertussis, polio and Hib (DTaP/IPV/Hib) Meningitis C (Men C) Rotavirus vaccine	One injection One injection Given orally
Four months old	Diphtheria, tetanus, pertussis, polio and Hib (DTaP/IPV/Hib) Pneumococcal (PCV13)	One injection One injection
Between 12-13 months old	Hib/meningitis C Measles, mumps and rubella (MMR) Pneumococcal (PCV13)	One injection One injection One injection
Two, three and four years old	Influenza (from September)	Nasal spray or one injection
Three years and four months old or soon after	Diphtheria, tetanus, pertussis, polio (DTaP/IPV or dTaP/IPV) Measles, mumps and rubella (MMR)	One injection One injection
Girls aged 12 to 13 years	Cervical cancer caused by human papilloma virus types 16 and 18. HPV vaccine	Two injections given 6-24 months apart
Around 14 years old	Tetanus, diphtheria, and polio (Td/IPV)	One injection
	Meningococcal C (Men C)	One injection

This is the complete routine immunisation schedule. Children who present with certain risk factors may require additional immunisations. Some areas have local policies – check with your local PHE centre.

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.

Appendix 1. PHE centre contact details

North of England

Cheshire and Merseyside PHE Centre
5th Floor
Rail House
Lord Nelson Street
Liverpool L1 1JF
Tel: 0344 225 1295

Cumbria and Lancashire PHE Centre
1st Floor, York House
Ackhurst Business Park
Foxhole Road
Chorley PR7 1NY
Tel: 0344 225 0602

Greater Manchester PHE Centre
5th Floor
3 Piccadilly Place
London Road
Manchester M1 3BN
Tel: 0344 225 0562

North East PHE Centre
Floor 2 Citygate
Gallowgate
Newcastle-upon-Tyne NE1 4WH
Tel: 0300 303 8596

Yorkshire and the Humber PHE Centre
Blenheim House
West One
Duncombe Street
Leeds LS1 4PL
Tel: 0113 386 0300

Midlands and East of England

Anglia and Essex PHE Centre
Eastbrook
Shaftesbury Road
Cambridge CB2 8DF
Tel: 0303 444 6690

East Midlands PHE Centre
Institute of Population Health
Nottingham City Hospital
Hucknall Road
Nottingham NG5 1QP
Tel: 0344 225 4524

South Midlands and Hertfordshire PHE Centre
Beacon House
Dunhams Lane
Letchworth Garden City
Herts SG6 1BE
Tel: 0300 303 8537

West Midlands PHE Centre
6th Floor
5 St Philip's Place
Birmingham B3 2PW
Tel: 0344 225 3560

South of England

Avon, Gloucestershire and Wiltshire PHE Centre
2 Rivergate
Temple Quay
Bristol BS1 6EH
Tel: 0300 303 8162

Devon, Cornwall and Somerset PHE Centre
Richmond Court
Emperor Way
Exeter Business Park
Exeter
Devon EX1 3QS
Tel: 0344 225 3557

Kent, Surrey and Sussex PHE Centre
County Hall North
Chart Way
Horsham
West Sussex RH12 1XA
Tel: 0844 225 3861

Thames Valley PHE Centre
Chilton
Oxfordshire
OX11 0RQ
Tel: 0345 279 9879

Wessex PHE Centre
Unit 8, Fulcrum 2
Solent Way
Fareham
Hampshire PO15 7FN
Tel: 0345 055 2022

London

London integrated region and PHE Centre
151 Buckingham Palace Road
London SW1W 9SZ
Tel: 020 7811 7000/7001