

Guidance on infection control in schools and other childcare settings

Prevent the spread of infections by ensuring routine immunisation, high standards of personal hygiene and practice, particularly hand washing, and maintaining a clean environment.

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

In the event of an outbreak or a case of serious or unusual illness in the setting, please contact the UKHSA Cumbria and Lancashire Health Protection Team (HPT) on 03442250562, option 2, or email cl.hpt@ukhsa.gov.uk

Infection	Exclusion period	Comments
Athlete's foot	None	Advise parents to seek advice from their local pharmacist or GP. Those affected should not be barefoot at their setting 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	Anyone at higher risk (pregnant women, new-born babies, and people with a weakened immune system) should seek medical advice as soon as they are exposed to chickenpox or if they develop chickenpox symptoms. Inform your UKHSA HPT if you also have cases of scarlet fever circulating.
Cold sores (herpes simplex)	None	Avoid contact with the sores, such as kissing. Those affected should not share eating and drinking utensils, towels, flannels, or toothbrushes with others.
Conjunctivitis	None	Advise parents to seek advice from their GP or pharmacist. Those affected should avoid sharing towels, flannels and pillows with others. Encourage good hand hygiene. If an outbreak occurs, consult your UKHSA HPT
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. Staff who test positive for COVID-19 should stay at home for 5 days after the date of the test	Children with mild symptoms such as runny nose, and headache who are otherwise well can continue to attend their setting. You should contact your UKHSA HPT if there is: <ul style="list-style-type: none"> a higher than previously experienced and/or rapidly increasing number of staff or student absences due to acute respiratory infection evidence of severe disease due to respiratory infection, for example if a pupil, student, child, or staff member is admitted to hospital
Diarrhoea and vomiting	Staff and students can usually return 48 hours after diarrhoea and vomiting have stopped. If a particular cause of the diarrhoea and vomiting is identified (e.g., E. coli STEC, typhoid, shigella, cryptosporidium, hepatitis A), additional exclusion advice will be provided by the UKHSA HPT.	For more information on exclusion for specific causes of diarrhoea and vomiting, see https://www.gov.uk/government/publications/health-protection-in-schools-and-other-childcare-facilities , or consult with your UKHSA HPT. A diarrhoea and vomiting action checklist can be found on the same web page. Inform your UKHSA HPT if there are a higher than previously experienced and/or rapidly increasing number of staff or student absences due to diarrhoea and vomiting. This could include 2 or more cases of diarrhoea or vomiting that are linked in time and place.
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 UKHSA HPT
Flu (influenza) or influenza like illness	There is no precise exclusion period. Adults and children with symptoms of flu are advised to remain at home until they have recovered.	Report outbreaks to your local UKHSA HPT. Encourage those in eligible groups to have the flu vaccine.
Glandular fever	None	Encourage good hand and respiratory hygiene
Hand foot and mouth	None	Encourage good hand hygiene. Contact your local HPT if a large number of children are affected. Exclusion may be considered in some circumstances
Head lice	None	
Hepatitis A*	Exclude until 7 days after onset of jaundice (or 7 days after symptom onset if no jaundice)	The UKHSA HPT will advise you of any actions that need to be taken.
Hepatitis B*, C*, HIV	None	Hepatitis B and C and HIV are blood borne viruses that are not infectious through casual contact. Take a standard approach to cleaning all spillages of blood and body fluids as outlined in https://www.gov.uk/government/publications/health-protection-in-schools-and-other-childcare-facilities . Contact your UKHSA HPT for more advice if needed
Impetigo	Until lesions are crusted or healed, or 48 hours after starting antibiotic treatment	Antibiotic treatment speeds healing and reduces the infectious period. Encourage good hand hygiene. Affected people should not share towels, flannels and eating and drinking utensils.
Measles*	4 days from onset of rash and if well enough to return (the date of the rash onset is day 0)	Preventable by vaccination with 2 doses of MMR. Promote MMR for all pupils and staff. People with a weak immune system, pregnant staff and children under 12 months who come into contact with measles should seek prompt medical advice
Meningococcal meningitis* or septicaemia* or meningitis* due to other bacteria	Until recovered	Meningitis ACWY and B, Hib meningitis and pneumococcal meningitis are preventable by vaccination. Your local HPT will advise on any action needed in the event of a case.
Meningitis – viral*	None	Milder illness than bacterial meningitis (above). 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. All infected wounds should be covered.
Mumps*	5 days after the onset of swelling	Preventable by vaccination with 2 doses of MMR. Promote MMR for all pupils and staff
Ringworm	None	Advise parents to seek advice from their local pharmacist or GP. Ensure the child with ringworm of the feet is wearing socks and trainers. Affected people should not share towels, flannels, pillows, socks or shoes with others.
Rubella* (German measles)	5 days from the onset of the 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
Scabies	Can return after first treatment has been completed	Household and close contacts require treatment at the same time. Contact your UKHSA HPT if there is an outbreak of scabies within your setting.
Scarlet fever*	Exclude until 24 hours 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, or if there is chickenpox co-circulating, please contact your UKHSA HPT
Slapped cheek/Parvovirus B19	None (once rash has developed)	Pregnant contacts of case should consult with their GP or midwife
Threadworms	None	Treatment recommended for affected person and household contacts. Re-enforce good hand hygiene.
Tonsillitis	None	There are many causes, but most cases are due to viruses and do not need or respond to an antibiotic treatment
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.	Only pulmonary (lung) TB is infectious to others, and this needs close, prolonged contact to spread. Your local HPT will advise on the exclusion period and organise any contact tracing. Always consult your local HPT before disseminating information to staff, parents and carers.
Warts and verrucae	None	Verrucae should be covered in swimming pools, gyms and changing rooms
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

* denotes a notifiable disease. Registered medical practitioners in England and Wales have a statutory duty to notify their local authority or UKHSA HPT of suspected cases of certain infectious diseases. All laboratories in England performing a primary diagnostic role must notify UKHSA when they confirm a notifiable organism. The NHS website (<https://www.nhs.uk/live-well/is-my-child-too-ill-for-school/>) has useful resources to share with parents.

Exclusion advice

Prompt exclusion of children, young people and staff who are unwell with an infectious disease is essential to preventing the spread of infection in education and childcare settings. All settings should have a local policy for the appropriate removal of staff, children and young people while they are likely to be infectious. They should also have a procedure for contacting parents and/or carers when children become unwell at the setting. Children, young people and staff who are showing the symptoms of, or have a diagnosis of, an infectious disease should be advised to stay away from their education or childcare setting for the minimum period recommended. National guidance (<https://www.gov.uk/government/publications/health-protection-in-schools-and-other-childcare-facilities/chapter-3-public-health-management-of-specific-infectious-diseases>) provides further detail on the symptoms, spread and public health management of different infections and recommended action. Food handling staff suffering from specific infections must be excluded from all food handling activities until advised by the local Environmental Health Officer or the UKHSA HPT that they are clear to return.

Staff or students who are close contacts of someone with an infectious disease do not usually need to be excluded from the setting. However, your HPT will advise you if there are specific precautions to be taken in response to managing a case or outbreak. They will contact you if this is required.

Action to take in the event of an outbreak or incident

Classification of an outbreak. An outbreak or incident may be defined as:

- an incident in which 2 or more people experiencing a similar illness are linked in time or place
- a greater than expected rate of infection compared with the usual background rate for the place and time where the outbreak has occurred.

What to do if you suspect an outbreak or incident. All settings should have in place baseline infection prevention and control measures that will help to manage the spread of infection. If an outbreak or incident is suspected, education and childcare settings should review and reinforce the baseline infection prevention and control measures they already have in place. This will include:

- encouraging all staff and students who are unwell not to attend the setting
- ensuring all eligible groups are enabled and supported to take up the offer of national immunisation programmes including coronavirus (COVID-19) and flu
- ensuring occupied spaces are well ventilated and let fresh air in
- reinforcing good hygiene practices such as frequent cleaning
- considering communications to raise awareness among parents and carers of the outbreak or incident and to reinforce key messages, including the use of clear hand and respiratory hygiene measures within the setting such as E-Bug

When to seek advice from your UKHSA health protection team. Doctors have a statutory duty to notify their local authority or local HPT of suspected cases of notifiable infectious diseases. All laboratories in England performing a primary diagnostic role must also notify UKHSA when they confirm a notifiable organism. In these cases, education and childcare settings will be contacted directly if there are actions required within the setting as part of public health management. However, education and childcare settings may consider seeking specialist advice from the relevant UKHSA HPT if they are concerned and have seen:

- a higher than previously experienced and/or rapidly increasing number of staff or student absences due to acute respiratory infection or diarrhoea and vomiting.
- evidence of severe disease due to an infection, for example if a pupil, student, child or staff member is admitted to hospital
- more than one infection circulating in the same group of students and staff for example chicken pox and scarlet fever

Education and childcare settings are also asked to contact their UKHSA HPT as soon as possible to report any outbreak or serious or unusual illness for example: E.coli 0157 or E coli STEC infection, food poisoning, hepatitis, measles, mumps, rubella, meningococcal meningitis or septicaemia, scarlet fever (if an outbreak or co-circulating chicken pox), tuberculosis (TB), typhoid, whooping cough (also called pertussis).

Good infection prevention and control practice

Hand washing is one of the most important ways of controlling the spread of infections, especially those that cause diarrhoea and vomiting, and respiratory disease. Settings should ensure that staff and students have access to liquid soap, warm water and paper towels. Bar soap should not be used. All staff and pupils should be advised to wash their hands after using the toilet, before eating or handling food, after playtime and after touching animals. All cuts and abrasions should be covered with a waterproof dressing. Alcohol hand gel can be used if appropriate hand washing facilities are not available but should not replace washing hands particularly if hands are visibly soiled or where there are cases of gastroenteritis (diarrhoea and vomiting) in the setting. Alcohol hand gel is not effective against Norovirus.

Coughing and sneezing easily spread infections. Anyone with signs and symptoms of a respiratory infection, regardless of the cause, should follow respiratory hygiene and cough etiquette; (i) cover nose and mouth with a tissue when coughing and sneezing, and dispose of used tissue in non-health-care risk waste bin and perform hand hygiene, (ii) cough or sneeze into the inner elbow (upper sleeve) if no tissues are available, rather than into the hand, (iii) keep contaminated hands away from the mucous membranes of the eyes and nose, (iv) carry out hand hygiene after contact with respiratory secretions and contaminated objects and materials. Spitting should be discouraged.

Personal protective equipment (PPE). If there is a risk of splashing or contamination with blood or bodily fluids during an activity, then disposable gloves and plastic aprons should be worn. Gloves and aprons should be disposable, non-powdered vinyl/nitrile or latex-free and CE marked. Wear disposable eye protection (or if reusable decontaminate prior to next use) if there is a risk of splashing to the face. There is additional guidance when performing aerosol generating procedures (AGP) in the national guidance (<https://www.gov.uk/government/publications/health-protection-in-schools-and-other-childcare-facilities/chapter-2-infection-prevention-and-control>)

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

Management of 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 you 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.

Standard precautions should be taken when dealing with any cuts/abrasions that involve a break in the skin or body fluid spills. This is because we do not always know if an individual has an infection or not. Further information on managing cuts, bites, nose bleeds and bodily fluid spills can be found in the national guidance (<https://www.gov.uk/government/publications/health-protection-in-schools-and-other-childcare-facilities/chapter-2-infection-prevention-and-control>).

Ventilation. Letting fresh air into indoor spaces can help remove air that contains virus particles and prevent the spread of COVID-19 and other respiratory infections. All education and childcare settings should keep occupied spaces well ventilated to help reduce the amount of respiratory germs. You should always balance the need for increased ventilation with maintaining a comfortable temperature.

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.

Safe management of waste. Under the waste management duty of care, education and childcare settings must ensure that all waste produce is dealt with by a licensed waste management company. Any used PPE should be placed in a refuse bag and disposed of as normal domestic waste. Settings that generate clinical waste should continue to follow usual waste policies. Nappy waste can sometimes be produced in large quantities in places such as nurseries. Although considered non-hazardous, in quantity it can sometimes be offensive and cause handling problems. Organisations that produce significant amounts of used nappies should contact their local authority to discuss appropriate disposal arrangements.

Sharps injuries and bites

Occasionally children, young people or staff may injure themselves with discarded used hypodermic needles which they have found. If this happens then dispose of the needle safely to avoid the same thing happening to someone else. If someone pricks or scratches themselves with a used hypodermic needle or has a bite which breaks the skin; (i) wash the wound thoroughly with soap and warm running water, (ii) cover the wound with a water-proof dressing, (iii) record it in the accident book and complete the accident form, (iv) seek immediate medical attention or advice from your local accident and emergency department or occupational health provider

Educational visits and pet/animal management

Some education and childcare settings will choose to involve pets and other animals to enhance the learning environment or provide respite for the students. However, contact with animals can pose a risk of infection including gastrointestinal infection, fungal infections and parasites. Reptiles are not suitable as pets in education and childcare settings as all species can carry salmonella which can cause serious illness. For information about educational visits involving water-based activities and farms or zoos, and further information about pet and animal management, see <https://www.gov.uk/government/publications/health-protection-in-schools-and-other-childcare-facilities/chapter-6-educational-visits>.

Vulnerable children

Some children and young people have impaired immune defence mechanisms in their bodies either as a result of a medical condition or due to treatment they are receiving (known as being immunosuppressed). People who are immunosuppressed may have a reduced ability to fight infections and other diseases. Most children and young people in this group will be under the care of a hospital specialist and will have received advice on the risks to them and when to seek medical advice. Children and young people in this group should continue to attend their education or childcare setting unless advised otherwise by their clinician. Usually the education or childcare setting will be aware of these children and young people and it is important this information is shared with the school nurse. If a child who may be at higher risk due to their immune system is thought to have been exposed to an infection such as chickenpox or measles in their setting, the parents and carers should be informed immediately so that they can seek further medical advice from their GP or specialist, as appropriate.

People who are pregnant

If a pregnant person develops a rash or is in direct contact with someone with a potentially infectious rash, this should be investigated by a doctor who can contact the local HPT for further advice if needed. The greatest risk to pregnant women from such infections comes from their own child/children, rather than the workplace.

Women who are pregnant should ensure they are up to date with the recommended vaccinations, including COVID-19 immunisation (see information at: <https://www.nhs.uk/pregnancy/keeping-well/> for more information). Pregnant women should consult their midwife or GP immediately if they come into contact with positive cases of measles, mumps, rubella, slapped cheek syndrome and chickenpox as contact with these illnesses can affect the pregnancy and/or development of the unborn baby. They should also avoid contact with animal litter trays due to the risk of toxoplasmosis.

Immunisations

Immunisation is a key intervention to help give children the best start in life. Further details and the most up-to-date national routine childhood immunisation schedule can be found at: <https://www.gov.uk/government/publications/the-complete-routine-immunisation-schedule>. Achieving high levels of immunity against vaccine preventable diseases is vital to reduce the spread of infection and prevent outbreaks. Herd immunity also extends protection from immunisation programmes to individuals who cannot be vaccinated for a number of reasons.

Routine childhood immunisations

Routine childhood immunisations			from February 2022	
When	Diseases protected against	Vaccine given and trade name	Usual site ¹	
Eight weeks old	Diphtheria, tetanus, pertussis (whooping cough), polio, Haemophilus influenzae type b (Hib) and hepatitis B	DTap/IPV/Hib/HepB	Infanrix hexa or Vaxelis	Thigh
	Meningococcal group B (MenB)	MenB	Bexsero	Left thigh
	Rotavirus gastroenteritis	Rotavirus	Rotarix ²	By mouth
Twelve weeks old	Diphtheria, tetanus, pertussis, polio, Hib and hepatitis B	DTap/IPV/Hib/HepB	Infanrix hexa or Vaxelis	Thigh
	Pneumococcal (13 serotypes)	PCV	Prevenar 13	Thigh
	Rotavirus	Rotavirus	Rotarix	By mouth
Sixteen weeks old	Diphtheria, tetanus, pertussis, polio, Hib and hepatitis B	DTap/IPV/Hib/HepB	Infanrix hexa or Vaxelis	Thigh
	MenB	MenB	Bexsero	Left thigh
	Hib and MenC	Hib/MenC	Menitorix	Upper arm/thigh
One year old (on or after the child's first birthday)	Pneumococcal	PCV booster	Prevenar 13	Upper arm/thigh
	Measles, mumps and rubella (German measles)	MMR	MMRVaxPro ³ or Priorix	Upper arm/thigh
	MenB	MenB booster	Bexsero	Left thigh
Eligible paediatric age group ⁴	Influenza (each year from September)	Live attenuated influenza vaccine LAIV	Fluenz Tetra ^{4,5}	Both nostrils
Three years four months old or soon after	Diphtheria, tetanus, pertussis and polio	dTap/IPV	Boostrix-IPV	Upper arm
	Measles, mumps and rubella	MMR (check first dose given)	MMRVaxPro ³ or Priorix	Upper arm
Boys and girls aged twelve to thirteen years	Cancers and genital warts caused by specific human papillomavirus (HPV) types	HPV (two doses 6-24 months apart)	Gardasil	Upper arm
Fourteen years old (school Year 9)	Tetanus, diphtheria and polio	Td/IPV (check MMR status)	Revaxis	Upper arm
	Meningococcal groups A, C, W and Y	MenACWY	Nimenrix	Upper arm

Children who miss out on the adolescent immunisation sessions remain eligible and should be caught up as soon as possible through their school aged immunisation service or by being referred to their GP. Further information about school-age immunisations and how education settings can support them can be found at <https://www.gov.uk/government/publications/health-protection-in-schools-and-other-childcare-facilities/chapter-5-immunisation>.

Staff immunisations. It is important that all staff are up to date with the routine immunisation schedule. In particular all staff should make sure that they have had 2 doses of the MMR vaccine. The MMR vaccine is the safest and most effective way to protect yourself against measles, mumps and rubella. All staff should be encouraged to check their immunisation records and contact their GP practice if they are unsure if they are up to date or if they need to catch up. Hepatitis B vaccine is recommended for staff who are involved in the care of children with severe learning disability or challenging behaviour who live in institutional accommodation. In such circumstances, it is the responsibility of the employer to conduct an occupational health risk assessment and pay for the vaccine if it is indicated.