TO MINIMISE THE RISK OF TRANSMISSION OF INFECTION TO OTHER CHILDREN AND STAFF

**RASHES AND SKIN**

<table>
<thead>
<tr>
<th>Condition</th>
<th>Recommended period to be kept away from school</th>
<th>COMMENTS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Athlete foot</td>
<td>None</td>
<td></td>
</tr>
<tr>
<td>Chickenpox</td>
<td>For five days from onset of rash</td>
<td>It is not necessary to wait until oligaemia has healed or crusted. (IMPORTANT: see FEMALE STAFF IN SCHOOLS, see VULNERABLE CHILDREN)</td>
</tr>
<tr>
<td>Cold sore (Mononucleosis)</td>
<td>None</td>
<td>Usually a mild illness, rarely affects more than one child.</td>
</tr>
<tr>
<td>German measles (rubella)</td>
<td>Five days from onset of rash</td>
<td>The child with measles who is less than one year old should not be excluded from school.</td>
</tr>
<tr>
<td>Impetigo</td>
<td>Until lesions are crusted or healed</td>
<td>Isolated cases may be treated at home. Children can return when they are pain free.</td>
</tr>
<tr>
<td>Measles</td>
<td>Five days from onset of rash</td>
<td>Isolated cases may be treated at home. Children can return when they are pain free.</td>
</tr>
<tr>
<td>Mumps</td>
<td>None</td>
<td></td>
</tr>
<tr>
<td>Scarlet fever</td>
<td>Until blisters have disappeared and no fever</td>
<td></td>
</tr>
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<td></td>
</tr>
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<td>Shingles</td>
<td>Until blisters have disappeared and no fever</td>
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**COMMENTS**

- Wear disposable gloves. Be careful not to get any of the fluid you are cleaning up in your eyes, nose, mouth or any open sores you may have.
- Spills of body fluids: Blood, Faeces, Nasal and Eye Discharges, Saliva and Vomit, must be cleaned up immediately.
- 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.
- Chickenpox: this can affect the pregnancy of a woman who has not previously had the disease. If a pregnant woman is exposed early in pregnancy (the first 26 weeks), there is a major risk of foetal loss. If the rash appears within 24 hours of exposure, treatment should be given to reduce the risk of foetal loss. If the rash appears after 24 hours, treatment may not be as effective. If a pregnant woman is exposed late in pregnancy, after the 26th week, the risk to the baby is minimal.
- Chickenpox is highly infectious. It is most infectious just before and at the onset of symptoms.
- Scarlet fever is highly infectious. Treatment (usually with erythromycin) is recommended though non-infectious coughing may still continue for many weeks.
- Exclusion is ineffective as nearly all transmission takes place before the child becomes unwell.

**OTHERS**

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**COMMENTS**

- Isolated cases may be treated at home.
- Children can return when they are pain free.
- Women should be aware of the risk of miscarriage when they have a cold or sore throat.
- Menstruation or vomiting are not grounds for exclusion.
- Exclusion is ineffective as nearly all transmission takes place before the child becomes unwell.

**HIV/AIDS**

- HIV is not infectious through casual contact. There have been no recorded cases of spread within a school or nursery.
- (See CLEANING UP BODY FLUID SPILLS)

**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. (See CLEANING UP BODY FLUID SPILLS)

**OUTBREAKS OF INFECTION**

If a school or nursery suspects that some of its children are part of an outbreak of infection (an unusual number of cases of a common infectious disease), they should inform their Consultant in Communicable Disease Control (see CONTACTS FOR FURTHER ADVICE). Advice can also be sought from the school doctor or nurse.

**IMMUNISATIONS**

- By the age of two all children should have received 3 doses of diphtheria/tetanus/whooping cough and polio immunisations and at least one dose of measles, mumps, rubella (MMR) immunisation.
- By age 5 all children should have received 6 doses of diphtheria/tetanus/whooping cough and polio immunisations and at least one dose of MMR.

**HANDS - WASHING AND GOOD HYGIENE PROCEDURES**

- Effectively hand-washing is an important method of controlling the spread of infection, 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.
- Toliet bowls must be cleaned.
- Rub hands together vigorously up to an soap before scrubbing 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).
- Disinfect disposable clothes in a tin box with hot soapy water and dry after use.
- Encourage use of handwashers when coughing and sneezing.
- If a child has had diarrhoea or vomiting, the child should be excluded from school for at least 48 hours or until the child is symptom free.

**CLEANING UP BODY FLUID SPILLS - UNIVERSAL PRECAUTIONS**

- Carefully follow Health and Safety and the Handling Infectious Substances Guidance.
- Use disposable gloves that can be put on and taken off. If you are cleaning up any of the fluid you are cleaning up in your eyes, nose, mouth or any open sores you may have.
- Clean and dispose of any surfaces on which bodily fluids have been spilled. An effective method is to put the wet soiled clothing in a household waste bin sealed. In 10 days it must be incinerated.
- Disinfect spillage material in a plastic bag along with the disposable gloves. The bag must be securely sealed and disposed of according to local guidelines.
- Masks used to clean up body fluids should be cleaned in a cleaning equipment sink (not a kitchen sink), then cleaned with disinfecting and dried.

**VULNERABLE CHILDREN**

- Some children have medical conditions that make them even more vulnerable to infection that would rarely be serious in most children.
- These children are especially vulnerable to chickenpox or measles. If a vulnerable child is exposed to other of the parameters should be informed immediately so that they can seek further medical advice as necessary.