Last updated: October 2024

You can prevent the spread of infections by ensuring: a clean environment and good personal hygiene (among staff and children) and checking that children have had their routine immunisations.

Guidance on infection control in schools and childcare settings

For outbreaks or advice please contact the UKHSA Southwest Centre Health Protection Team (HPT) on **0300 3038162** or email **swhpt@ukhsa.gov.uk**

Symptoms should be regarded as highly infectious and must be kept away from school until the diarrhoea and vomiting has **stopped for at least 48 hours.** Further exclusion is required for young children aged 5 and under and for those who have difficulty in adhering to hygiene.

Some gastro infections (e.g., E. coli 0157) require **microbiology clearance and UKHSA will advise on these.** Also consult UKHSA HPT if an outbreak occurs or for any further advice.

Diarrhoea and vomiting

UKHSA A-Z Managing Diseases Guidance

UKHSA Health protection in CYP settings, including education

**Need more information?**



\* Denotes a notifiable disease. It is a statutory requirement for that doctors report a notifiable disease to the proper officer of the local authority. Please follow local policy.

Rashes and skin infections

COVID-19

Until temperature has resolved, and they are well enough. If tested positive, child should stay at home for 3 days.

Flu (Influenza)

Report outbreaks in line with local policy.

Exclude until recovered.

Report an outbreak.

Tuberculosis \*

Only pulmonary TB is infectious to others and requires close contact.

A treatment team will assess whether other people are at risk of infection and require screening.

Consult before sharing information to staff/carers.

Whooping Cough \*

Preventable by vaccination. After treatment, non-infectious coughing may continue for many weeks.

Until they have had 48 hours of antibiotic treatment and feel well enough to return. Or after 21 days from onset of illness if no antibiotic treatment has been taken.

To organise any contact tracing necessary.

Report outbreaks in line with local policy.

Respiratory

Conjunctivitis (bacterial or viral)

Advise pregnant women to contact their GP if exposed and unsure if they have previously been infected.

Not required unless the child is particularly unwell.

Diphtheria \*

Exclusion is essential.

Glandular Fever

Spread via saliva, usually through kissing or being in close contact with a carrier.

None

Head lice

Treatment is recommended only in cases where live lice have been seen.

None

Hepatitis A \*

Household contacts of individuals with Hepatitis A may occasionally require exclusion from school.

Exclude until 7 days after onset of jaundice or symptoms.

Contact to advise on any action needed.

Hepatitis B\*, C\*, HIV / AIDS

Hepatitis B, C, and HIV / AIDS are blood borne viruses which are not infectious through casual contact.

None if well enough

Meningitis \* / Septicaemia \*

Preventable by vaccination. There is no need to exclude siblings / close contacts. Viral meningitis is a milder illness compared to bacterial.

Exclude until fully recovered.

Contact to advise on any action needed.

Mumps\* (paramyxovirus)

Preventable by vaccination (MMR x2 doses)

Exclude for 5 days after the onset of swelling.

Always consult; UKHSA will organise any contact tracing necessary.

Preventable by vaccine. Family contacts must exclude until cleared to return by UKHSA HPT.

Contact if a cluster / outbreak occurs.

Other illnesses

Rubella \* (German Measles)

Six days from onset of rash.

Scabies

Scarlet fever \*

Contact if 2 or more cases.

Contact if 2 or more cases.

Until after the first treatment has been completed.

Exclude until 24 hours of antibiotic completed.

Preventable by immunisation (MMR x2 doses) – promote to all pupils and staff.

Household and close contacts require treatment at the same time.

A person is infected for 2 - 3 weeks if antibiotics are not administrated.

Advise pregnant women to contact their GP if exposed and unsure if they have previously been infected.

5 days from onset of rash AND until all lesions have crusted over

Hand, Foot, and Mouth

Exclusion may be considered in some circumstances.

None

Contact if many children are affected

Impetigo

Impetigo is highly infectious and is spread through direct contact.

Until lesions are crusted over or 48 hours after antibiotic treatment

Measles \*

Preventable by immunisation (MMR x2 doses) – promote to all pupils and staff.

Exclude as soon as measles is suspected until 5 days after the onset of rash.

Contact as soon as cases are notified to the school.

Molluscum contagiosum

A self-limiting condition.

None

Panton-Valentine Leucocidin (PVL)

Individuals should not take part in contact sports or use communal gym equipment until the skin lesion has healed.

None if they feel well.

For further guidance, if needed.

Ringworm (incl foot ringworm – athlete’s foot)

Treatment is required.

For skin and scalp ringworm: return to school once anti-fungal treatment started. No exclusion for athlete’s foot.

Chickenpox and Shingles

Recommended period to be kept away from school and childcare settings

Actions / Comments

Notify UKHSA HPT?