

# Guidance on infection control in nurseries, schools, workplaces and day centres

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

Please contact your Health Protection Nurse on **642615** or **642657** or visit [www.gov.im/infectioncontrol](http://www.gov.im/infectioncontrol) if you would like any further advice or information, including the latest guidance.

Rashes and skin infections	Recommended period to be kept away from nurseries, schools, workplaces and day centres	Comments
Athlete's foot	None	Athlete's foot is not a serious condition. Treatment is recommended
Chickenpox	Five days from the onset of rash	<i>SEE: Vulnerable Children and Female Staff – Pregnancy</i>
Cold sores, (Herpes simplex)	None	Avoid kissing and contact with the sores. Cold sores are generally mild and self-limiting
German Measles (Rubella)*	Six days from onset of rash	Preventable by immunisation (MMR x two doses). Avoid contact with a pregnant woman for one week after onset of rash. <i>SEE: Female Staff – Pregnancy</i>
Hand, foot and mouth	None	Contact your Health Protection Nurse 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 commencing antibiotic treatment	Antibiotic treatment speeds healing and reduces the infectious period
Measles*	Four days from onset of rash	Preventable by vaccination (MMR x two doses) <i>SEE: Vulnerable Children and Female Staff – Pregnancy</i>
Molluscum contagiosum	None	A self-limiting condition
Ringworm	None	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 commencing appropriate antibiotic treatment	Antibiotic treatment recommended for the affected child
Slapped cheek (fifth disease. Parvovirus B19)	None	<i>SEE: Vulnerable Children and Female Staff – Pregnancy</i>
Shingles	Exclude only if rash is weeping and cannot be covered	Can cause chickenpox in those who are not immune i.e. have not had chickenpox. It is spread by very close contact and touch. If further information is required, contact your Health Protection Nurse. <i>SEE: Vulnerable Children and Female Staff – Pregnancy</i>
Warts and verrucae	None	Verrucae should be covered in swimming pools, gymnasiums and changing rooms

<b>Diarrhoea and vomiting illness</b>	<b>Recommended period to be kept away from nurseries, schools, workplaces and day centres</b>	<b>Comments</b>
Diarrhoea and/or vomiting	48 hours from last episode of diarrhoea and/or vomiting	In an outbreak of diarrhoea and/or vomiting, your Health Protection Nurse will advise on control measures
<i>E. coli</i> O157* VTEC	Should be excluded for 48 hours from the last episode of diarrhoea	Further exclusion and microbiological clearance may be required for those who have difficulty in adhering to hygiene practices, food handlers and some healthcare workers
Enteric fever* (Typhoid and Paratyphoid)	Should be excluded for 48 hours from the last episode of diarrhoea. Further exclusion may be required for some individuals until they are no longer excreting	This guidance may also apply to some contacts who may require microbiological clearance. Please consult your Health Protection Nurse for further advice
Shigella (Dysentery)	Should be excluded for 48 hours from the last episode of diarrhoea. Further exclusion may be required for some individuals until they are no longer excreting	This guidance may also apply to some contacts who may require microbiological clearance. Please consult your Health Protection Nurse 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
<b>Respiratory infections</b>	<b>Recommended period to be kept away from nurseries, schools, workplaces and day centres</b>	<b>Comments</b>
'Flu (influenza)	Until recovered	<i>SEE: Vulnerable Children</i>
Tuberculosis*	Always consult your Health Protection Nurse	Requires prolonged close contact for spread
Whooping cough* (Pertussis)	Five days from commencing 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 Health Protection Nurse will organise any contact tracing necessary
<b>Other infections</b>	<b>Recommended period to be kept away from nurseries, schools, workplaces and day centres</b>	<b>Comments</b>
Conjunctivitis	None	If an outbreak/cluster occurs, consult your Health Protection Nurse
Diphtheria*	Exclusion is essential. Always consult with your Health Protection Nurse	Family contacts must be excluded until cleared to return by your Health Protection Nurse. Preventable by vaccination. Your Health Protection Nurse will organise any contact tracing necessary
Glandular fever	None	
Head lice	None	Treatment is recommended only in cases where live lice have been seen

Other infections	Recommended period to be kept away from nurseries, schools, workplaces and day centres	Comments
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 Health Protection Nurse 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. <i>SEE: Good Hygiene Practice</i>
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. Your Health Protection Nurse will advise on any action required
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 Health Protection Nurse will give advice on any action required
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 Health Protection Nurse
Mumps*	Exclude child for five days after onset of swelling	Preventable by vaccination (MMR x two 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 Public Health Directorate (usually a Consultant in Communicable Disease Control). <http://www.gov.im/infectioncontrol>

**Outbreaks:** if a school, childcare facility, workplace, day centre, hospital or nursing/residential home suspects an outbreak of infectious disease, they should inform their Health Protection Nurse on 642615 or 642657.

**Exclusion:** recommended time to be isolated at home - do not visit any schools, childcare facilities, workplaces, day centres, hospitals or nursing/residential homes.

## GOOD HYGIENE PRACTICE

**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:** 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, 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.

**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:** 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. 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, eg needles, 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 as a result of a used needle injury or bite, encourage the wound to bleed/wash thoroughly using soap and water. Contact your GP, Occupational Health and Safety Office or go to A&E immediately. Ensure local policy is in place for staff to follow. Contact your Health Protection Nurse for advice, if unsure.

## ANIMALS

Animals may carry infections, so wash hands after handling 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 Directorate who will provide you with help and advice when you are planning a visit to a farm or similar establishment. For more information see [www.hse.gov.uk/pubns/ais23.pdf](http://www.hse.gov.uk/pubns/ais23.pdf)

## 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 or measles 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 by a doctor. The greatest risk to pregnant women from such infections comes from their own child/children, rather than the workplace.

- 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 (fifth disease or 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.

- All female staff under the age of 25 working with young children should have evidence of two doses of MMR vaccine.

#The above advice also applies to pregnant students

### 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 [www.gov.im/immandvac](http://www.gov.im/immandvac), or your Practice Nurse can advise on the latest local immunisation schedule.

## Routine Childhood Immunisations from 1 January 2014

Each vaccination, except Rotavirus, is given as a single injection into the muscle of the thigh or upper arm. Rotavirus vaccine is given as drops to be swallowed.

At what age to immunise	Diseases protected against	Vaccine given
Two months old	Diphtheria, tetanus, pertussis (whooping cough), polio and <i>Haemophilus influenzae</i> type b (Hib) Pneumococcal disease Rotavirus	DTaP/IPV/Hib Pneumococcal conjugate vaccine (PCV) Rotavirus
Three months old	Diphtheria, tetanus, pertussis, polio and Hib Meningococcal group C disease (MenC) Rotavirus	DTaP/IPV/Hib MenC and Rotavirus
Four months old	Diphtheria, tetanus, pertussis, polio and Hib Pneumococcal disease	DTaP/IPV/Hib, and PCV
Between 12 and 13 months - within a month of the first birthday	<i>Haemophilus influenzae</i> type b (Hib) Meningococcal group C disease (MenC) Measles, mumps and rubella Pneumococcal disease	Hib/MenC MMR PCV
Three years and four months old or soon after	Diphtheria, tetanus, pertussis, polio Measles, mumps and rubella	DTaP/IPV or dTaP/IPV MMR
Girls aged 12 to 13 years	Cervical Cancer caused by Human Papillomavirus types 16 and 18	HPV 3 doses over 6 months
13 to 14 years old	Diphtheria, Tetanus, polio and MenC	Td/IPV, MenC

Please contact your Practice Nurse for further advice on vaccination.

The Isle of Man follows a similar Childhood Immunisation Programme to that carried out within the UK - but it should be noted that some of the vaccines offered differ slightly to those offered within the UK.

### Staff immunisations

All staff should undergo a full occupational health check prior to employment; this includes ensuring they are up to date with immunisations. All staff aged 16–25 should be advised to check they have had two doses of MMR.

Original material was produced by the Health Protection Agency and this version adapted by the Public Health Directorate. For references visit **Public Health England**.