

Guidance on infection control in schools and other childcare settings

A GUIDANCE BOOKLET

HEALTH PROTECTION



Isle of Man
Government

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HEALTH PROTECTION

● Public Health Directorate

Public Health - Health Protection

We plan and deliver effective services which co-ordinate, strengthen and support activities to protect all the people on the Isle of Man from infectious diseases and environmental hazards.

We do this by providing advice, support and information to health professionals, government departments, the general public and a number of other bodies that play an important part in protecting health.

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1. Introduction

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

Prevent the spread of infections by:

- ensuring routine immunisation
- ensuring high standards of personal hygiene and practice, particularly hand washing
- maintaining a clean environment
- using recommended periods to be kept away from school, nursery or childminders in the case of illness

For further information and advice contact Health Protection, Public Health Directorate on 642639 or email: publichealthscreen.dhsc@gov.im

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: <i>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)*	Four days from onset of rash	Preventable by immunisation (MMR x2 doses). See: <i>Female Staff - Pregnancy</i>
Hand, foot and mouth	None	Contact Health Protection, Public Health Directorate 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: <i>Vulnerable Children and Female Staff - Pregnancy</i>
Molluscum contagiosum	None	A self-limiting condition
Ringworm	Exclusion not usually required	Treatment is required

Infection or complaint	Recommended period to be kept away from school, nursery or childminders	Comments
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)	<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 Health Protection, Public Health Directorate. <i>See: Vulnerable Children and Female Staff - Pregnancy</i>
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	<i>See: Appendix 3</i>
<i>E. coli</i> 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 the infection	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 Health Protection, Public Health Directorate 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: <i>Vulnerable Children</i>
Tuberculosis*	Always consult Health Protection, Public Health Directorate for further advice	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. Health Protection, Public Health Directorate will organise any contact tracing necessary

5. Other infections

Infection or complaint	Recommended period to be kept away from school, nursery or childminders	Comments
Conjunctivitis	None	If an outbreak/cluster occurs, contact Health Protection, Public Health Directorate
Diphtheria*	Exclusion is essential. Always consult with Health Protection, Public Health Directorate for further advice	Preventable by vaccination. Family contacts must be excluded until cleared to return by Health Protection, Public Health Directorate who 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, contact Health Protection, Public Health Directorate who 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 see: <i>Good Hygiene Practice</i>
Meningococcal meningitis*/ septicaemia*	Until recovered	Meningitis ACWY are 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. Contact Health Protection, Public Health Directorate

Infection or complaint	Recommended period to be kept away from school, nursery or childminders	Comments
Meningitis* due to other bacteria	Until recovered	<i>Hib</i> and pneumococcal meningitis are preventable by vaccination. There is no reason to exclude siblings or other close contacts of a case. Contact Health Protection, Public Health Directorate
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 hand washing and environmental cleaning, are important to minimise any danger of spread. If further information is required, contact Health Protection, Public Health Directorate
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, Health Protection, Public Health Directorate.

Outbreaks: If an outbreak of infectious disease is suspected, please contact Health Protection, Public Health Directorate.

6. Good hygiene practice

Hand washing

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. 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 (See: *Appendix 2*).

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.

Waste

Always segregate domestic and personal hygiene-related waste, in accordance with local policy. Used nappies/pads, gloves, aprons and soiled dressings should be double bagged in correct waste bags and placed in foot-operated bins. All waste must be removed by a waste contractor. All 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 Health Protection, Public Health Directorate for advice, if unsure (See: *Appendix 1*).

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, 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.visitmyfarm.org/component/k2/item/339-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 any 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.

DID YOU KNOW?

Hand washing involves five simple and effective steps (Wet, Lather, Scrub, Rinse, Dry).

It reduces the spread of diarrhoea and respiratory illness so you can stay healthy.

(Source: CDC.gov)

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 your 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.

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 x 2 doses.

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 visit www.gov.im/vaccinations

Age due	Diseases protected against	Vaccine given	Delivery
Eight weeks old	Diphtheria, tetanus, pertussis (whooping cough), polio and Haemophilus influenzae type b (Hib)	DTaP/IPV/Hib	One injection
	Pneumococcal (13 serotypes)	Pneumococcal conjugate vaccine (PCV)	One injection
	Meningococcal group B (MenB)	MenB	One injection
	Rotavirus gastroenteritis	Rotavirus	By mouth
Twelve weeks old	Diphtheria, tetanus, pertussis, polio and Hib	DTaP/IPV/Hib	One injection
	Rotavirus	Rotavirus	By mouth
Sixteen weeks old	Diphtheria, tetanus, pertussis, polio and Hib	DTaP/IPV/Hib	One injection
	MenB	MenB	One injection
	Pneumococcal (13 serotypes)	PCV	One injection
One year old	Hib and MenC	Hib/MenC booster	One injection
	Pneumococcal (13 serotypes)	PCV booster	One injection
	Measles, mumps and rubella (German measles)	MMR	One injection
	MenB	MenB booster	One injection
Three years and four months old	Diphtheria, tetanus, pertussis and polio	DTaP/IPV	One injection
	Measles, mumps and rubella	MMR (check first dose given)	One injection
Girls aged 12 to 13 years old	Cervical cancer caused by human papillomavirus (HPV) types 16 and 18 (and genital warts caused by types 6 and 11)	HPV (two doses 6-24 months apart)	One injection
Fourteen years old (school year 9)	Tetanus, diphtheria and polio	Td/IPV (check MMR status)	One injection
	Meningococcal groups A, C, W and Y	MenACWY	One injection

This is the complete routine immunisation schedule (Summer 2016). Children who present with certain risk factors may require additional immunisations.

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 x2 doses.

Needlestick, Sharps, Bites or Splash Incidents

Injured with a sharp object?
Splashed in the eye or mouth?
Non-intact skin exposed to blood
or blood stained fluid?

FIRST AID

SHARPS / BITE INJURY

If you suffer an injury from a sharp which may be contaminated:

- Encourage the wound to gently bleed, ideally holding it under running water
- Wash the wound using running water and plenty of soap
- Don't scrub the wound whilst you are washing it
- Don't suck the wound
- Dry the wound and cover it with a waterproof plaster or dressing

SPLASH INCIDENT

- If eyes are affected, remove contact lenses first
- Irrigate eyes / mouth with lots of running cold water
- Wash splashes off intact skin with running water and soap

ACTION

- Contact your GP, Occupational Health or go to A&E immediately
- Report incident to Health Protection, Public Health Directorate on 642639
- Follow school, nursery or workplace policy / procedures in place to report accidents or incidents

How do I wash my hands properly?



How do I wash my hands properly?

INFORMATION LEAFLET

HEALTH PROTECTION

It takes at least fifteen seconds to wash your hands properly - this is about how long it takes to sing 'Happy Birthday to You' twice through!

Encourage children to wash their hands by showing them how to do it, and by setting them a good example yourself.

Use liquid soap



1

Palm to palm



2

Backs of fingers to opposing palms with fingers interlocked



3

Palm to palm, fingers interlaced



4

Rotational rubbing of right thumb clasped in left palm and vice versa



5

Right palm over back of left hand and left palm over back of right hand



6

Rotational rubbing, backwards and forwards, with clasped fingers of right hand in left palm and vice versa

Rinse and dry your hands thoroughly



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www.gov.im/publichealth

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Download copies from our Hand Washing information page at:

<https://www.gov.im/categories/health-and-wellbeing/disease-control/hand-washing/>

Diarrhoea and/or Vomiting

**Diarrhoea
and/or Vomiting**
INFORMATION LEAFLET

HEALTH PROTECTION

Stay at home!

- Drink plenty of fluids
- Practice good hygiene
- Follow the 48-hour rule
- Clean all contaminated areas
- Telephone your GP surgery if you are concerned

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Gollig, Douglas, Isle of Man

Department of Health and Social Care
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www.gov.im/publichealth
REF: CDC16/0816

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Download copies from our Diarrhoea and Vomiting information page at:
<https://www.gov.im/categories/health-and-wellbeing/disease-control/diarrhoea-and-vomiting/>

The information in this leaflet can be provided in large format or in audio format **on request**



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