



## Guidance on infection control in schools

Information based on Public Health England - Gov.uk

	Recommended period to be kept away from school	Comments
<b>Rashes and skin infections</b>		
<b>Athlete's foot</b>	NONE	Not a serious condition. Treatment recommended.
<b>Chicken Pox</b>	5 days from onset of rash.	Return once spots have scabbed over.
<b>Cold sores</b>	NONE	Avoid kissing and contact with sores
<b>German Measles - Rubella</b>	4 days from onset of rash.	
<b>Hand, foot and mouth</b>	NONE	
<b>Impetigo</b>	Until lesions are crusted and healed, or 48 hours after commencing antibiotic treatment.	Antibiotic treatment speeds healing and reduces the infectious period.
<b>Measles</b>	4 days from onset of rash.	Inform the school
<b>Molluscum contagiosum - Warts</b>	NONE	
<b>Ringworm</b>	Exclusions are not usually required.	Treatment is required
<b>Roseola (infantum)</b>	NONE	NONE
<b>Scabies</b>	Child can return after first treatment	Household and close contact require treatment
<b>Scarlet fever</b>	Child can return 24 hours after commencing appropriate antibiotic treatment	Antibiotic treatment recommended
<b>Slapped cheek/fifth disease. Parvovirus B19</b>	NONE	
<b>Shingles</b>	Exclude only if rash is weeping and cannot be covered	Can cause Chicken Pox in those who are not immune i.e. have not had Chicken Pox. It is spread by very close touch and contact.
<b>Warts and verrucae</b>	NONE	Verrucae should be covered in swimming pools gymnasiums and changing rooms - for PE lessons.
<b>Diarrhoea and vomiting</b>		
<b>Diarrhoea and/or vomiting</b>	Exclude for a minimum of 24 hours from last episode of diarrhoea or vomiting.	If there is a high percentage of children with Diarrhoea and/or vomiting then a 48hr rule <b>maybe</b> put in place, please contact school for more information.
<b>E.coli O157 VTEC</b>	Should be 48 hours from the last episode of diarrhoea. Further exclusion may be required for some children until they are no longer excreting.	Further exclusion may be required for young children under 5 and those who have difficulty in adhering to hygiene practices.
<b>Cryptosporidiosis</b>	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>Flu (influenza)</b>	Until recovered	Diagnosed by a doctor
<b>Tuberculosis</b>	Always consult your HPU - Health Protection Unit	Requires prolonged close contact to spread

<b>Whooping cough (pertussis)</b>	Five days from commencing antibiotic treatment, or 21 days from onset of illness if no antibiotic treatment.	After treatment, non-infectious coughing may continue for many weeks.
<b>Common cough/cold</b>	NONE	Medicine can be administered at school.
<b>Other infections/illness</b>		
<b>Conjunctivitis</b>	NONE	
<b>Diphtheria</b>	Exclusion is essential.	Family contacts must be excluded until cleared to return by your local HPU
<b>Glandular fever</b>	NONE	
<b>Headache</b>	NONE	Medicine can be administered at school.
<b>Head lice</b>	NONE	Treatment is recommended only in cases where live lice have been seen.
<b>Hepatitis A</b>	Excluded until seven days after onset of jaundice (or seven days after symptom onset if no jaundice)	
<b>Hepatitis B, C, HIV/AIDS</b>	NONE	Hepatitis B and C and HIV are blood borne viruses that are not infectious through casual contact.
<b>High temperature</b>	Over 38/100.4 until normal temperature resumes.	38 degrees or over
<b>Meningococcal meningitis/septicaemia</b>	Until recovered	There is no reason to exclude siblings or other close contacts of a case.
<b>Meningitis viral</b>	NONE	Milder illness. There is no reason to exclude siblings or other close contacts of a case. Contact tracing is not required.
<b>MRSA</b>	NONE	Good hygiene, in particular handwashing and environmental cleaning, are important to minimise any danger of spread.
<b>Mumps</b>	Exclude child for five days after onset of swelling.	
<b>Sore throat</b>	NONE	Medicine can be administered at school
<b>Threadworms</b>	NONE	Treatment is recommended for the child and household contacts.
<b>Tonsillitis</b>	NONE	There are many causes, but most cases are due to viruses and do not need antibiotics.