



BOWLING GREEN PRIMARY SCHOOL: POLICY ON RECOMMENDED EXCLUSION PERIODS FOR COMMUNICABLE DISEASES

The following table sets out the recommended exclusion periods from school. All cases should be reported to the Headteacher as soon as possible. If appropriate, further guidance will be sought from the Public Health Department/ Infection Control Nurse.

Infection	Exclusion	Notes
Athlete's Foot	None	None
Chickenpox	For 5 days from onset of rash	It is not necessary to wait until spots have healed or crusted. (IMPORTANT: see FEMALE CARERS , see VULNERABLE CHILDREN)
Cold Sores (Herpes simplex virus)	None	Many healthy children and adults excrete this virus at some time without having a 'sore'
Conjunctivitis	None	If an outbreak occurs, consult Consultant in Communicable Disease Control
Diarrhoea and Vomiting	Until diarrhoea and vomiting has settled (neither in last 48 hrs)	Usually there will be no specific diagnosis and for most conditions there is no specific treatment. A longer period of exclusion may be appropriate for children under age 5 and older children unable to maintain good personal hygiene
E coli and Haemolytic Uraemic Syndrome	Depends on the type of E. coli SEEK CCDC's ADVICE	SEEK CCDC's ADVICE
Fifth Disease	See Slapped Cheek Disease	
Flu (Influenza)	None	Flu is most infectious just before and at the onset of symptoms
German Measles (rubella)	5 days from onset of rash	The child is most infectious before the diagnosis is made, and most children should be immune due to immunisation so that exclusion after the rash appears will prevent very few cases. (IMPORTANT: see FEMALE CARERS)
Giardiasis	Until diarrhoea has settled (no symptoms for 24 h)	There is a specific antibiotic treatment
Glandular Fever Infectious Mononucleosis)	None	
Hand, Foot and Mouth Disease	None	Usually a mild disease not justifying time off school



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Head Lice (nits)	None	Treatment is recommended only in cases where live lice have definitely been seen.
Hepatitis A	There is no justification for exclusion of well older children with good hygiene who will have been much more infectious prior to the diagnosis. Exclusion is justified for 5 days from onset of jaundice or stools going pale for under 5's or where hygiene is doubtful.	
Hepatitis B or 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)	
Herpes simplex virus	see Cold sores	
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)	
Impetigo	Until lesions crusted/healed	Antibiotic treatment by mouth may speed healing. If lesions can reliably be kept covered, exclusion may be shortened
Infectious Mononucleosis	See Glandular Fever	
Influenza	See Flu	
Measles	5 days from onset of rash	Measles is now rare in the UK. (IMPORTANT: see VULNERABLE CHILDREN)
Molluscum contagiosum	None	A mild condition
Meningococcal Meningitis	The CCDC will give advice on any action needed	There is no reason to exclude from school siblings and other close contacts of a case.
Non-Meningococcal Meningitis	None	Once the child is well, infection risk is minimal
Mumps	5 days from onset of swollen glands	The child is most infectious before the diagnosis is made, and most children should be immune due to immunisation
Nits	See Head Lice	



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Parvovirus	See Slapped Cheek Disease	
Pertussis	See Whooping Cough	
Ringworm (Tinea)	None	Proper treatment by the GP is important. Scalp ringworm needs treatment with an antifungal by mouth. This infection is caused by a skin fungus and is not a worm at all.
Roseola	None	A mild illness, usually caught from well persons
Rubella	See German measles	
Scabies	Until treated	Outbreaks have occasionally occurred in schools and nurseries. Child can return as soon as properly treated. This should include all the persons in the household.
Scarlet Fever	5 days from commencing antibiotics	Treatment recommended for the affected child
Slapped Cheek Disease (<u>Fifth Disease</u> / <u>Parvovirus</u>)	None	(IMPORTANT: see <u>FEMALE CARERS</u> Exclusion is ineffective as nearly all transmission takes place before the child becomes unwell
Salmonella	Until diarrhoea and vomiting has settled (neither for last 24 hrs)	If the child is under five years of has difficulty in personal hygiene, seek advice from the Consultant in Communicable Disease Control
Shigella (bacillary dysentery)	Until diarrhoea has settled (no symptoms for 24h)	If the child is under five years of has difficulty in personal hygiene, seek advice from the Consultant in Communicable Disease Control
Tinea	See Ringworm	
Tuberculosis (TB)	CCDC will advise on action	Generally requires quite prolonged, close contact for spread. Not usually spread from children
Threadworm	None	Transmission is uncommon in schools but treatment is recommended for the child and family
Tonsillitis	None	There are many causes, but most cases are due to viruses and do not need an antibiotic. For one cause, Streptococcal infection, antibiotic treatment is recommended.
Warts & Verrucae	None	Affected children may go swimming but verrucae should be covered
Whooping Cough (<u>Pertussis</u>)	5 days from commencing antibiotics	Treatment (usually with erythromycin) is recommended though non-infectious coughing may still continue for many weeks.



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Female Carers – Pregnancy

Some infections if caught by a pregnant woman can pose a danger to her unborn baby. If a case of any of the following occurs in school, the Headteacher will inform immediately any member of staff known to be pregnant.

Chickenpox

This can affect the pregnancy of a woman who has not previously had the disease. More than 95% of the adult population are immune to chickenpox, but if a pregnant woman is exposed early in pregnancy (the first 20 weeks) or very late in pregnancy (the last 3 weeks before giving birth) she should promptly inform her GP and/or midwife so that a blood test can be arranged to check her immune status.

German Measles (Rubella)

If a woman who is not immune to rubella is exposed to this infection in early pregnancy her baby can be affected. Female staff should be able to show evidence of immunity to rubella, or if that is not possible, have a blood test and, if appropriate, immunisation. If a woman who may be pregnant comes into contact with rubella she should inform her GP or midwife promptly.

Slapped Cheek Disease (Fifth Disease, Parvovirus)

Occasionally, this infection can affect an unborn child. If a woman is exposed in early pregnancy (before 20 weeks) she should promptly inform whoever is giving her antenatal care. Immunisations

Hand-washing and Good Hygiene Procedures

Effective hand washing is an important method of controlling the spread of infections, especially those that cause diarrhoea and vomiting. The following guidance is recommended as part of Health and Safety guidance: Always wash hands after using the toilet and before eating or handling food using warm, running water and a mild, preferably liquid, soap. Rub hands together vigorously until a soapy lather appears 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). Discard disposable towels in a bin. Bins with foot-pedal operated lids are preferable. If a food handler has diarrhoea or vomiting, the CCDC's advice should be sought urgently.

Cleaning up of Body Fluid Spills - "Universal Precautions"

Blood, faeces, nasal and eye discharges, saliva and vomit must be cleaned up immediately. The following guidance is to be followed as part of Health and Safety guidance: 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. Clean and disinfect any surfaces on which body fluids have been spilled. An effective disinfectant solution is household bleach solution diluted 1 in 10 with water, but it must be used carefully.

Discard fluid-contaminated material in a plastic bag along with the disposable gloves. The glove, once securely sealed can be disposed of as normal "household" type waste. Mops used to clean up body fluids should be cleaned in cleaning equipment sink (not a kitchen sink), rinsed with a disinfecting solution and dried. Ensure contaminated clothing is hot laundered (Minimum 60 degrees centigrade).

Vulnerable Children

Some children have medical conditions that make them especially vulnerable to infections that would rarely be serious in other children. Such children include those being treated for leukaemia or other cancers, children on high doses of steroids by mouth (not inhalers) and children with conditions which seriously reduce immunity. Usually schools or nurseries are made aware of such children through their parents, or carers, or the school health service. These children are especially vulnerable to chickenpox or measles. If a vulnerable child is exposed to either of these infections, the parent or carer(s) should be informed promptly so that they can seek further medical advice as necessary.



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This policy was agreed by the Governing Body on.....

Signature:.....

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