



# **Controlling Infectious Disease to Maintain a Healthy Education Environment.**

## **Quick Reference Guide**

Final April 19<sup>th</sup> 2017

## 1. Introduction

This document provides those working within education settings with a quick reference to infection prevention and control.

For full guidance staff should refer to *All Wales Infection Prevention and Control Guidance for Educational Settings, 2017*.

A variety of organisms can cause infectious disease, which can result in absence from education settings. Outbreaks <sup>1</sup> of gastrointestinal illness such as Norovirus can affect large numbers of learners and staff causing significant disruption to the educational setting. Outbreaks and cases of infectious disease represent a burden to the affected individual, the education setting, parents, and the wider community through days lost from education, parents taking time off work and the potential for spread of infection into the wider community. It is therefore vitally important that clear effective guidelines for the prevention and control of infection are in place and implemented within all education settings.

<sup>1</sup> An outbreak can be defined as:

- Two or more cases of infection linked either by time, place, or person (e.g. both cases attended the same event/ both ate the same food/ both have been in contact with someone infectious); or
- An increase in the number of cases of disease normally observed.

## 2. Welcoming Individuals to the Education Setting

When any learner begins attending an education setting it is beneficial to clearly communicate key infection prevention and control expectations and requirements. Included below is an example of a letter that provides key information but can be amended to relate specifically to your setting.

[Insert school address]

[Insert date]

Dear Parent/Carer,

As a nursery/ school we place great importance on creating a safe and healthy environment for all children to maximise attendance, improve life chances and general well-being.

When welcoming learners we feel it is useful to provide parents/carers with key information which will reduce the risk of your child getting an infection. With your help we can minimise the risk associated with circulating infectious diseases and request you follow this advice:

### **Cases of infectious disease**

- If your child has symptoms suggestive of an infection, they should not attend nursery/school. Please keep them at home and contact your doctor, local pharmacy or NHS Direct Wales on 0845 4647
- If your child has diarrhoea and/or sickness it is essential that they do not attend nursery/school. Please keep them at home until diarrhoea and/or sickness has stopped for at least 48 hours.
- Inform us immediately if your child has an infectious disease. This will enable the nursery/school to undertake any action if necessary.

### **Vulnerable/at risk children**

- If your child is particularly at risk of becoming ill from an infectious disease, either because they have a medical condition which affects their immunity or are not vaccinated (this includes if they have not had a full course of a vaccine), please let us know. This is important so we can tell you about any infectious diseases within the school that could put your child at risk.

### **Vaccinations**

- Please ensure your child is up to date with recommended vaccinations. The routine immunisation schedule for Wales is attached which outlines the vaccinations your child should have been offered.

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- If you are concerned that your child has not received all of their vaccinations please speak to your doctor as soon as possible. To find your nearest doctor's/GP surgery, visit: <http://www.wales.nhs.uk/eng>.

If you have any further questions or queries please contact the nursery/school on xxxxxxxxxxxx.

Yours sincerely,

| <b>The Routine Immunisation Schedule Wales from May 2016</b>                    |  |
|---|--|
| <b>Age Due</b>  | <b>Diseases Protected Against</b>  |
| <b>2 months</b>   | <ul style="list-style-type: none"> <li>• <b>Diphtheria, tetanus, pertussis (whooping cough), polio, and <i>Haemophilus influenzae</i> type b</b> - Injection</li> <li>• <b>Pneumococcal</b> Injection</li> <li>• <b>Rotavirus gastroenteritis</b> – Oral</li> <li>• <b>Meningococcal group B-</b> injection</li> </ul> |
| <b>3 months</b>   | <ul style="list-style-type: none"> <li>• <b>Diphtheria, tetanus, pertussis (whooping cough), polio, and <i>HIB</i></b>- injection</li> <li>• <b>Rotavirus oral</b></li> </ul>  |
| <b>4 months</b>   | <ul style="list-style-type: none"> <li>• <b>Diphtheria, tetanus, pertussis (whooping cough), polio, and <i>HIB</i></b> - Injection</li> <li>• <b>Pneumococcal</b> -Injection</li> <li>• <b>Meningococcal group B-</b>Injection</li> </ul>  |
| <b>Between 12 and 13 months</b>   | <ul style="list-style-type: none"> <li>• <b>Hib/Meningococcal group C</b> -Injection</li> <li>• <b>Measles, Mumps and Rubella</b> - Injection</li> <li>• <b>Pneumococcal</b> Injection</li> <li>• <b>Meningococcal group B-</b>Injection</li> </ul>  |
| <b>2 and 3 years old and children in school reception class, year 1,2 and 3</b> | <ul style="list-style-type: none"> <li>• <b>Influenza (flu)</b>– each year from September Nasal spray.</li> </ul>  |
| <b>3 years and four months</b>  | <ul style="list-style-type: none"> <li>• <b>Diphtheria, tetanus, pertussis (whooping cough) and polio</b> - Injection</li> <li>• <b>Measles, Mumps and Rubella</b> Injection</li> </ul>  |
| <b>14 years old (school year 9)</b>   | <ul style="list-style-type: none"> <li>• <b>Human Papillomavirus</b>–Two injections</li> </ul>   |
| <b>14 years</b>   | <ul style="list-style-type: none"> <li>• <b>Diphtheria, tetanus and polio</b> -Injection</li> <li>• <b>Meningococcal groups A, C, W and Y (ACWY).</b> Injection</li> </ul>   |

### 3. Period to keep Individuals away from the setting.

Individuals with a suspected or confirmed infectious disease should not attend the education setting during the time they are considered infectious.

Main Points:

- Please refer to the tables below for guidance as to whether an individual should not attend the setting from an infectivity perspective. If uncertain individuals should remain at home and seek advice from NHS Direct Wales 08454647, their local pharmacy or GP
- It must be remembered that the periods for which individuals should be kept away from education settings within this document are based upon period of infectivity and not upon a risk assessment of whether individuals are well enough to attend
- Individuals (learners or staff) with diarrhoea and/or vomiting should not attend the educational setting until they have had no symptoms for at least 48 hours
- Individuals with unexplained rashes should be considered infectious until health advice is obtained
- Educational settings should keep a record of learners and staff with a medical condition or receiving treatment that may affect their immunity e.g. chemotherapy or high dose steroids. This is of utmost importance during outbreaks/ incidents of infectious disease
- If additional advice is required or an outbreak is suspected please contact your local health protection team (numbers are listed in Section 1) so appropriate advice can be provided
- In the event of a learner or parent not co-operating with advice to keep learners away from the education setting please seek advice from your local health protection team.

## Rashes/ Skin Infections

| Infection or Complaint              | Period individual to be kept away from educational Setting/ child minder                      | Comments   |
|-------------------------------------|---|--|
| <b>Athlete's foot</b>               | None, attendance at discretion of health care professional.                                   | Athlete's foot is not a serious condition. Treatment is recommended.   |
| <b>Chickenpox</b>                   | Until all vesicles (blisters) have crusted over.  | <i>See: Pregnant Women at section 7 and Vulnerable Individuals at Section 8 .</i>  |
| <b>Cold sores, (Herpes simplex)</b> | None, attendance at discretion of health care professional.                                   | Avoid kissing and contact with the sores. Cold sores are generally mild and self-limiting.   |
| <b>German measles (rubella)*</b>    | Four days from onset of rash.   | Preventable by vaccination and contained within the UK routine immunisation schedule (MMR x2 doses).<br><i>See: Pregnant Women at section 7.</i>                                   |
| <b>Hand, foot and mouth</b>         | None, attendance at discretion of health care professional.                                   | Contact your local Health Protection Team if a large number of learners are affected. Keeping individuals from the setting may be considered in some circumstances.                |
| <b>Impetigo</b>                     | Until affected areas are crusted and healed, or 48 hours after starting antibiotic treatment. | Antibiotic treatment speeds healing and reduces the infectious period.   |
| <b>Measles*</b>                     | Four days from onset of rash.   | Preventable by vaccination and contained within the UK routine immunisation schedule (MMR x2).<br><i>See: Pregnant Women at section 7 and Vulnerable Individuals at Section 8.</i> |
| <b>Molluscum contagiosum</b>        | None, attendance at discretion of health care professional.                                   | A self-limiting condition.   |
| <b>Ringworm</b>                     | None, attendance at discretion of health care professional.                                   | Treatment is required.   |
| <b>Roseola (infantum)</b>           | None, attendance at discretion of health care professional.                                   | None.  |
| <b>Scabies</b>                      | Individual can return after first treatment.  | Household and close contacts require treatment.  |
| <b>Scarlet fever*</b>               | Individual can return 24 hours after starting appropriate antibiotic treatment.               | Antibiotic treatment is recommended for the affected child.  |

| Infection or Complaint                               | Period individual to be kept away from Educational Setting/ child minder               | Comments  |
|--|--|---|
| <b>Slapped cheek/fifth disease. (Parvovirus B19)</b> | None (once rash has developed) attendance at discretion of health care professional.   | <i>See: Pregnant Women at section 7 and Vulnerable Individuals at Section 8.</i>  |
| <b>Shingles</b>                                      | Individual only to be kept away from setting if rash is weeping and cannot be covered. | Can cause chickenpox in those who are not immune, ie have not had chickenpox. It is spread by very close contact and touch. If further information is required, contact your local Health Protection Team, <i>See: Pregnant Women at section 7 and Vulnerable Individuals at Section 8.</i> |
| <b>Warts and verrucae</b>                            | None, attendance at discretion of health care professional.                            | Verrucae should be covered in swimming pools, gymnasiums and changing rooms.  |

## Diarrhoea and vomiting illness

| Infection or Complaint  | Period individual to be kept away from Educational Setting/ child minder   | Comments   |
|---|--|--|
| <b>Diarrhoea and/or vomiting</b>  | 48 hours from last episode of diarrhoea or vomiting.   |  |
| <b>E. coli O157 VTEC<br/>Typhoid* [and paratyphoid*]<br/>(enteric fever)<br/>Shigella (dysentery)</b> | Should be kept away from setting for 48 hours from the last episode of diarrhoea. Some individuals may need to be kept away from setting until they are no longer excreting. | Learners aged 5 years or younger and those who have difficulty in maintaining good personal hygiene need to be kept away from the education setting until there is proof they are not carrying the germ (microbiological clearance) adhering to hygiene practices need to be kept away from setting. This guidance may also apply to some people the individual has been in contact with that may also require microbiological clearance. Please consult your local Health Protection Team for further advice. |
| <b>Cryptosporidiosis</b>  | Keep away from setting for 48 hours from the last episode of diarrhoea.  | Individuals should not be permitted to swim for two weeks after the last bout of diarrhoea has ended.  |

## Respiratory Illness

| Infection or Complaint             | Period individual to be kept away from Educational Setting/ child minder                                  | Comments  |
|------------------------------------|---|---|
| <b>Flu (influenza)</b>             | Until recovered.  | <i>See: Vulnerable Individuals section 8.</i>   |
| <b>Tuberculosis*</b>               | Always consult your local Health Protection Team.   | Requires prolonged close contact for spread.  |
| <b>Whooping cough* (pertussis)</b> | 48 hours from starting antibiotic treatment, or 21 days from onset of illness if no antibiotic treatment. | Preventable by vaccination and contained within UK routine immunisation schedule. After treatment, non-infectious coughing may continue for many weeks. Your local Health Protection Team can assist in tracing people the individual may have had contact with if necessary. |

## Other Infections

| Infection or Complaint                         | Period Individual to be kept away from Educational Setting/ child minder   | Comments  |
|--|--|---|
| <b>Conjunctivitis</b>                          | None, attendance at discretion of health care professional.  | If an outbreak/cluster occurs, consult your local Health Protection Team for advice   |
| <b>Diphtheria *</b>                            | Must not attend setting Always consult with your local HPT.  | Preventable by vaccination and contained within the UK routine immunisation schedule. Family contacts must be kept away from setting until cleared to return by your local Health Protection Team. Your local Health Protection Team will consider the risk that any contact the individual has had with others if necessary.   |
| <b>Glandular fever</b>                         | None, attendance at discretion of health care professional.  |   |
| <b>Head lice</b>                               | None, attendance at discretion of health care professional.  | Treatment is recommended only in cases where live lice have been seen.  |
| <b>Hepatitis A*</b>                            | Individuals should be kept away from setting until 7 days after onset of jaundice (or 7days after symptom onset if no jaundice). | In an outbreak of hepatitis A, your local Health Protection Team will advise on control measures.   |
| <b>Hepatitis B*, C*, HIV/AIDS</b>              | None, attendance at discretion of health care professional.  | Hepatitis B and C and HIV are blood borne viruses that are not infectious through casual contact.   |
| <b>Meningococcal meningitis*/ septicaemia*</b> | Until recovered.   | Several types of Meningococcal disease are preventable by vaccination. There is no reason to keep siblings or other close contacts of the individual from attending education settings. In the case of an outbreak, it may be necessary to provide antibiotics with or without meningococcal vaccination to close school contacts. Your local Health Protection Team will advise on any action is needed. |

| Infection or Complaint                   | Period Individual to be kept away from Educational Setting/ child minder | Comments  |
|--|--|---|
| <b>Meningitis* due to other bacteria</b> | Until recovered.   | Hib and pneumococcal meningitis are preventable by vaccination. There is no reason to keep siblings or other close contacts of a case away from setting. Your Health Protection Team will give advice on any action needed. |
| <b>Meningitis viral*</b>                 | None, attendance at discretion of health care professional.              | Milder illness. There is no reason to keep siblings and other close contacts of the individual away from setting. Tracing people the individual has had contact with is not required.                                       |
| <b>MRSA</b>                              | None, attendance at discretion of health care professional.              | Good hygiene, in particular handwashing and environmental cleaning, are important to minimise spread. If further information is required, contact your local Health Protection Team.  |
| <b>Mumps*</b>                            | Keep away from setting for five days after onset of swelling.            | Preventable by vaccination and contained within the UK routine immunisation schedule (MMR x2 doses).  |
| <b>Threadworms</b>                       | None, attendance at discretion of health care professional.              | Treatment is recommended for the individual and household contacts.   |
| <b>Tonsillitis</b>                       | None, attendance at discretion of health care professional.              | 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 local authority (usually a Consultant in Communicable Disease Control or Consultant in Health Protection). In addition, organisations may be required via locally agreed arrangements to inform their local Health Protection Team. Regulating bodies may wish to be informed – please refer to local policy.

\*Lists of notifiable diseases and advised periods that individuals should be kept away from settings are reviewed and updated periodically and can be accessed at: <http://www.legislation.gov.uk/ukxi/2010/659/schedule/1/made>

**Outbreaks:** if an outbreak of infectious disease is suspected, please contact your local Health Protection Team.

- Further information regarding vaccine preventable diseases and vaccines can be found at: <https://www.gov.uk/government/collections/immunisation-against-infectious-disease-the-green-book>.

## 4. Good Infection Prevention and Control Practices

### Hand washing



Hand washing is one of the most important ways of controlling the spread of infections, especially those that cause diarrhoea, vomiting and respiratory disease. The recommended hand washing method is the use of liquid soap, warm water, and paper towels or hand drier. Hands should always be washed after using the toilet, before eating or handling food, after handling animals and whenever visibly dirty. Further information can be found in Chapter 9 of the *All Wales Infection Prevention and Control Guidance for Educational Settings, 2017*. Further interactive resources can be accessed via [E-bug](#)

### Coughing and sneezing



Coughing and sneezing easily spread infections. When coughing or sneezing individuals should be encouraged to cover their nose and mouth with a tissue. Tissues should be disposed of appropriately and hands washed after using or disposing of tissues. Spitting should be discouraged.

Further interactive resources can be accessed via [E-bug](#)

### Cleaning of blood and body fluid spillages



Spillages of blood, faeces, saliva, vomit, nasal and eye discharges should be cleaned up immediately by individuals wearing appropriate Personal Protective Equipment (PPE). When blood and body fluid spillages occur, use a cleaning product that is effective against both bacteria and viruses, ensuring the manufacturer's instructions are followed. Never use mops for cleaning up body fluids. Suitable spillage kits with the necessary equipment to safely deal with blood and body fluid spillages should be available at all times and staff should be aware of their application. Further guidance is available within Chapter 15 of the *All Wales Infection Prevention and Control Guidance for Educational Settings, 2017*.

## Sharps injuries and bites



If skin is broken, encourage the wound to bleed and wash thoroughly using soap and water. Individuals who have been bitten should contact a GP, occupational health or A&E department immediately. A local policy should be in place for individuals to follow.

Further information regarding Blood Borne Virus exposure can be obtained in Chapter 19 of the *All Wales Infection Prevention and Control Guidance for Educational Settings, 2017* or your local health

## Toilet Facilities



Transmission of germs from toilets is commonly associated with direct contact with the toilet but germs can also be transmitted by touching contaminated surfaces within the toilet environment. These surfaces include toilet handles, toilet seats, hand washing sinks etc. Adequate environmental cleaning and personal hygiene measures within the toilet areas are vital. To assist educational settings in maintaining adequate toilet standards a checklist can be found in appendix 4 of the *All Wales Infection Prevention and Control Guidance for Educational Settings, 2017*. Education settings should undertake this checklist each term to ensure standards are maintained.

## 5. Animals



Pets and other animals in education settings can pose a risk of infection, including gastro-intestinal infections, fungal infections and parasites. Before deciding to keep animals in the educational setting or allowing visitors to bring them in sensible protocols and infection prevention and control precautions must be in place. There should be a written policy with regard to animals in an education setting.

Further information and guidance can be found in Chapter 21 of the *All Wales Infection Prevention and Control Guidance for Educational Settings, 2017* or your local health protection team.

## 6. Farm Visits



Whilst it is popular to visit farms and zoos, there are a number of infections that can be passed on to learners and staff from infected animals. Serious outbreaks have been associated with visits to farms and zoos (e.g. *Escherichia coli* O157 (*E. coli* O157)). Even farm animals that look clean and healthy will carry a range of germs such as campylobacter, salmonella and cryptosporidium which can be passed on and cause infection in humans. They can also carry the bacteria *Escherichia coli* O157 (*E. coli* O157), which is very infectious and can cause extremely severe or life-threatening illness.

It is vital that education settings have a policy on such visits, which is known and followed by all staff.

Pregnant women should have received two doses of MMR vaccination before becoming pregnant, if not received then MMR should be given after the delivery of the baby.

## 7. Pregnant Women



Pregnant women should have received 2 doses of MMR vaccination before becoming pregnant, if 2 MMR have not be received prior to pregnancy MMR vaccinations should be given after delivery of the baby.

If a pregnant woman develops a rash or is in direct contact with an individual with a potentially infectious rash, she should be advised to inform her doctor or midwife immediately for further investigation. Some specific risks include;

- Chicken pox
- Rubella (German Measles)
- Slapped cheek disease (Parvovirus B19)
- Measles.

The greatest risk of exposure to such infections for pregnant women usually comes from their own child/ children, rather than a work place or place of study. All pregnant women should receive vaccination against pertussis and influenza during each pregnancy. Further information and guidance is available within Chapter 18 of the *All Wales Infection Prevention and Control Guidance for Educational Settings, 2017* or your local Health Protection Team.

## 8. Vulnerable Individuals



Some medical conditions make individuals more vulnerable to infections that would rarely be serious in others; these include those receiving treatment for leukaemia or other cancers, those on high doses of steroids or other with conditions that seriously reduce immunity. Education settings will normally have been made aware of such individuals. These individuals are particularly vulnerable to chickenpox, measles or parvovirus B19 and, if exposed to either of these, the learner/parent/carer should be informed promptly and further medical advice sought.

## 9. Vaccinations



Immunisation status should always be checked at entry to an education setting and at any time when further vaccination is required in line with UK schedule. Learners should be encouraged to remain up to date with their vaccinations and to arrange catch-up doses of any missed immunisation through their G.P or school nursing service. For the most up-to-date immunisation advice see the NHS Direct Wales website [www.nhsdirect.wales.nhs.uk](http://www.nhsdirect.wales.nhs.uk) or the school health service can advise on the latest national immunisation schedule available on page 15 of this document.

In addition to the routine immunisation schedule, there is also a Meningococcal ACWY catch up programme for all young people born after 1<sup>st</sup> September 1996 and those under 25 years of age starting university for the first time.

## The Routine Immunisation Schedule Wales from May 2016

| Age due  | Diseases protected against  | Vaccine given and trade name              |                                    | Usual site <sup>1</sup> |
|--|---|---|------------------------------------|-------------------------|
| 2 months old   | Diphtheria, tetanus, pertussis (whooping cough), polio and <i>Haemophilus influenzae</i> type b (Hib)             | DTaP/IPV/Hib                              | Pediacel or Infanrix IPV Hib       | Thigh                   |
|  | Pneumococcal (13 serotypes)   | Pneumococcal conjugate vaccine (PCV)      | Prevenar 13                        | Thigh                   |
|  | Meningococcal group B (MenB) <sup>2</sup>   | MenB <sup>2</sup>                         | Bexsero                            | Left thigh              |
|  | Rotavirus gastroenteritis   | Rotavirus                                 | Rotarix                            | By mouth                |
| 3 months old   | Diphtheria, tetanus, pertussis, polio and Hib   | DTaP/IPV/Hib                              | Pediacel or Infanrix IPV Hib       | Thigh                   |
|  | Rotavirus   | Rotavirus                                 | Rotarix                            | By mouth                |
| 4 months old   | Diphtheria, tetanus, pertussis, polio and Hib   | DTaP/IPV/Hib                              | Pediacel or Infanrix IPV Hib       | Thigh                   |
|  | MenB <sup>2</sup>   | MenB <sup>2</sup>                         | Bexsero                            | Left thigh              |
|  | Pneumococcal (13 serotypes)   | PCV                                       | Prevenar 13                        | Thigh                   |
| 12 months old  | Hib and MenC  | Hib/MenC booster                          | Menitorix                          | Upper arm/thigh         |
|  | Pneumococcal (13 serotypes)   | PCV booster                               | Prevenar 13                        | Upper arm/thigh         |
|  | Measles, mumps and rubella (German measles)   | MMR                                       | MMR VaxPRO <sup>3</sup> or Priorix | Upper arm/thigh         |
|  | MenB <sup>2</sup>   | MenB booster <sup>2</sup>                 | Bexsero                            | Left thigh              |
| 2 and 3 years old and children in school reception class, year 1,2 and 3 | Influenza (each year from September)  | Live influenza vaccine                    | Fluenz Tetra <sup>3,4</sup>        | Both nostrils           |
| 3 years 4 months old   | Diphtheria, tetanus, pertussis and polio  | DTaP/IPV                                  | Infanrix IPV or Repevax            | Upper arm               |
|  | Measles, mumps and rubella  | MMR (check first dose given)              | MMR VaxPRO <sup>3</sup> or Priorix | Upper arm               |
| Girls aged 12 to 13 years (school year 8)                                | Cervical cancer caused by human papillomavirus (HPV) types 16 and 18 (and genital warts caused by types 6 and 11) | HPV (two doses 6-12 months apart)         | Gardasil                           | Upper arm               |
| 14 years old (school year 9)   | Tetanus, diphtheria and polio   | Td/IPV (check MMR status)                 | Revaxis                            | Upper arm               |
|  | Meningococcal groups A, C, W and Y disease  | MenACWY                                   | Nimenrix or Menveo                 | Upper arm               |
| 65 years old   | Pneumococcal (23 serotypes)   | Pneumococcal polysaccharide vaccine (PPV) | Pneumovax II                       | Upper arm               |
| 65 years of age and older  | Influenza (each year from September)  | Inactivated influenza vaccine             | Multiple                           | Upper arm               |
| 70 years old   | Shingles  | Shingles                                  | Zostavax <sup>3</sup>              | Upper arm               |

## 10. Outbreak Management

An outbreak is defined as two or more cases of infection linked by time, place, or person, or an increase in the number of cases of disease normally observed.

Both the local HPT and EHO should be informed by the educational setting by telephone as soon as an outbreak of any disease is suspected to enable prompt and appropriate action to be taken to prevent further spread.

Accurate documentation of all individual cases that are thought to be part of an outbreak is vitally important. Staff are advised to ensure that all records are accurate and up to date, an example of an outbreak record form can be found below.

If further assistance is required, please contact your local Health Protection Team.

| Outbreak Action  | Sign | Date and Time |
|--|------|---------------|
| Inform local Health Protection Team as soon as you suspect an outbreak.  |      |               |
| Remind staff to report their own illnesses as well as those attending the educational setting  |      |               |
| Identify a member of staff to be responsible for maintaining records of all involved in the outbreak including the following information; <ul style="list-style-type: none"> <li>• Name of individual involved</li> <li>• Class affected</li> <li>• Symptoms of each individual</li> <li>• Absence and return dates</li> </ul>   |      |               |
| Identify an individual who will ; <ul style="list-style-type: none"> <li>• Arrange for symptomatic individuals to be taken from the setting</li> <li>• Keep ill individuals away from non infected individuals until they are taken from the setting</li> <li>• In cases of diarrhoea and/ or vomiting remind individual/ parent/ carer that affected individual must not return to the setting until after 48 hours of being free of symptoms</li> <li>• Review the list of vulnerable contacts/ pregnant women.</li> </ul> |      |               |
| Identify an individual to be responsible for communicating information provided by the local Health Protection Team.   |      |               |

## 11. Useful Contact Numbers

| Agency   | Contact Number        |
|--|-----------------------|
| <b>Health Protection Team, Public Health Wales</b>     |                       |
| North Wales  | 01352 803234          |
| Mid and West Wales                                     | 01792 607387          |
| South East Wales (Gwent)                               | 01495 332219          |
| South East Wales (Cardiff)                             | 0300 00 300 32        |
| <b>Local Authority Environmental Health Department</b> |                       |
| <b>North Wales</b>                                     |                       |
| Isle of Anglesey County Council                        | 01248 752820          |
| Conwy County Borough Council                           | 01492 575283          |
| Denbighshire County Council                            | 01824 706405          |
| Flintshire County Council                              | 01352 703386          |
| Gwynedd Council  | 01766 771000          |
| Wrexham County Borough Council                         | 01978 315752          |
| <b>Mid and West Wales</b>                              |                       |
| Carmarthenshire County Council                         | 01267 228706 / 228939 |
| Bridgend County Council                                | 02920 873823          |
| Powys County Council                                   | 0845 602 7037         |
| Pembrokeshire County Council                           | 01437 775631          |
| City and County of Swansea                             | 01792 635640          |
| Neath Port Talbot County Borough Council               | 01639 685623          |
| Ceredigion County Council                              | 01545 572151          |
| <b>South East Wales</b>                                |                       |
| Rhondda Cynon Taf County Council                       | 01443 425525 / 425575 |
| Merthyr Tydfil Borough Council                         | 01685 725029 / 725260 |
| Cardiff Council  | 02920 873819 / 873832 |
| Vale of Glamorgan Council                              | 02920 873819 / 873832 |
| Blaenau Gwent County Borough Council                   | 01495 357813 / 355964 |
| Caerphilly County Borough Council                      | 01443 811342          |
| Monmouth County Council                                | 01873 735497 / 635701 |
| Newport City Council                                   | 01633 851700 / 851719 |
| Torfaen County Borough Council                         | 01633 647261 / 647258 |

| School Nursing Services                           | Contact Number        |
|---|-----------------------|
| Aneurin Bevan UHB                                 | 01633 618003          |
| Cwm Taf UHB (North)                               | 01685 351322          |
| Cwm Taf UHB (South)                               | 01443 443303          |
| Cardiff and Vale UHB <i>Cardiff West:</i>         | 029 20 907661         |
| <i>Cardiff East:</i>                              | 029 20 734161         |
| Vale of Glamorgan                                 | 01446 732784          |
| Betsi Cadwaladr University Health Board (West)    | 01286685564           |
| Betsi Cadwaladr University Health Board (Central) | 01745 448788 EXT 3806 |
| Betsi Cadwaladr University Health Board (East)    | 01244 813486          |
| Abertawe Bro Morgannwg University Health Board    | 01639684412           |
| Hywel Dda University Health Board                 | 01267 227638/ 227742  |
| Powys Teaching Health Board                       | 01547521207           |