Guidance on Infections

March 2019

HEALTH PROTECTION

Nurseries, Schools and other Childcare Settings

Isle of Man Government

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HEALTH PROTECTION

Public Health Directorate

REVISION HISTORY

Version	Date	Author/Approver	Changes
1	28/02/2019	DA / JD	New document replacing CDC45 0816
1.1	27/03/2019	DA	Amendment to diarrhoea and vomiting Amendment to rubella exclusion period

Public Health Directorate - Health Protection Team (HPT)

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. This document replaces REF: CDC45 0816.

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1. INTRODUCTION

Nurseries, Schools, Workplaces and Care Centres are all common settings for the transmission of infections.

Children are more susceptible to infections because they:

- have immature immune systems
- have close contact with other children
- sometimes have no or incomplete vaccinations
- have a poor understanding of hygiene practices.[1]

These guidelines aim to provide information for staff about managing a range of common and important childhood infections in settings including schools and nurseries.

The guidance is not intended to be used as a tool for diagnosing infectious disease, but to help and direct staff about when and where to seek further advice.

It can also be used as a tool to help develop local policy and training.

The way to prevent and manage infectious disease in your setting is to:

- **promote immunisation**
- **promptly exclude the unwell child or member of staff**
- **check that effective hand washing is being carried out routinely.**

If you are notified of a case of infectious disease in a child or member of staff, please report it to the Health Protection Team (HPT) as soon as possible - not all infections require exclusion.

The HPT can also give you additional advice and support as needed (refer to Contact Information, **page 54**).

2. INFECTIONS IN CHILDCARE SETTINGS

Micro-organisms such as bacteria, viruses and fungi are everywhere and commonly do not cause infection (some of these can even be beneficial). However, some do cause infection resulting in symptoms such as fever and sickness.[2]

Infections in children are common. This is because a child's immune system is immature. Added to this, young children often have close contact with their friends, for example through play, and lack good hygiene habits, making it easier for infections to be passed on.[3]

Many diseases can spread before the individual shows any symptoms at all (during the infectious period). For example, a pupil with chickenpox is infectious to others 1 to 2 days before the rash appears.

Infection prevention and control measures aim to interrupt the cycle of infection; by promoting the routine use of good standards of hygiene, so that transmission of infection is reduced overall.

This is usually delivered through:

- immunisation of children and staff
- practice of good hand washing
- making sure the environment is kept clean.

Where a case of infection is known, measures aim to reduce or eliminate the risk of spread through information and prompt exclusion of a case.

How infection spreads

Infections are spread in many different ways but the main causes of these are through:

i. **Respiratory spread**

Contact with cough or other secretions from an infected person, like influenza. This can happen by being near the infected person when they cough and then breathe in the organism; or by picking up the organism from an infected item, for example a used tissue or on an object in the environment, and then touching your nose or mouth.

ii. **Direct contact spread**

By direct contact with the infecting organism, for example contact with skin during contact sports such as rugby and in gyms, like impetigo or staphylococcal infections.

iii. **Gastrointestinal spread**

Resulting from contact with contaminated food or water (hepatitis A), contact with infected faeces or unwashed hands after using the toilet (typhoid fever).

iv. **Blood borne virus spread**

By contact with infected blood or body fluids, for example while attending to a bleeding person or injury with a used needle (hepatitis B). Human mouths are inhabited by a wide variety of organisms, some of which can be transmitted by bites. Human bites resulting in puncture or breaking of the skin are potential sources of exposure to blood borne infections therefore it is essential that they are managed promptly.

There is a theoretical risk of transmission of hepatitis B from human bites, so the injured person should be offered vaccination. Although HIV can be detected in saliva of people who are HIV positive there is no documented evidence that the virus has been transmitted by bites.[4]

3. PREVENTION AND CONTROL

Prompt exclusion is essential to preventing the spread of infection in childhood settings. There should be a local policy for exclusion of staff and children while they are infectious and a procedure for contacting parents or carers (if applicable) when children become ill at school.

When children or members of staff are suffering from infectious diseases they should be excluded from school or work on medical grounds for the minimum period recommended.

Exposure to infectious disease is not normally a reason for medical exclusion. However, the HPT can advise (refer to **Section 9** for detailed exclusions tables and **Appendix 2** for an information poster on diarrhoea and vomiting).

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. Liquid soap, warm water and paper towels are recommended (see the hand washing poster **Appendix 3**).

- Ask all staff and children to wash their hands after using the toilet, before eating or handling food and after touching animals
- Cover all cuts and abrasions with a waterproof dressing.

Coughing and sneezing

Coughs and sneezes spread diseases. Children and adults should be encouraged to cover their mouth and nose with a disposable tissue and wash hands after using or disposing of tissues. Spitting should be discouraged.

Personal protective equipment (PPE)

Wear disposable gloves and plastic aprons if there is a risk of splashing or contamination with blood or body fluids during an activity. Gloves should be disposable, non-powdered vinyl, latex-free and CE marked. Wear goggles if there is a risk of splashing to the face.

Managing cuts, bites and nose bleeds

Staff should be aware of the school health and safety policy and manage situations such as cuts, bites and bleeds according to that policy.

This includes the identification and training of nominated first aiders for the school or workplace.

If a bite DOES NOT break the skin:

- Clean with soap and water
- No further action is needed.

If a bite BREAKS the skin:

- Clean immediately with soap and running water
- Record incident in accident book.

Seek medical advice as soon as possible (on the same day):

- to treat potential infection
- to protect against hepatitis B
- for reassurance about HIV.

Managing needle stick injuries

Occasionally children or staff may injure themselves with discarded used hypodermic needles. Dispose of the needle safely to avoid the same thing happening to someone else, following your school or workplace health and safety policy. If someone pricks or scratches themselves with a used hypodermic needle:

- wash the wound thoroughly with soap and water
- cover it with a waterproof dressing
- seek immediate medical attention from the Emergency Department
- record it in the accident book and complete the accident form.

Please see **Appendix 4** for more information on needle stick injuries.

Cleaning blood and body fluid spills

All spillages of blood, faeces, saliva, vomit, nasal and eye discharges should be cleaned up immediately, wearing PPE.

Clean spillages using a product which combines detergent and disinfectant (and ensure it is effective against both bacteria and viruses). Always follow the manufacturer's instructions. Use disposable paper towels or cloths to clean up blood and body fluid spills, and dispose of after use. A spillage kit should be available for bodily fluids like blood, vomit and urine.[5]

Sanitary facilities

Good hygiene practices depends on adequate facilities. A hand wash basin with warm running water along with a mild liquid soap, preferably wall mounted with disposable cartridges, should be available. Bar soap should not be used.

Place disposable paper towels next to basins in wall mounted dispensers, together with a nearby foot-operated waste paper bin.

Toilet paper should be available in each cubicle (it is not acceptable for toilet paper to be given out on request). If schools or nurseries experience problems with over-use, they could consider installing paper dispensers to manage this.

Suitable sanitary disposal facilities should be provided where there are female staff and children **aged nine** or **over** (junior and senior age groups).

Managing nappies

Children in nappies must have a designated changing area, away from play facilities and from any area where food or drink is prepared or consumed. Hand washing facilities must be available in the room so that staff can wash and dry their hands after every nappy change, before handling another child or leaving the nappy changing room. Soiled nappies should be wrapped in a plastic bag before disposal in the general waste area.

Clean children's skin with a disposable wipe. Flannels should not be used to clean bottoms. Label nappy creams and lotions with the child's name and do not share with others.

Wipe changing mats with soapy water or a baby wipe after each use. Mats should be cleaned thoroughly with hot soapy water if visibly soiled and at the end of each day. Check weekly for tears and discard if the cover is damaged.

A designated sink for cleaning potties (not a hand wash basin) should be located in the area where potties are used. Wear household rubber gloves to flush contents down the toilet. The potty should be washed in hot soapy water, dried and stored upside down. The rubber gloves should be washed whilst wearing them and then wash and dry hands after taking them off.

Nappy waste can sometimes be produced in large quantities in places such as nurseries. Although considered non-hazardous, in quantity it can be offensive and cause handling problems. Where the premises produce more than one standard bag or container of human hygiene waste over the usual collection interval, it is advised to package it separately from other waste streams. Organisations that produce significant amounts of used nappies should have appropriate disposal arrangements in place.

Children with continence aids

Children who use continence aids (like continence pads, catheters) should be encouraged to be as independent as possible. The principles of basic hygiene should be applied by children, adults and staff involved in the management of these aids:

- continence pads should be changed in a designated area
- disposable powder-free non-sterile latex-free gloves and a disposable plastic apron should also be worn
- gloves and aprons should be changed for every individual
- hand washing facilities should be readily available.

Contact your school health team for further advice.

Laundry

There should be a designated area on site if there is a need for laundry facilities

This area should:

- be separate from any food preparation areas
- have appropriate hand washing facilities
- have a washing machine with a sluice or pre-wash cycle.

Staff involved with laundry services should ensure that:

- manual sluicing of clothing is not carried out - as this can subject the operator to inhale fine contaminated aerosol droplets; soiled articles of clothing should be rinsed through in the washing machine pre-wash cycle, prior to washing
- gloves and aprons are worn when handling soiled linen or clothing
- hands are thoroughly washed after removing gloves.

Dealing with contaminated clothing

Clothing of the child (and the first-aider) may become contaminated with blood or body fluids. Clothing should be removed as soon as possible and placed in a plastic bag and sent home with the child with advice for the parent on how to launder the contaminated clothing. The clothing should be washed separately in a washing machine, using a pre-wash cycle, on the hottest temperature that the clothes will tolerate.

Vulnerable groups at particular risk from infection

Some children have impaired immune defence mechanisms in their bodies (known as immuno-compromised) and hence will be more likely to acquire infections. Also, the consequence of infection in the immuno-compromised is likely to be significantly more serious than in those with a properly functioning immune system (known as immuno-competent).

Impaired immunity can be caused by certain treatments such as those for leukaemia or other cancers, like cytotoxic therapy and radiotherapy. Other treatments such as high doses of steroids, enteral feeding and others, may also have a similar effect. Children and carers will have been fully informed by their doctor.

There are also some rare diseases, which can reduce the ability of a person to fight off infection. Usually nurseries and schools aware of such vulnerable children through information provided by their parents or guardians

If a vulnerable child is thought to have been exposed to a communicable disease, chickenpox or measles in the school setting, parents or guardians of that child should be informed promptly so that they can seek further medical advice from their GP or specialist, as appropriate.

It is important that these children are also made known to the school nurse on entry to the school.

4. CLASSIFICATION OF AN OUTBREAK

An outbreak or incident may be defined as:

- an incident in which two or more people experiencing a similar illness, are linked in time or place
- a greater than expected rate of infection compared with the usual background rate for the place and time, where the outbreak has occurred

For example:

- *2 or more cases of diarrhoea and/or vomiting which are in the same class-room, shared communal areas or where they have taken part in the same activities*
- *higher than usual number of people diagnosed with scabies*
- *higher than usual number of people diagnosed with scarlet fever*
- *two or more cases of measles at the school, nursery or other setting*

When to report

Head teachers and managers should contact the HPT as soon as they suspect an outbreak to discuss the situation and agree if any actions are needed. It is useful to have the information listed below available before this discussion as it will help to inform the size and nature of the outbreak:

- total numbers affected (staff and children)
- symptoms
- date(s) when symptoms started
- number of classes.

If you suspect cases of infectious illness in your school but are unsure if it is an outbreak, please call the HPT for advice on +44 (0) 1624 642639.

How to report

All settings are asked to telephone the HPT as soon as possible to report any serious or unusual illness, particularly for:

- Escherichia coli (VTEC) [also called E.coli 0157] or E coli VTEC infection
- food poisoning
- hepatitis
- measles, mumps, rubella (rubella is also called German measles)
- meningitis
- tuberculosis
- typhoid
- whooping cough (also called pertussis).

The full list is available at gov.im/notifiablediseases or see Appendix 5.

The HPT can also draft letters and provide factsheets for parents and carers to ensure the most up to date information is given.

Confidentiality

Health information may be shared to control infectious diseases and to look after and protect the health of the general public in line with GDPR principles within the DHSC.

For further information on how the Department of Health and Social Care (DHSC) handles your personal information please visit the DHSC Privacy Notice: gov.im/dhsc-privacy

5. IMMUNISATION

Children and immunisation

Immunisations should always be checked at school entry, and at the time of any vaccination. Parents and Carers should be encouraged to have their child immunised. Any immunisation missed or further catch-up doses required should be organised through the child's GP.

Teenager and adult immunisation can be checked in the same way.

The Immunisation Schedule changes periodically so it is important to check gov.im/vaccinations for up-to-date information. For further advice contact your Practice Nurse.

Children and adults who present with certain risk factors may require additional immunisations. The GP Practice can advise further.

Staff immunisation

It is important that all staff are up-to-date with the current immunisation schedule (refer to gov.im/vaccinations) for more details. In addition to this, the following risk areas should be considered:

Hepatitis B

- Hepatitis B vaccine is not recommended for routine school or nursery contacts of an infected child or adult
- Hepatitis B vaccine is, however, recommended for staff who are involved in the care of children with severe learning disability or challenging behaviour, and for these children, if they live in an institutional accommodation[6]
- In such circumstances, it is the responsibility of the employer to finance the vaccine programme.[7]

Rubella

- Women of childbearing age should check with their GP that they are immune to the rubella (German measles) virus i.e. by having received two doses of Measles, Mumps and Rubella (MMR) vaccination previously
- Those who are not immune should be immunised with MMR vaccine. The vaccine should not be given during pregnancy.[6]

6. CLEANING THE ENVIRONMENT

Cleaning of the environment, including toys and equipment, is an important function for the control of infection in childcare and other workplace settings.

- It is important that cleaning schedules clearly describe the activities needed, the frequency, and who will carry them out
- Cleaning standards should be monitored regularly by the school or workplace setting
- Cleaning staff should be appropriately trained and have access to personal protective equipment.

Cleaning contract

Essential elements of a comprehensive cleaning contract include daily, weekly and periodic cleaning schedules, based on national guidance.

A proper colour coding system is recommended by the Health and Safety Executive.[8] Choosing to employ a colour system in your workplace can make cleaning easy, efficient and in turn, increase general hygiene and cleanliness.

Colour-coded equipment should be used in different areas with separate equipment for kitchen, toilet, classroom and office areas (red for toilets and wash rooms; yellow for hand wash basins and sinks; blue for general areas and green for kitchens). Cloths should be disposable (or if reusable, disinfected after use).

Cleaning solutions should be stored in accordance with Control of Substances Hazardous to Health (COSHH), and cleaning equipment changed and decontaminated regularly.[9] Consideration should be given to situations where additional cleaning will be required including during term time (for example in the event of an outbreak) and how the school or workplace might carry this out.

A nominated member of staff should be chosen to monitor cleaning standards and discuss any issues with cleaning staff.

Cleaning blood and body fluid spills

All spillages of blood, faeces, saliva and vomit should be cleaned up immediately, wearing personal protective equipment. Clean spillages using a product which combines detergent and disinfectant, and ensure it is effective against both bacteria and viruses.

Always follow the manufacturer's instructions. Use disposable paper towels or cloths to clean up blood and body fluid spills, and dispose of after use. A spillage kit should be available for blood spills.

Toys and equipment

Toys and equipment can easily become contaminated with organisms, for example from infected children. So it is important that a written schedule is in place for regular cleaning. The cleaning schedule should identify who, what, when and how toys and equipment should be cleaned and be monitored.

If toys are shared, it is strongly recommended that only hard toys are made available because they can be wiped clean after play. The condition of toys and equipment should be part of the monitoring process and any damaged item that cannot be cleaned or repaired should be discarded. Soft modelling and play dough should be replaced regularly or whenever they look dirty, and should be included in the schedule.

Sandpits should be securely covered when not in use to protect from animals contaminating the sand. Sand should be changed regularly; four weekly for indoor sandpits and as soon as it becomes discoloured or malodorous for outdoor sandpits. Sand should be sieved (indoor) or raked (outdoor) regularly to keep it clean.

The tank should be washed with detergent and water, and dried before refilling with sand. Water play troughs or receptacles should be emptied, washed with detergent and hot water and dried and stored inverted when not in use. The water should be replenished either daily or twice daily when in use and it should always be covered when not in use.

Enhanced cleaning during an outbreak of infection

In the event of an outbreak of infection at your school or workplace, the HPT will recommend enhanced or more frequent cleaning, to help reduce transmission.

Advice may be given to ensure twice daily cleaning of areas (with particular attention to door handles, toilet flushes and taps) and communal areas where surfaces can easily become contaminated such as handrails. Plans should be developed for such an event on how the school or workplace might carry this out which could also include during term/work time. Dedicated cleaning equipment must be colour coded according to area of use.

7. STAFF HEALTH

Staff immunisation

All staff should undergo a full occupational health check before starting employment; this includes ensuring they are up to date with immunisations, including MMR.

Exclusion

Staff employed in schools, nurseries and all other settings should have the same rules regarding exclusion applied to them as are applied to the children. They may return to work when they are no longer infectious, provided they feel well enough to do so.

Pregnant staff

It should be noted that the greatest risk to pregnant women from such infections comes from their own household rather than the workplace. However, if a pregnant woman develops a rash, or is in direct contact with someone with a rash who is potentially infectious, she should consult her doctor or midwife.

Chickenpox

Chickenpox can affect the pregnancy if a woman has not already had the infection. The GP and midwife should be informed promptly. A blood test may be arranged to check immunity if it isn't already known. Shingles is caused by the same virus as chickenpox therefore anyone who has not had chickenpox is potentially vulnerable to the infection if they have close contact with a case of shingles.

Measles

Measles during pregnancy can result in early delivery or even loss of the baby. If a pregnant woman is exposed, the GP and midwife should be informed immediately. All female staff of child bearing age, working with young children, should have evidence of two doses of MMR vaccine or a positive history of measles.

Rubella (German measles)

If a non-immune pregnant woman comes into contact with German measles she should inform her GP and midwife immediately. The infection may affect the developing baby if the woman is not immune and is exposed in early pregnancy.

All female staff of child bearing age, working with young children, should have evidence of two doses of MMR vaccine or a positive history of Rubella to demonstrate rubella immune status.

Slapped cheek disease (Parvovirus B19)

Slapped cheek disease (Parvovirus B19) can occasionally affect an unborn child if exposed early in pregnancy. The pregnant woman should inform their GP and midwife promptly.

Food handling staff

Food handlers and catering staff may present a particular risk to the health of their children, service users and staff if they become infected (or have close contact) with diseases that can be transmitted to others via the medium of food or drink. These diseases commonly affect the gastrointestinal system (stomach and bowel) and usually cause diarrhoea or vomiting, or both.

Food handling staff suffering from such diseases **must be** excluded from all food handling activity in the school or workplace setting until advised by the local Environmental Health Officer (EHO) that they are clear to return to work. There are legal powers for the formal exclusion of such cases but usually voluntary exclusion will suffice with 'off work' certificates from the GP, as necessary.

All establishments should have a clear written policy for the exclusion of staff, particularly food handlers, in relation to gastro-enteric diseases. Staff and attenders should not be present at the establishment, if they are currently suffering from diarrhoea or vomiting, or both. At the very least, persons suffering from gastro-intestinal diseases should not return to work until 48 hours post recovery (or until no further diarrhoea or vomiting).

Employers should notify their local Environmental Health Department immediately that they are informed of a member of staff engaged in the handling of food has become aware that he or she is suffering from, or is the carrier of, any infection likely to cause food poisoning.

This policy should be made clear to the person in charge of the kitchen and all catering staff at the time of appointment.[10]

FOOD HANDLERS ARE REQUIRED BY LAW TO INFORM THEIR EMPLOYER IMMEDIATELY IF THEY ARE SUFFERING FROM:

- typhoid fever
- paratyphoid fever
- other salmonella infections
- dysentery
- shigellosis
- diarrhoea (cause of which has not been established)
- infective jaundice
- staphylococcal infections likely to cause food poisoning like impetigo, septic skin lesions, exposed Infected wounds, boils
- E. coli VTEC infection.

8. PETS AND ANIMAL CONTACT

Pets and other animals in schools or nursery settings can enhance the learning environment. However, contact with animals can pose a risk of infection including gastro-intestinal infection, fungal infections and parasites. Some people, such as pregnant women and those with a weakened immune system, are at greater risk of developing a severe infection. However, sensible measures can be taken to reduce the risk of infection to the children and to staff.

Only mature and toilet trained pets should be considered and the Head Teacher should ensure that a knowledgeable person is responsible for the animal.

There should be a written agreement within the school or nursery setting detailing:

- the types of animals allowed
- how to manage them and permitted behaviour whilst on the premises
- where they can go and where they cannot go when on site
- any insurance liability of owners and handlers.

Animals should always be supervised when in contact with the children and those handling animals advised to wash their hands immediately afterwards. Animals should have recommended treatments and immunisations, be regularly groomed (including claws trimmed) and checked for signs of infection. Bedding should be laundered regularly.

Cat litter trays should be cleaned daily wearing disposable gloves. It should not be placed near food preparation, storage or eating areas. Wash hands immediately after removing gloves, pregnant staff members should not carry out this task because of the risk of toxoplasmosis.

Feeding areas should be kept clean and their food stored away from human food. Food not consumed in 20 minutes should be taken away or covered to prevent attracting pests.[11]

Visits to petting farms and zoos

There are a number of diseases that can be passed on to pupils and staff from infected farm animals such as campylobacter, salmonella and cryptosporidium. It is not possible to know which animals are carriers so a standard approach to reducing the risk of transmission of infection to children and staff should be

taken. If you are planning a visit to a farm or similar establishment and would like further advice, please contact Environmental Health on +44 (0)1624 684894 or ehenquiries@gov.im

Before you go

Emphasise the importance of hand hygiene during and after the visit and check that the farm has easily accessible hand washing facilities. Educate pupils not to eat, drink or put fingers in their mouths except when in designated eating areas and after they have washed their hands.

Check that the farm is well managed. Drinking taps should be clearly marked and sited in a clean area away from the animals.

During the visit

If children are allowed to handle or feed the animals, ask them not to put their faces against the animals or put their hands in their own mouths afterwards. Check that children wash and dry their hands thoroughly after contact with animals and particularly before eating and drinking. Younger children should be supervised.

Food should only be eaten in the designated picnic areas. Children should be reminded not to eat anything which may have fallen on the ground. They should not eat or drink unpasteurised products like milk, cheese or ice-cream, or taste animal feed stuff such as silage and concentrates.

Manure or slurry presents a particular risk of infection and children should be warned against touching it. If they do, ensure hands are promptly washed and dried.

At the end of the visit

Ask all the children to wash and dry their hands before leaving. Ensure that they are as free as possible from faecal material.[12]

School trips

Some school trips involve activities associated with a small risk of picking up an infection, particularly those involving water-based activities and visits to farms or animal parks.

Water based activities

There is a risk of infection associated with any water-based activity on rivers, canals and freshwater docks, and also with the collection of specimens from ditches, streams and ponds. Water-based activities should only be undertaken at education authority residential centres.

Exercises such as 'capsize drill' and 'rolling' should ideally be practised in swimming pools and never in stagnant or slow-moving natural bodies of water.

Children and staff should cover all cuts, scratches and abrasions with a waterproof dressing prior to the activity. Do not eat or drink immediately after water-based activities until after hands have been washed.

The use of appropriate footwear is recommended to reduce the risk of cuts to the feet. Pupils and staff should always wash or shower after canoeing or rowing.

Anyone taking part in water based activities who becomes ill within three to four weeks of the activity, is advised to seek medical advice. It should be made clear to parents and carers that if their child becomes ill following participation in outdoor or water-based activities, the treating doctor should be made aware of the child's participation in these activities.

Babies or children shouldn't swim in public swimming pools for two weeks after diarrhoea and vomiting has stopped.[13]

9. MANAGEMENT OF SPECIFIC INFECTIOUS DISEASES

Athlete's Foot

Athlete's foot is a skin infection caused by a fungus which can also cause ringworm.

Symptoms

The person will have scaling or cracking of the skin, especially between the toes, or blisters containing fluid; it can be very itchy.

Spread and Exclusion	
It is generally spread by prolonged direct or indirect contact with skin lesions on infected people or contaminated floors, shower stalls and other articles used by infected people.	No exclusion is necessary.
Do's	**Don'ts**
- Advise the case to visit their GP for advice and treatment - Take care to dry between the toes after bathing. Use a fungicidal dusting powder on the feet, between the toes and in the socks and shoes - Wear shoes that allow feet to breathe and change frequently - Cover the affected foot with a rubber sock when going swimming.	- Do not share towels, bath mats or footwear when infected.

Chickenpox (shingles)

Chickenpox is highly infectious and is spread by respiratory secretions or by direct contact with fluid from blisters.

Shingles is spread by direct contact with fluid from blisters. It cannot produce shingles in another person but the virus can spread to those who never had chickenpox from fluid in the blisters of a case.

Symptoms

Chickenpox has a sudden onset with fever, runny nose, cough and a generalised rash. The rash starts with blisters which then scab over. Several 'crops' of blisters occur so that at any one time there will be scabs in various stages of development.

The rash tends to be more noticeable on the trunk than on exposed parts of the body and may also appear inside the mouth and on the scalp. Some infections can be mild or without symptoms.

Shingles presents as a blistering rash in the area supplied by the affected nerve. Usually only one side of the body is affected and there is severe pain in the affected area. Most people recover fully without developing serious complications. There is often altered sensation before the rash appears, accompanied by 'flu like' symptoms.

Chickenpox (continued)

Spread	Exclusion
Chickenpox is highly infectious and is spread by respiratory secretions or by direct contact with fluid from blisters. **Shingles** is spread by direct contact with fluid from blisters. It cannot produce shingles in another person but the virus can spread to those who never had chickenpox from fluid in the blisters of a case.	Cases of **chickenpox** are generally infectious from two days before the rash appears to five days after the onset of rash. Although the usual exclusion period is five days, all lesions should be crusted over before children return to nursery or school. A person with **shingles** is infectious to those who have not had chickenpox and should be excluded from school if the rash is weeping and cannot be covered or until the rash is dry and crusted over.
Do's	**Don'ts**
- Send the child home and advise parents to consult their GP - In cases of shingles, decision to exclude child will vary for each case of shingles and will be dependent on whether the rash is weeping and whether the rash can be covered.	- Don't allow the child back to school until at least five days after the appearance of the chickenpox rash (blisters) and all the lesions have crusted over.

Cold sores

Cold sores are caused by a virus called herpes simplex and usually appear on lips and around nostrils but can spread more widely over the face. It is estimated that 50 to 90% of the population are carriers of the virus but they do not all suffer from cold sores.

It is usually a mild self-limiting disease. Most people who already suffer from cold sores will have been infected very early in life.

Symptoms

First signs are tingling, burning or itching in the area where it is going to appear. This phase may last for as little as 24 hours. There is reddening and swelling of the infected area resulting in a fluid filled blister, or sometimes a group of them, which can be very painful and uncomfortable. They break down to form ulcers, which weep and crack. They then dry up and crust over.

The virus can be reactivated by various trigger factors such as stress or sunlight.

Spread	Exclusions
The virus is spread by direct contact.	No exclusion is necessary.
Do's	**Don'ts**
- Advise the case (and their carers) to avoid spread by not touching the cold sore or breaking or picking the blisters - Avoid kissing people, especially children when they have a blister and not to share things like cups, towels and facecloths.	- Cases should not touch their eyes and adults should take extra care when applying or removing make-up.

Conjunctivitis

Conjunctivitis is an inflammation of the outer lining of the eye and eyelid causing an itchy red eye with a sticky or watery discharge. It can be caused by bacteria or viruses or due to an allergy.

Conjunctivitis can be caused by a bacteria or a virus and is treated with eye drops. Spread is by direct or indirect contact with discharge from the eyes. Prompt treatment and good hand washing helps to prevent spread especially after contact with infectious secretions.

Symptoms

The eye(s) becomes reddened and swollen and there may be a sticky yellow or green discharge. Eyes usually feel itchy and 'gritty'. Topical ointment can be obtained from the doctor or pharmacy to treat the infection.

Spread	Exclusion
Conjunctivitis can be spread by contact with discharge from the eye which gets onto the hands or towel when the child rubs their eyes.	No exclusion is necessary.

Do's

- Advise parents to seek advice
- Encourage children not to rub their eyes and to wash their hands frequently
- Contact the HPT if an outbreak or cluster occurs.

10. DIARRHOEA AND VOMITING / GASTROENTERITIS

Diarrhoea and vomiting	
Diarrhoea has numerous causes but diarrhoea caused by an infection in the gut can be easily passed to others.	
Symptoms	
Diarrhoea is defined as three or more liquid or semi-liquid stools in a 24 hour period.	
Spread	**Exclusion**
These infections are spread when organisms enter the gut by the mouth or when contaminated hands or objects are put in the mouth or after eating contaminated food or drinks. Also, infection can be spread to contacts when the affected person vomits. This is because aerosols can spread the organism directly to others and contaminate the environment. A person will be infectious while symptoms remain.	Children and adults with diarrhoea or vomiting should be excluded until 48 hours after symptoms have stopped and they are well enough to return. If medication is prescribed, ensure that the full course is completed and there is no further diarrhoea or vomiting for 48 hours after the course is completed. For some gastrointestinal infections, longer periods of exclusion from school are required and there may be a need to obtain microbiological clearance. For these groups, the HPT, school health advisor or EHO will advise. If a child has been diagnosed with cryptosporidium, they should NOT go swimming for two weeks following the last episode of diarrhoea.
Do's	
- Ensure the case is excluded - Do encourage staff and children to practice good hand hygiene at all times - Notify the HPT if there are more cases than normally expected - See **Appendix 2** for the diarrhoea and vomiting initial action checklist.	

Food poisoning

Food poisoning is a general term for gastrointestinal infections caused by consuming contaminated food or drink. Person to person spread of these infections is unusual.

Symptoms

Symptoms of food poisoning usually begin within one to two days of eating contaminated food, although they may start at any point between a few hours and several weeks later. The main symptoms include feeling sick (nausea), vomiting, diarrhoea, stomach cramps and fever.

Spread	Exclusion
Infection can be caused by a variety of bacteria, viruses or parasites; most commonly reported are Salmonella and Campylobacter. They can cause sudden large outbreaks of diarrhoea if a large number of people eat the same contaminated food.	Children and adults with diarrhoea should be excluded until 48 hours after the diarrhoea and vomiting has stopped and they are well enough to return. For some infections, longer periods of exclusion from school are required and there may be a need to obtain microbiological clearance. For these groups the Health Protection Team will advise. All outbreaks of food poisoning need to be investigated in order to identify their cause.

Do's

- Exclude the pupil or staff member until 48 hours after the symptoms have stopped
- Inform the HPT if two or more cases with similar symptoms are reported to you.

Bacillary Dysentery (Shigella)

This disease is passed directly from person to person by the faecal-oral route or by contaminated food. It is usually spread from those with diarrhoea but can be spread from those recovering from the illness even if they do not have symptoms.

Symptoms

Symptoms can include bloody diarrhoea, vomiting, abdominal pain and fever lasting on average from four to seven days but can last for several weeks.
The incubation period is 12 to 96 hours.

Exclusion

Microbiological clearance is required for some types of shigella species prior to the child or food handler returning to school (age of child and infectious agent). Contact your GP Practice for further advice.

Campylobacter

It is spread between people and animals by the faecal-oral route. Bacteria are present in the faeces of adults and children with diarrhoea, and spread to the mouths of other people directly on their hands or by food or objects. Campylobacter can be present in raw meat, especially chicken, and can contaminate other foods, surfaces and utensils. The disease usually lasts three to five days and has an incubation period of between one and ten days but most commonly three to five days.

Exclusion

Cases should be excluded until 48 hours after symptoms have stopped.

Cryptosporidiosis

Cryptosporidiosis is spread from those with the infection to others by the faecal-oral route. It can also be spread by direct contact with farm animals particularly cattle and sheep. Spread by contaminated or untreated water and milk has also been reported. Symptoms include abdominal pain, diarrhoea and occasionally vomiting. The incubation period is between one and 12 days.

Exclusion

Cases should be excluded until 48 hours after symptoms have stopped.

E. coli (verocytotoxigenic or VTEC)

Escherichia coli (E. coli) are bacteria that live in the gut of humans and animals, particularly cattle and sheep. A few strains of E. coli, such as VTEC can produce toxins that lead to more serious and potentially fatal illness.

Spread is by eating contaminated food, direct contact with animals and by faecal-oral route from an infected person as a result of sharing towels and food. Spread by contaminated drinking water has also been reported.

Symptoms

Symptoms vary depending on the severity of the infection but include diarrhoea, abdominal cramps, headache and bloody diarrhoea. The incubation period is 1 to 10 days and cases are infectious as long as bacteria are present in the faeces.

Spread	Exclusion
Spread is mainly by contaminated water and food and contact with animals. Person to person spread is by direct contact and can happen within families and child care settings. Outbreaks and sporadic cases have also been linked with handling animals. Therefore, adults should supervise children while washing their hands during visits to petting zoos and farm centres. Refer to **Section 8, page 20**	The standard exclusion period is until 48 hours after symptoms have stopped. However, some people pose a greater risk to others and may be excluded until they have a negative stool sample(s) for example pre-school infants, food handlers, and care staff working with vulnerable people. The HPT will advise in these instances.

Do's

- Follow healthcare professional's exclusion advice
- Promote good hand washing to children visiting farms or petting zoos, especially after handling animals and prior to eating or drinking (refer to **Section 8, page 20**).

Giardia

This parasitic disease is spread from those with the infection to others by the faecal-oral route. It may also be spread by drinking water contaminated with faeces. Infection with giardia may not cause any symptoms. The incubation period is between five and 25 days.

When symptoms do occur, they may include abdominal pain, bloating, fatigue and pale, loose stools. Cases need to be treated with antibiotics.

Exclusion

Cases should be excluded until 48 hours after symptoms have stopped.

Do's

- Exclude the pupil or staff member until 48 hours after the symptoms have stopped
- Inform the HPT if two or more cases with similar symptoms are reported to you.

Salmonella

Salmonella is a caused by eating contaminated food, particularly poultry or eggs. It can also be spread directly from person to person by the faecal-oral route. Symptoms include diarrhoea, headache, fever and sometimes vomiting. Infection can be more serious in the very young and very old. The incubation period can be from as little as 6 hours up to 72 hours (most commonly 12 to 36 hours).

Exclusion

Cases should be excluded until 48 hours after symptoms have stopped.

Do's

- Exclude the pupil or staff member until 48 hours after symptoms have stopped
- Inform the HPT if two or more cases with similar symptoms are reported to you.

Typhoid and Paratyphoid fever

These are less common but serious illnesses. They are spread by consuming food or water contaminated by the faeces or urine of someone with the illness or someone without symptoms who may be excreting the organism. These infections are most commonly acquired abroad.

Symptoms of typhoid fever are tiredness, fever and constipation, whereas those of paratyphoid fever are fever, diarrhoea and vomiting. The severity of the illness and length of the incubation period (typhoid one to three weeks, paratyphoid one to ten days), are related to the number of infecting organisms ingested.

Exclusion

The EHO or the HPT will advise.

Typhoid and Paratyphoid fever (continued)
Do's
- Encourage staff and children to always practice good personal hygiene - Encourage staff and children to wash their hands especially after using the toilet and before eating or preparing food. Young children may need supervision to ensure that adequate hand washing takes place - Always ensure high standards of environmental cleaning (especially frequently touched areas, like flush handles, toilet seats, taps, toilet door handles). Please refer to the infection control section on cleaning - Use liquid soap and disposable paper towels for hand washing - Report immediately to the HPT - Observe exclusion period – whilst symptomatic and for 48 hours after symptoms have resolved, or longer if advised by the HPT or the EHO - Consider sending out the travel health advice information prior to the main travel periods to raise awareness of the need for pre-travel health advice and vaccinations.

11. OTHER INFECTIONS

Glandular fever	
Glandular fever is caused by the Epstein-Barr virus.	
Symptoms	
Symptoms present as severe tiredness, aching muscles and sore throat, fever, swollen glands and occasionally jaundice (yellowing of the skin and eyes). In children, the disease is generally mild and difficult to recognise. The incubation period is 4 to 6 weeks but the infectious period is not accurately known. Duration of the illness is from one to several weeks or months.	
Spread	**Exclusion**
Spread is by direct contact with saliva and by indirect contact with hands or contaminated objects from cases. The incubation period is between four to six weeks.	No exclusion is necessary and children can return once they feel well.
Do's	**Don'ts**
- Promote hand hygiene to reduce the risk of spread and ensure that used tissues are disposed of - Remember the child may feel unwell for some months.	- There is no specific treatment only symptom management.

Hand, foot and mouth disease

Hand, foot and mouth disease is a common viral illness in childhood. It is generally a mild illness caused by an enterovirus. In very rare instances it can be more severe.

Symptoms

The child usually develops a fever, reduced appetite and generally feeling unwell. One or two days after these symptoms a rash will develop with blisters on their cheeks, hands and feet. Not all cases have symptoms. The incubation period is three to five days.

Spread	Exclusion
Hand, foot and mouth infection is most contagious in the first seven days but the virus can stay in the body for a few weeks. Spread is by direct contact with the secretions of the infected person (including faeces) and by coughing and sneezing. Younger children are more at risk because they tend to play closely with peers. Promote good hand washing to reduce the risk of transmission even after the child is well because the virus can still be present in the faeces and saliva (spit) for a few weeks.	Children are safe to return to school or nursery as soon as they are feeling better, there is no need to stay off until the blisters have all healed. Keeping your child off for longer periods is unlikely to stop the illness spreading. Exclusion of a well pupil is not necessary.

Do's	Don'ts
- Do ensure that any tissues used for nose and throat are disposed of immediately. Promote hand washing.	- Don't confuse with foot and mouth disease in animals.

Head lice

Head lice are tiny insects that live only on humans, feeding on blood. Eggs are grey or brown and about the size of a pinhead; are glued to the hair, close to the scalp and hatch in seven to ten days. Empty egg shells (nits) are white and shiny and are found further along the hair shaft as they grow out.

Spread

Head lice are spread by direct head-to-head contact and therefore tend to be more common in children because of the way they play. They cannot jump, fly or swim. When newly infected, cases have no symptoms. Itching and scratching on the scalp occurs two to three weeks after infection. There is no incubation period.

Treatment is only needed if live lice are seen. Dimeticone, a silicone oil (like Hedrin) or malathion (an insecticide) are recommended treatments. Alternatively, lice can be physically removed by combing through hair that has been lubricated with a conditioner using a fine-toothed detector comb. No exclusion is necessary.

Do's	Don'ts
- Treatment is needed only when live lice are seen.	- No exclusion is necessary.

Hepatitis A

Hepatitis A is a viral infection affecting the liver. The severity of the disease varies from a mild illness lasting one to two weeks to a severely disabling disease lasting several months. Children under five years may not have any symptoms.

Symptoms

Symptoms include abdominal pain, loss of appetite, nausea, fever and tiredness, followed by jaundice (yellowing of the skin and eyes), dark urine and pale faeces. Symptoms are usually much milder or not noticed in younger children and jaundice is not common in children under five years.

The illness in children usually lasts one to two weeks but can be longer and more severe in adults.

Spread	Exclusion
Hepatitis A is spread from person to person through the faecal-oral route, most commonly when food and hands are contaminated. As some children may not have symptoms at all, they may readily spread the infection to others unless good personal hygiene measures are routinely taken.	Exclude cases from school while unwell or until 7 days after the onset of jaundice (or onset of symptoms if no jaundice) or if under 5 or where hygiene is poor. There is no need to exclude well, older children with good hygiene who will have been much more infectious prior to diagnosis.

Do's

- Promote good hand washing to reduce the risk of spread. Take care to wash hands before handling food and after going to the toilet. Clean kitchen and toilet areas regularly. Household contacts of cases will be offered a hepatitis A vaccine if they are not immune.

Hepatitis B

Hepatitis B infection is not a common viral infection in young children.

Symptoms

The incubation period varies between four to 160 days. Symptoms can vary and include general tiredness, nausea and vomiting, loss of appetite, fever, dark urine and older children and adults may develop jaundice (a yellowing of the eyes and skin).

Spread	Exclusion
Spread is by contact with infected blood and body fluids entering the bloodstream through broken skin or the mucous membranes, for example through a bite which breaks the skin or if the skin is pierced by an object which has been in contact with someone else's body fluids. All blood and body fluids should be considered potentially infectious and spills should be cleared wearing protective clothing and using a spills kit.	Acute cases of hepatitis B will be too ill to attend school and their doctors will advise when they can return. Do not exclude chronic cases of hepatitis B or restrict their activities. Similarly, do not exclude staff with chronic hepatitis B infection. Contact the HPT for more advice if required.
Do's	**Don'ts**
- Take a standard approach to cleaning all spillages of blood and body fluids - Always complete the accident book with details of injuries or adverse events.	- Individuals with chronic hepatitis B infection should not be excluded or have their activities restricted.

Hepatitis C

Hepatitis C is not a common infection in children.

Symptoms

Hepatitis C virus (HCV) is a blood borne virus affecting the liver. Symptoms of hepatitis C infection can often be vague and include loss of appetite, fatigue, nausea and abdominal pain. Jaundice (yellowing of the skin and eyes) occurs less commonly than in hepatitis B infection. Up to 80% of those infected may be carriers of the virus and can pass it on to others.

Spread	Exclusion
HCV is present in blood and other body fluids and tissues and is spread in the same way as hepatitis B virus. Hepatitis C, like Hepatitis B, cannot be spread through casual contact.	No exclusion is necessary.
Do's	**Don'ts**
- Take a standard approach to cleaning all spillages of blood and body fluids - Always complete the accident book with details of injuries or adverse events.	- Individuals with chronic hepatitis C infection should not be excluded or have their activities restricted.

Impetigo

Impetigo is an infectious bacterial skin disease and may be a primary infection or a complication of an existing skin condition such as eczema, scabies or insect bites. Impetigo is common in children, particularly during warm weather.

Symptoms

The infection can develop anywhere on the body but lesions tend to occur on the face, flexures and limbs not covered by clothing.

Spread	Exclusion
Spread is by direct contact with discharges from the scabs of an infected person. The bacteria invade skin through minor abrasions and then spread to other sites by scratching. Infection is spread mainly on hands, but indirect spread via toys, clothing, equipment and the environment may occur. The incubation period is between four to ten days.	The child should be excluded from school until the lesions are crusted and healed or 48 hours after commencing antibiotic treatment.
Do's	**Don'ts**
- Promote hand hygiene to reduce the risk of spread - Towels and facecloths or eating utensils should not be shared by pupils - Ensure that toys and play equipment are thoroughly cleaned.	- The child should not return to school until lesions are crusted over or 48 hours after starting antibiotic treatment.

Influenza

Influenza, commonly known as flu, is caused by a virus, usually influenza A or B. The illness is very infectious and easily spreads in crowded populations and in enclosed spaces. Flu viruses are always changing so this winter's flu strains will be slightly different from last winter's.

Annual influenza vaccine is also recommended for certain 'at risk' groups, including pregnant women. For further details see gov.im/flu

Symptoms

Influenza is a respiratory illness and commonly has a sudden onset. Symptoms include headache, fever, cough, sore throat, aching muscles and joints and tiredness. Cases are infectious one day before to three to five days after symptoms appear.

Spread	Exclusion
By breathing in droplets coughed out into the air by infected people or by the droplets landing on mucous membranes. Transmission may also occur by direct or indirect contact with respiratory secretions for example via soiled tissues, surfaces. Incubation period is between one to three days.	There is no precise exclusion period. Adults and children with symptoms of influenza are advised to remain at home until recovered.

Do's	Don'ts
- Encourage those in risk groups to have the influenza vaccine - Encourage children and staff with flu-like symptoms to stay at home until recovered - Ask children to cover their noses and mouths with a tissue when coughing or sneezing and discard tissues after use - Ensure regular hand washing with soap and water, especially after coughing or sneezing.	- Do not allow children under 16 years old to have aspirin as it is associated with Reye's syndrome (a neurological disorder).

Measles

Measles is a highly infectious viral infection. The mumps, measles-rubella (MMR) immunisation campaign carried out in the UK 1994 resulted in a dramatic reduction in cases of measles. However, there has recently been a sharp rise in the number of cases reported in unvaccinated individuals in the UK (London).

Symptoms

Symptoms include a runny nose; cough; conjunctivitis (sticky eye); high fever and small white spots (Koplik spots) inside the cheeks. Around day three of the illness, a rash of flat red or brown blotches appear, beginning on the face and spreading over the body. The incubation period is between seven to 18 days.

Spread	Exclusion
Measles is highly infectious. The virus is transmitted through airborne droplet spread, and direct contact with nasal or throat secretions.	Cases are infectious from four days before onset of rash to four days after so it is important to ensure cases are excluded from school during this period.

Measles (continued)

Do's	Don'ts
- Encourage all children over the age of one to have MMR immunisations as per the routine schedule - Staff should be up to date with their MMR vaccinations.	- Children and adults with a weak immune system, pregnant women and children under 12 months who come into contact with measles should contact their GP immediately for advice.

Meningitis

Meningitis is a general term that describes an inflammation of the membranes covering the brain and spinal cord. It can be caused by a range of bacteria or viruses. Bacterial meningitis is less common but more serious than viral meningitis and needs urgent antibiotic treatment. In some cases, bacterial meningitis can lead to septicaemia (blood poisoning). If you suspect meningitis, get medical help urgently.

Symptoms

Common signs and symptoms of meningitis and septicaemia include fever, severe headache, photophobia, neck stiffness, non-blanching rash (see glass test box below), vomiting, drowsiness.

The incubation period varies with the organism causing the infection. Bacterial meningitis incubation is between two and ten days.

Glass test

If a glass tumbler is pressed firmly against a septicaemic rash, the rash will not fade. You will be able to see the rash through the glass. If this happens get medical help immediately. Note that the rash is a late symptom - if any of the other symptoms have already occurred seek medical advice immediately.

The routine childhood immunisation schedule provides protection against meningitis caused by mumps, polio, Haemophilus influenzae type b (Hib), pneumococcus and Neisseria meningitidis group A,B,C, W and Y. There is no vaccination for some types of meningitis. Pupils should be encouraged to be up to date with their vaccinations.

There is no effective medication for the treatment of viral meningitis but symptoms are usually much milder.

Exclusion

- Once the child has been treated (if necessary) and has recovered, they can return to school. No exclusion is necessary
- Meningitis is a notifiable disease.

Meningococcal meningitis and meningitis septicaemia

Meningitis and septicaemia require immediate medical attention.

The bacteria Neisseria meningitidis is responsible for meningococcal meningitis and meningococcal septicaemia (known collectively as 'meningococcal infection'). There are 13 known groups of the bacteria, the most common worldwide are A, B, C, W135 and Y. In the UK, groups B and C are the most common. Meningococcal infection is a rare but serious disease and is fatal in around one in ten people with the illness. About 15% of those that recover have long-term complications.

Symptoms

Symptoms include fever, severe headache, photophobia, drowsiness, non-blanching rash (see glass test box). Not all the symptoms will be present and cases can have symptoms of meningitis and septicaemia.

Glass test

If a glass tumbler is pressed firmly against a septicaemic rash, the rash will not fade. You will be able to see the rash through the glass. If this happens get medical help immediately. Note that the rash is a late symptom - if any of the other symptoms have already occurred seek medical advice immediately.

Spread

Spread is from person to person through respiratory droplets and direct contact with nose and throat secretions. About 10% of us carry the bacteria harmlessly in our nose and throat and only a very small proportion of people develop meningitis or septicaemia if they come into contact with it.

Close and prolonged contact is needed to pass the bacteria to others (such as contacts in a household setting or intimate kissing). For this reason, only people that have had significant close contact with the case in the previous seven days will be offered antibiotics.

The case is considered non-infectious 24 hours after taking appropriate antibiotic treatment to clear the bacteria from their nose and throat.

If the child has been treated and has recovered, they can return to school. The HPT will have carried out a risk assessment and organised antibiotics for household and other close contacts. Exclusion is not necessary for household or close contacts unless they have symptoms suggestive of meningococcal infection.

Do's

- Seek medical advice immediately if meningitis is suspected
- Inform the HPT of a case of meningococcal disease in your school
- Respect confidentiality of the patient
- Inform the HPT if two cases of meningococcal disease occur in the school within 4 weeks.

Meningitis (viral)

The symptoms of meningitis (inflammation of the linings surrounding the brain) can be caused by a number of different viruses.

Symptoms

Symptoms include headache, fever, gastrointestinal or upper respiratory tract involvement and in some cases a rash. Active illness seldom lasts more than ten days.

Spread	Exclusion
How the disease is spread will depend on the virus causing the illness. Transmission may be through droplet spread or direct contact with nose and throat discharges or faeces of infected individuals.	No exclusion is necessary. Once the child is well the risk of infection is minimal. There is no reason to exclude siblings and other close contacts of a case.

Do's

Encourage high standards of basic hygiene. Encourage the prompt disposal of soiled tissues Recommend a consultation with the GP. Seek advice from the HPT if more than one case occurs.

Meticillin resistant Staphylococcus aureus (MRSA)

MRSA (meticillin resistant Staphylococcus aureus) is a bacteria that has developed resistance to methicillin (a type of penicillin) and some other antibiotics that are used to treat infections.

Symptoms

Staphylococcus aureus is commonly found on the skin and in the nostrils of about 25% to 30% of the population. Most people do not even realise they are carrying it because it does not harm them and they have no symptoms, or only experience minor problems such as skin infections or boils. It can occasionally cause serious infection.

Spread	Exclusion
Spread is mainly by direct contact with contaminated hands and objects.	No exclusion is necessary.

Do's

- Staff should ensure good infection control principles are in place, in particular good hand washing, to reduce the risk of transmission. All infected wounds should be covered.

Mumps

Symptoms

Mumps is a viral infection. The first symptoms of mumps are usually a raised temperature and general malaise. Following this there is stiffness or pain in the jaws or neck. Then the glands in the cheeks and under the jaw swell up and cause pain. The swelling can be one sided or affect both sides. Mumps is usually fairly mild in young children, but can cause swelling of the testicles and rarely, infertility in males over the age of puberty.

Spread	Exclusion
The mumps virus is highly infectious and can be spread by droplets from the nose and throat and by saliva.	Infected children can return to school five days after the onset of swelling, if well.

Do's

- Encourage staff and children to practice good hygiene at all times. Send the child home if unwell. Advise the parents to see their GP. Encourage parents to have their children immunised against mumps.

Ringworm

Symptoms

Ringworm, also known as tinea, is a fungal infection of the skin, hair or nails. It is caused by various types of fungi and infections are named after the parts of the body that are affected, namely face, groin, foot, hand, scalp, beard area and nail. Scalp ringworm in children is becoming more common in the UK, particularly in urban areas. Until recently this was usually spread from infected animals but now spread between humans within families and in schools is more common.

Ringworm of the scalp

Infection with animal ringworm starts as a small red spot which spreads leaving a scaly bald patch. The hair becomes brittle and breaks easily. The picture with human scalp ringworm varies from lightly flaky areas, often indistinguishable from dandruff, to small patches of hair loss on the scalp. There may be affected areas on the face, neck and trunk.

Ringworm of the body

Infected areas are found on the trunk or legs and have a prominent red margin with a central scaly area.

Athlete's foot

Affects the feet, particularly the toes, in between the toes and soles.

Nail ringworm

Infection of the nails often with infection of the adjacent skin. There is thickening and discolouration of the nail.

Ringworm (continued)	
Spread	**Exclusion**
Spread is by direct skin to skin contact with an infected person or animal and with athlete's foot, by indirect contact with contaminated surfaces.	No exclusion is necessary. Once treatment has started for infections of the skin and scalp children can return to school. Scalp ringworm needs to be treated with oral anti-fungal agents. An anti-fungal cream is used to treat ringworm of the skin and feet.
Do's	
- Wash and dry feet well in cases of athlete's foot. Keep towels separate in all cases. Ensure the child with ringworm of the feet is wearing socks and trainers. The child should have his or her feet covered for physical education.	

Rotavirus	
Symptoms	
Rotavirus infection is the most common cause of gastroenteritis (inflammation of the intestines) in children under five years of age worldwide. Rotavirus is a highly infectious virus and can cause severe diarrhoea, stomach cramps, vomiting, dehydration and mild fever. These symptoms usually last from three to eight days.	
Spread	**Exclusion**
Rotavirus is highly contagious and is mainly transmitted by the faecal-oral route, although respiratory transmission may also occur. Apart from vaccination, good hygiene is the most important way of preventing the spread of rotavirus.	Until 48 hours after the symptoms have subsided.
Do's	
Encourage staff and children to practice good hygiene at all times. Send the child home if unwell advise the parents to see their GP. Use PPE when handling blood or body substances.	

Rubella (German Measles)

Rubella is a viral infection. The infection is mild but can cause congenital rubella syndrome. When a pregnant woman who is not immune gets a rubella infection it can cause damage to the baby, including deafness, cataracts and brain damage.

In the IoM and UK, the introduction of the MMR vaccine has resulted in the infection being virtually eliminated, although due to the decline in the uptake of the measles, mumps and rubella vaccine has resulted in some cases within the UK.

Symptoms

The symptoms of rubella are mild. Usually the rash is the first indication, although there may be mild catarrh, headache or vomiting at the start.

The rash takes the form of small pink spots all over the body. There may be a slight fever and some tenderness in the neck, armpits or groin and there may be joint pains. The rash lasts for only one or two days, and the spots remain distinct, unlike measles.

Spread	Exclusion
Spread is by the respiratory route.	Exclude from school or workplace for four days from the appearance of the rash.

Do's

- Promote two MMR vaccinations for all pupils and staff
- Female staff should have two MMR vaccinations or show a history of measles infection.

Scabies

Scabies is a skin infection caused by tiny mites that burrow in the skin. The pregnant female mite burrows into the top layer of the skin and lays about two to three eggs per day before dying after four to five weeks. The burrows may be several centimetres long but they are very close to the surface of the skin. The eggs hatch after three to four days into larvae which move to hair follicles where they develop into adults.

Symptoms

The appearance of the rash varies but tiny pimples and nodules are characteristic. Secondary infection can occur if the rash has been scratched. The scabies mites are attracted to folded skin such as the webs of the fingers. Burrows may also be seen on the wrists, palms elbows, genitalia and buttocks.

Spread	Exclusion
Spread is most commonly by direct contact with the affected skin. Occasionally if there is impaired immunity or altered skin sensation, large numbers of mites occur and the skin thickens and becomes very scaly.	Yes. The infected child or staff member should be excluded until after the first treatment has been carried out.

Do's

- The child can return after the first treatment has been completed
- It is important that the second treatment is not missed and this should be carried out one week after the first treatment
- All household contacts and any other very close contacts should have one treatment at the same time as the second treatment of the case.

Scarlet Fever

A wide variety of bacteria and viruses can cause tonsillitis and other throat infections. Most are caused by viruses but streptococci bacteria account for 25% to 30% of cases. Certain strains of streptococcus bacteria produce a toxin which causes scarlet fever in susceptible people.

Symptoms

There is acute inflammation extending over the pharynx or tonsils. The tonsils may be deep red in colour and partially covered with a thick yellowish exudate. The illness symptoms vary but in severe cases there may be high fever, difficulty in swallowing and tender enlarged lymph nodes.

A rash develops on the first day of fever, it is red, generalised, pinhead in size and gives the skin a sandpaper-like texture and the tongue has a strawberry-like appearance. The fever lasts 24 to 48 hours. Scarlet fever is now usually a mild illness but is rarely complicated by ear infections, rheumatic fever which affects the heart, and kidney problems.

Spread	Exclusion
Spread is by the respiratory route through inhaling or ingesting respiratory droplets or by direct contact with nose and throat discharges especially during sneezing and coughing.	Yes. Children can return to school 24 hours after commencing appropriate antibiotic treatment. If no antibiotics have been administered the person will be infectious for two to three weeks. If there is an outbreak of scarlet fever at the school or nursery, the HPT will assist with letters and factsheet to send to parents or carers and staff.

Do's

- Ensure that particular attention is paid to hand washing at all times
- Send the child home from school if unwell
- Advise parents to take the child to their GP
- Inform the HPT if there is an outbreak.

Slapped cheek syndrome, Parvovirus B19, Fifth's Disease

Symptoms

The illness may only consist of a mild feverish illness which escapes notice but in others a rash appears after a few days. The rose-red rash makes the cheeks appear bright red, hence the name 'slapped cheek syndrome'. The rash may spread to the rest of the body but unlike many other rashes it only rarely involves the palms and soles.

The child begins to feel better as the rash appears. The rash usually peaks after a week and then fades. The rash is unusual in that for some months afterwards, a warm bath, sunlight, heat or fever will trigger a recurrence of the bright red cheeks and the rash itself. Most children recover and need no specific treatment. In adults the virus may cause acute arthritis.

The virus can affect an unborn baby in the first 20 weeks of pregnancy. If a woman is exposed early in pregnancy (before 20 weeks) she should seek prompt advice from the GP and midwife.

Slapped cheek syndrome, Parvovirus B19, Fifth's Disease (continued)

Spread	Exclusion
Spread is by the respiratory route and a person is infectious three to five days before the appearance of the rash. Children are no longer infectious once the rash appears. There is no specific treatment.	None. The child need not be excluded from school because he or she is no longer infectious by the time the rash occurs.

Do's

- Do advise a visit to the GP
- Do request that parents inform the school of a diagnosis of Fifth disease.

Threadworm

Threadworm infection is an intestinal infection and is very common childhood infection.

Symptoms

Adult worms live in the small intestine. Mature female worms migrate through the anus and lay thousands of eggs on the perianal skin causing itching, particularly at night. Infective embryos develop within five to six hours and these are transferred to the mouth on fingers as a result of scratching. Larvae emerge from the eggs in the small intestine and develop into adult worms.

Spread	Exclusion
Re-infection is common and infectious eggs are also spread to others directly on fingers or indirectly on bedding, clothing and environmental dust.	No exclusion is necessary.

Do's	Don'ts
- Do encourage high standards of basic hygiene - Do recommend a consultation with the GP or pharmacist - Do be aware that transmission is uncommon in schools.	- Don't forget that threadworm infection can lead to lack of sleep, irritability and loss of concentration.

Tuberculosis (TB)

TB is a bacterial infection that can infect any part of the body, including the lungs. It can affect people of all ages, classes and ethnic background.

Symptoms

People with TB might have all or some of the following symptoms; cough, loss of appetite, loss of weight, fever, sweating particularly at night, breathlessness and pains in the chest. TB in a part of the body other than the lungs may produce a lump or swelling which can be painful.

Tuberculosis (continued)	
Spread	**Exclusion**
Some (but not all) people who develop TB of the lung (pulmonary TB) are infectious to others. Spread happens when these infectious cases pass TB in their sputum to someone else by inhalation. This happens if the person had a lot of close contact with the case (especially if the case has been coughing). The incubation period is four to 12 weeks.	Yes. Pupils and staff with infectious TB can return to school after two weeks of treatment if well enough to do so and as long as they have responded to anti-TB therapy. Pupils and staff with non-pulmonary TB do not require exclusion and can return to school as soon as they are well enough.
Do's	**Don'ts**
- Do inform and discuss with the HPT before taking any action - Do maintain confidentiality of persons with suspected TB - Do exclude pupils whilst they are infectious, following taking advice from the HPT.	- Don't exclude children or staff with non-pulmonary TB or those with pulmonary TB who have effectively completed at least two weeks of treatment as confirmed by the HPT.

Whooping Cough (pertussis)	
Whooping cough (pertussis) is a bacterial chest infection caused by Bordetella pertussis. The national immunisation schedule recommends that women 16 to 32 weeks pregnant should be immunised to maximise the likelihood that the baby will be protected from birth. Infants receive three doses of vaccination by their 16th week and an additional pre-school booster.	
Symptoms	
The early stages of whooping cough, which may last a week or so, can be very like a heavy cold with a temperature and persistent cough. The cough becomes worse and usually the characteristic 'whoop' develops. Coughing spasms are frequently worse at night and may be associated with vomiting. The whole illness may last several months. The disease is usually more serious in children of pre-school age. Antibiotics rarely affect the course of the illness, but may reduce the period the child is infectious.	
Spread	**Exclusion**
Whooping cough spreads by direct contact with airborne particles of discharges from the nose and throat.	Yes. A child or staff member should not return to school until they have had 48 hours of appropriate treatment with antibiotics and they feel well enough to do so or 21 days from onset of illness if no antibiotic treatment. Children should be immunised against whooping cough in their first year of life.
Do's	
- Do advise parent to see GP - Do allow the child to return to school after exclusion period even if they are still coughing - Do encourage parents to have their children immunised against whooping cough.	

APPENDIX 1

Infectious Diseases Exclusions Guidance

Unregulated once printed, please refer to gov.im/diseasecontrol for up to date infomation.

Infection	Exclusion period	Comments
Athlete's foot	None	Athlete's foot is not a serious condition. Treatment is recommended
Chickenpox	Five days from onset of rash and all the lesions have crusted over	Pregnant staff contacts should seek prompt advice from their GP or midwife
Cold sores (herpes simplex)	None	Avoid kissing and contact with the sores. Cold sores are generally mild and heal without treatment
Conjunctivitis	None	If an outbreak/cluster occurs, consult the HPT
Diarrhoea and vomiting	Whilst symptomatic and 48 hours after the last symptoms	In an outbreak of diarrhoea and/or vomiting, the HPT will advise on control measures
Diphtheria*	Exclusion is essential. Always consult the HPT	Preventable by vaccination. Family contacts must be excluded until cleared to return by the HPT
Flu (influenza)	Until recovered	Report outbreaks to the HPT
Glandular fever	None	None
Hand foot and mouth	None	Contact the HPT if a large numbers of children are affected. Exclusion may be considered in some circumstances
Head lice	None	Treatment recommended only when live lice seen
Hepatitis A*	Exclude until seven days after onset of jaundice (or 7 days after symptom onset if no jaundice)	In an outbreak of Hepatitis A, the HPT will advise on control measures
Hepatitis B*, C*, HIV	None	Hepatitis B, C and HIV are blood borne viruses that are not infectious through casual contact. Contact the HPT for more advice
Impetigo	Until lesions are crusted/ healed or 48 hours after starting antibiotic treatment	Antibiotic treatment speeds healing and reduces the infectious period
Measles*	Four days from onset of rash and recovered	Preventable by vaccination (2 doses of MMR). Promote MMR for all pupils and staff. Pregnant staff contacts should seek prompt advice from their GP or midwife
Meningococcal meningitis*/ septicaemia*	Until recovered	Meningitis ACWY and B are preventable by vaccination (see gov.im/vaccinations). The HPT will advise on any action needed
Meningitis* due to other bacteria	Until recovered	Hib and pneumococcal meningitis are preventable by vaccination (see gov.im/vaccinations) The HPT will advise on any action needed

Infection	Exclusion period	Comments
Meningitis viral*	None	Milder illness than bacterial meningitis. Siblings and other close contacts of a case need not be excluded
MRSA	None	Good hygiene, in particular hand washing and environmental cleaning, are important to minimise spread. Contact the HPT for more information
Mumps*	Five days after onset of swelling	Preventable by vaccination with 2 doses of MMR (see gov.im/vaccinations). Promote MMR for all pupils and staff
Ringworm	Not usually required	Treatment is needed
Rubella* (German measles)	Five days from onset of rash	Preventable by vaccination with 2 doses of MMR (see gov.im/vaccinations). Promote MMR for all pupils and staff. Pregnant staff contacts should seek prompt advice from their GP or midwife
Scarlet fever*	Exclude until 24hrs of appropriate antibiotic treatment completed	A person is infectious for 2-3 weeks if antibiotics are not administered. In the event of two or more suspected cases, please contact the HPT
Scabies	Can return after first treatment	Household and close contacts require treatment at the same time
Slapped cheek/Fifth disease/Parvo virus B19	None (once rash has developed)	Pregnant contacts of case should consult with their GP or midwife
Threadworms	None	Treatment recommended for child and household
Tonsillitis	None	There are many causes, but most cases are due to viruses and do not need an antibiotic treatment
Tuberculosis* (TB)	Always consult the HPT **BEFORE** disseminating information to staff/parents/ carers	Only pulmonary (lung) TB is infectious to others. Needs close, prolonged contact to spread
Warts and verrucae	None	Verrucae should be covered in swimming pools, gyms and changing rooms
Whooping cough (pertussis)*	Two days from starting antibiotic treatment, or 21 days from onset of symptoms if no antibiotics	Preventable by vaccination. After treatment, non- infectious coughing may continue for many weeks. The HPT will organise any contact tracing

** Denotes a notifiable disease: It is a statutory requirement that doctors/clinicians report a notifiable disease to the Proper Officer, Public Health Directorate.*

Exclusion: Recommended time to be isolated at home – do not visit any nurseries, schools, workplaces or day centres, hospitals or nursing/residential homes.

Outbreaks: If an outbreak of infectious disease is suspected, please inform the **Health Protection Team on +44 (0)1624 642639.**

Diarrhoea and/or Vomiting Poster

gov.im/norovirus

Hand Washing Poster

gov.im/handwashing

How do I wash my hands properly?

INFORMATION LEAFLET

HEALTH PROTECTION

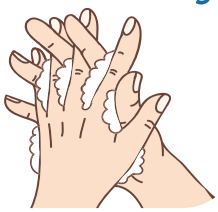
It takes at least fifteen seconds to wash your hands properly – this is about how long it takes to sing 'Happy Birthday to You' twice through!

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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Department of Health and Social Care
Public Health Directorate
Cronk Coar, Noble's Hospital, Strang, Douglas, Isle of Man IM4 4RJ
Telephone: 01624 642639 | Email: publichealth.dhsc@gov.im
www.gov.im/publichealth

HEALTH PROTECTION
Public Health Directorate

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

Public Health Act 1990 - Section II

Diseases notifiable (to Local Authority Proper Officers) under the Isle of Man Public Health Act 1990:

1. Acute encephalitis
2. Acute meningitis[1]
3. Acute poliomyelitis
4. Acute infectious hepatitis[2]
5. Anthrax
6. Botulism
7. Brucellosis
8. Cholera
9. Diphtheria
10. Enteric fever (typhoid or paratyphoid fever)
11. Haemolytic uraemic syndrome (HUS)
12. Infectious bloody diarrhoea
13. Invasive group A streptococcal disease and scarlet fever
14. Legionnaires' Disease
15. Leprosy
16. Leptospirosis
17. Malaria
18. Measles
19. Meningococcal septicaemia
20. Mumps
21. Ophthalmia neonatorum
22. Plague
23. Rabies
24. Relapsing fever
25. Rubella
26. SARS
27. Smallpox
28. Tetanus
29. Tuberculosis
30. Typhus
31. Viral haemorrhagic fever (VHF)
32. Whooping cough
33. Yellow fever.

[1] **Acute Meningitis:** meningococcal, pneumococcal, Haemophilus influenzae, viral, other specified/unspecified

[2] **Viral hepatitis:** Hepatitis A, Hepatitis B, Hepatitis C, other

* Measles, Mumps and Rubella (MMR), for confirmatory testing (saliva tests) contact your GP practice.

Download a copy of this checklist from gov.im/diseasecontrol

Diarrhoea and Vomiting for a Childcare Setting
Initial Action Checklist

Please send this completed form by Email to publichealthconfidential@gov.im

Checklist completion date:	
Checklist completed by:	
Name of Headteacher/Manager:	
Name of Organisation:	
Address details:	
Telephone No. :	Mobile No. :
Total Number of Children:	Total Number of Staff:
Notification details (date, time description, number of children/staff affected)	

Action	Yes	No	Comments
Parents notified?			
Deploy **48 hour exclusion rule** for ill children and staff?			
Liquid soap and paper hand towels available?			
Staff to check / encourage / supervise effective hand washing in children and staff?			
Check that deep cleaning, *(i.e. twice daily [min] cleaning)* and follow through with bleach / Milton / appropriate disinfectant is being carried out, *(especially toilets, frequently touched surfaces e.g. handles and taps and including any special equipment and play areas)*. Ensure that all staff / contractors involved in cleaning are aware of, and are following, the guidance?			

Action	Yes	No	Comments
Disposable protective clothing available (*i.e. non-powdered latex-free / synthetic vinyl gloves and aprons)*?			
Appropriate waste disposal systems in place for infectious waste?			
Advice given on cleaning of vomit *(including steam cleaning carpets / furniture or machine hot washing of soft furnishings)*?			
Clean and disinfect hard toys daily *(with detergent and water followed by bleach / Milton).* Limit and stock rotate toys?			
Suspend use of soft toys plus water / sand play and cookery activities during outbreak?			
Segregate infected linen *(and use dissolvable laundry bags where possible)*?			
Visitors restricted. Essential visitors informed of outbreak and advised on hand washing?			
New children joining institution suspended?			
Keep staff working in dedicated areas *(restrict food handling if possible).* Inform HPT of any affected food handlers?			
Check if staff work elsewhere *(restrict)* and that all staff are well *(including agency).* Exclude if unwell *(see 48 hour rule above)*?			
Inform Health Protection Team of any planned events / clubs?			
Inform School Nurse and Registrations and Inspections?			

Under Data Protection Legislation 2018, the Health Protection Team is legally bound to manage case details in strict confidence. If information is shared with care homes during an outbreak, personal details will always be anonymised – we will never reveal the names of cases, or any other identifiable information.

For further information on how the Department of Health and Social Care (DHSC) handles your personal information please visit the DHSC Privacy Notice: gov.im/dhsc-privacy

Before we can send you any direct marketing the Public Health Directorate requires your consent. If you wish to receive regular communications by post, phone, text/SMS or email, please provide your consent at gov.im/publichealth

Please note that consent can also be withdrawn, changed or updated by an individual at any time by emailing our directorate at: publichealth.dhsc@gov.im

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gov.im/publichealth

REF: CDC54 98/18 0119

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ACRONYMS AND ABBREVIATIONS

COSHH	Control of Substances Hazardous to Health
DHSC	Department of Health and Social Care
EHO	Environmental Health Officer
HIV	Human Immunodeficiency Virus
HTP	Health Protection Team
MMR	Measles, Mumps and Rubella
PPE	Personal Protective Equipment
VTEC	Verocytotoxigenic Escherichia coli

CONTACT INFORMATION

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Secure Email: publichealthconfidential@gov.im

USEFUL WEBSITES

Local Information

Registration and Inspection Unit
gov.im/about-the-government/departments/health-and-social-care/registration-and-inspection-unit/

Disease Control
gov.im/diseasecontrol

Diarrhoea and Vomiting
gov.im/norovirus
gov.im/diarrhoeaandvomiting

Hand washing
gov.im/handwashing

Department of Education, Sport and Children
gov.im/about-the-government/departments/education-sport-and-culture/

Isle of Man Routine Immunisation Schedule
gov.im/vaccinations

Isle of Man Legislation, Schedule 2, Notifiable Diseases, Public Health Act 1990 - see page 77
legislation.gov.im/cms/images/LEGISLATION/PRINCIPAL/1990/1990-0010/PublicHealthAct1990_2.pdf

UK Sites

Health and Safety Executive
hse.gov.uk/

E-bug
e-bug.eu/

Meningitis Now
meningitisnow.org/

Meningitis Research Foundation
meningitis.org/

Further information and advice can be found at:

gov.im/diseasecontrol

The information in this Guide has been adapted from Public Health England (PHE) website pages entitled 'Health protection in schools and other childcare facilities' which can be viewed at:

gov.uk/government/publications/health-protection-in-schools-and-other-childcare-facilities

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Next review: March 2021

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

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REF: CDC45 98/18 0319