



HEALTH PROTECTION AGENCY NORTH WEST

# **Infection Control & Communicable Disease Guidelines For Schools**

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There are other national guidelines available.  
This is recommended for use in the North West.

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## **Recommended Distribution List**

- Hospital Infection Control Teams
  
- Local Authority Education Departments
  
- North West Primary Care Trust Community Infection Control Nurses and Directors of Public Health for distribution to:
  - Health Visitors
  
  - School Nurses
  
  - Headteachers at Primary and Secondary Schools
  
  - Private Schools – Primary and Secondary

<b>Contents</b>	<b>Page No.</b>
Recommended Distribution List .....	2
1 Introduction .....	6
2 Local Procedure for Reporting Communicable Disease.....	7
3 Role of Head Teacher .....	8
4 Staff Health .....	9
5 Food Handlers.....	10
6 Spread of Disease.....	11
7 Hand Hygiene .....	12
8 Toilet and Nappy Facilities .....	15
8.1 Children in Nappies .....	15
8.2 Children on Potties .....	16
8.3 Children on the Toilet .....	16
8.4 Face Cloths .....	17
9 Cleaning .....	18
9.1 Cleaning Programmes.....	18
9.2 What Agents should be Used for Cleaning?.....	18
9.3 What Other Resources are Needed? .....	19
9.4 Specific Cleaning Advice for a Variety of Items: .....	19
10 Care of Play Equipment .....	21
11 Body Fluid Spillages.....	22
12 Cuts, Bites and Needlestick Injuries.....	23
13 Communicable Diseases.....	25
13.1 General.....	25
13.2 Chickenpox.....	25
13.3 Conjunctivitis .....	25
13.4 Dysentery .....	26
13.5 E.coli O157 .....	27

13.6	Gastroenteritis/Food Poisoning .....	27
13.7	German Measles (Rubella).....	27
13.8	Glandular Fever.....	28
13.9	Hand, Foot and Mouth Disease .....	28
13.10	Hepatitis A (Yellow Jaundice, Infectious Hepatitis).....	28
13.11	Hepatitis B .....	28
13.12	Hepatitis C .....	29
13.13	Human Immunodeficiency Virus (HIV).....	29
13.14	Human Parvovirus (Fifth Disease /Slapped Cheek Syndrome) .....	30
13.15	Measles .....	30
13.16	Meningitis and Meningococcal Disease.....	30
13.17	Mumps.....	31
13.18	Tuberculosis (TB) .....	31
13.19	Whooping Cough (Pertussis).....	32
14	Diseases of the Skin .....	33
15	Vaccination and Immunisation .....	35
15.1	Diphtheria (D) .....	35
15.2	Tetanus (T).....	35
15.3	Whooping Cough (Pertussis) (P) .....	35
15.4	Poliomyelitis .....	35
15.5	Haemophilus influenzae b (Hib).....	35
15.6	Measles (M).....	36
15.7	Mumps (M) .....	36
15.8	Rubella (R) .....	36
15.9	BCG.....	36
15.10	Hepatitis B .....	36
16	Good Hygiene Practices and First Aid .....	37

17	Contact with Animals.....	39
17.1	Pets .....	39
17.2	Outings to Farms and Zoos.....	39
18	References and Further Reading .....	41
	Table 1 – Incubation Period, Communicability and Suggested Exclusion Criteria for Communicable Diseases.....	42
	Table 2 – Skin Infections – Exclusion Criteria.....	47
	Table 3 – Schedule of Immunisation.....	49
	Appendix 1 – Diseases Notifiable under the Public Health .....	50
	Appendix 2 – Advice for Educational Visits to Farm.....	51
	Appendix 3 – Diarrhoea and Vomiting Guidance .....	53
	Appendix 4 – Hand Hygiene Poster .....	57
	Generic Contact Numbers List.....	58

## **1 Introduction**

These guidelines are intended as a practical guide for staff in schools. The general aim of the guidelines is the prevention of communicable diseases and their spread whilst interfering as little as possible with the attendance of children at school. Specific guidance is given as to when the Consultant in Communicable Disease Control (CCDC) should be notified about cases of communicable disease in schools and the advisability of excluding children and staff from school when they have a communicable disease.

It is important that the guidelines are carefully studied by all staff and that they are strictly observed.

**PLEASE ENSURE ALL STAFF HAVE ACCESS  
TO A COPY OF THIS GUIDANCE**

## **2 Local Procedure for Reporting Communicable Disease**

Some diseases are termed as **notifiable** (see Appendix 1) this is a process whereby a Doctor should complete an official notification form.

However, some communicable diseases which are not notifiable, may have a public health impact when they are found in the school setting (see below for some examples).

If a school is informed by a parent that a student/pupil has received a diagnosis of one of these infections, the headteacher should seek advice by contacting the Community Infection Control Nurse (CICN) at the local Primary Care Trust (PCT).

Chickenpox  
Shingles  
Scabies

The following should also be reported promptly by telephone to the CICN or the Environmental Health Team:

- a. An increased number of absences for the time of the year, due to illness in children or staff with similar symptoms.
- b. Increased reports of vomiting and/or diarrhoea occurring in children or staff.

It is important to seek advice early, especially for infections which are transmitted via the faeces (e.g. dysentery, food poisoning) or where an immunisation programme early in the outbreak may prevent some children developing the disease (e.g. Hepatitis A).

### **Advice from School Doctors or Nurses**

The school nurse is the appropriate person with whom to liaise in matters concerning health and hygiene. Advice may be obtained from the school nurse via the local Health Clinic. Advice may also be requested directly from the CICN or Environmental Health Team.

### **Exclusion from School**

A head teacher can exclude children from school. Although doctors and nurses have no powers of exclusion from school, it is expected that the head teacher would act on their advice. The suggested minimum periods of exclusion for the common communicable diseases in school children are given in Tables 1 and 2 at the back of this guidance. If a disease is not listed please contact the CICN for further information. The rules regarding exclusion apply equally to staff and children with additional special precautions for school catering staff.

### **3 Role of Head Teacher**

*The Head Teacher:*

- a. Will notify the School Nurse / CICN of reportable diseases or problems relating to communicable diseases.
- b. Will monitor the level and reasons for absenteeism within the school in liaison with the Educational Welfare Officer.
- c. Will ensure that time is made available to follow good hygiene practices.
- d. Will, in the event of an outbreak, increase education about and institute supervision of good hygiene practices within the school where appropriate.
- e. Will inform the Executive Director of Children and Young Persons Services and the Ofsted help desk on (0845 601 4771) of serious problems relating to infectious disease.
- f. Will inform the Executive Director of Children and Young Persons Services and the Ofsted help desk on (0845 601 4771) when facilities within their school are not adequate for the control of infection within the school.
- g. Will discuss and agree with the Community Infection Nurse or the local Health Protection Unit any control measures deemed necessary to control the spread of disease.



#### **4 Staff Health**

All new staff should complete a pre-employment health-screening questionnaire prior to commencing work. This should include immunisation history, e.g. MMR, BCG vaccination.

Anyone working in the school that is found to be suffering from **pulmonary tuberculosis** should immediately stop work and the illness should be reported to the CIGN or CCDC.

Female workers of child bearing age should ensure that they are immune to rubella (German Measles) and have a blood test, if necessary, to confirm this as they may be at risk of exposure to infection. Such women are advised to seek the advice of their general practitioner regarding this and any necessity for vaccination (MMR) before starting work.

## 5 Food Handlers

When school meals staff contract certain communicable diseases or develop septic lesions on the exposed skin there may be a risk of food contamination. Food handlers are reminded of their statutory obligations under the Food Safety (General Food Hygiene) Regulations 1995 to notify the food business proprietor immediately if they are suffering from any of the following diseases:

- Typhoid Fever
- Paratyphoid Fever
- Other Salmonella infections
- Staphylococcal infections likely to cause food poisoning e.g. impetigo, septic skin lesions, exposed infected wounds, boils etc.
- Dysentery
- Diarrhoea - the cause of which has not been established
- Hepatitis A (infective jaundice)
- *E.coli* O157

The catering manager must not permit a person known or suspected to be suffering from any of the above diseases, to work in any food handling area in any capacity in which there is any likelihood of directly or indirectly contaminating food with pathogenic micro-organisms.

Ideally the catering manager should also notify the Environmental Health Team.

Any food handler who develops symptoms of diarrhoea or other symptoms associated with the above diseases should not return to work in any capacity in a food handling area (as above mentioned) until he/she has been **symptom free for at least 48 hours**. This advice also applies to children who may be involved in the handling and preparation of food to be consumed at school or at home. The manager of the food handler who is ill should contact the Head Teacher to discuss exclusion of the member of staff and arrange cover for the duration of absence.

The Environmental Health Team carry out the investigation and management of individuals with typhoid and paratyphoid fever and *E.coli* O157 infection. The Consultant in Communicable Disease Control (CCDC) as the Proper Officer of the Local Authority may require that food handlers remain off work for longer than the 48 hours symptom free period referred to above.

## 6 Spread of Disease

Communicable diseases can be spread in a variety of different ways.

### 6.1 *Aerosol (small droplet) spread*

The organisms, which cause the disease, can be spread from the infected person via droplets in the air caused by cough or during close conversation and then inhaled by another person. Examples of such diseases are: colds, influenza, measles and mumps.

### 6.2 *Direct contact spread*

Skin contact e.g. holding hands can cause the transmission of some contagious skin diseases such as ringworm and scabies. Head to head contact will also facilitate the transmission of head lice.

### 6.3 *Faecal/Oral route of spread*

In some diseases e.g. viral gastroenteritis and Hepatitis A, the infecting organism is excreted in the faeces (motions). The hands of an infected person may become contaminated when a person wipes themselves after using the toilet, and can be spread to others through inadequate handwashing. The infecting organisms can then be transferred to the hands of others and subsequently to their mouths.

### 6.4 *Blood/body fluid transmissions*

Some communicable diseases cannot be transmitted to other people without direct transfer of body fluids such as blood or semen, from an infected person into another person's body. This can only be achieved by means such as injections or sexual intercourse. These diseases, which cannot therefore be transmitted through normal school activities, include Hepatitis B virus and the HIV virus, which is the cause of "AIDS".

From the above, it should be noted that different diseases would need different Infection Control approaches to prevent their transmission within schools.

## 7 Hand Hygiene

### *Why is Hand Washing So Important?*

Hands are used for all sorts of activities during the course of a day. Hands become easily contaminated e.g. after having been to the toilet or having changed a nappy. Germs on a child's hand can easily pass to other children's hands by direct touch or by contamination of objects e.g. toys. Once on the hands it is easy for germs to get into the mouth. Many infections are spread in this way. If hands are thoroughly washed for example after using the toilet, the number of germs they carry will be greatly reduced. Washing hands before eating helps to further reduce the risk of ingesting germs that may have contaminated hands.

#### *7.1 When Should You Wash Your Hands?*

- After using the toilet
- After changing a nappy
- Before preparing, serving or eating food
- After handling pets
- After any cleaning procedure, including spillages
- After handling soiled clothing or bedding
- After dealing with waste
- When hands look or feel dirty

Children must be encouraged to wash their hands after **every visit to the toilet** and always prior to eating. Children should be supervised when washing their hands to ensure hands are thoroughly cleaned. School Staff also need to be aware that contaminated hands are a potential source of spread of infection and in the importance of good hand hygiene procedures. It is important that regular education regarding hand hygiene is given to and available for children to follow, this may be in the form of posters on walls and especially above sinks.

#### *7.2 How Should You Wash Your Hands?*

Staff and children should develop a good hand washing technique so that they get their hands thoroughly clean. It does not need to take a long time to get hands really clean: a ten to fifteen second lather with soap will remove most dirt. It is important to wet the hands before applying soap, and to make sure that all parts of the hands and fingers are cleaned, especially the fingertips, thumbs and between fingers (the webs), which often get missed. It is recommended that liquid soap always be used, as bar soap can become contaminated with bacteria. Hands should be rinsed well and then dried really thoroughly with disposable paper towels as damp hands encourage bacterial growth. This will also prevent dry, chapped skin, which harbours bacteria. In a school setting the only satisfactory method of drying hands is with good quality disposable paper towels.

### 7.3 *Key Points for Hand Hygiene*

Warm water should always be available for hand washing.

- Wet hands under running water
- Apply liquid soap
- Wash hands without adding more water for 10 - 15 seconds ensuring all areas of hands are covered - paying particular attention to fingertips, thumbs and between the fingers.
- Rinse hands under running water.
- Dry hands thoroughly on disposable paper towels.

Terry towels should **not** be available near toilets and for general hand hygiene. Children will share towels (even if they are instructed not to do so) and this can be an excellent way of spreading infection. Even if each child has their own towel with their name on it, the risk of shared use is high and therefore so is the risk of cross-infection.

Hot air hand dryers are not suitable for schools. Young children may be frightened of them. They take a long time to dry hands (about 45 seconds), so unless there are about three times as many dryers as wash basins there will be long queues, and many children (and adults) will resort to drying hands on clothing, or not washing them in the first place. Studies have demonstrated that germs can stay on the hands after drying with hot air, whereas paper towels help rub them off. Hot air may also blow germs around the room causing general contamination. They can also break down.

### 7.4 *Additional Points for Staff*

- Keep nails short and clean
- Remove nail varnish at work
- Artificial nails should not be worn at work
- Remove jewellery i.e. rings with stones or ridges, wristwatches or bracelets before washing hands.

**NB:** The use of nailbrushes in the school is not recommended, as they are a potential source of infection.

### 7.5 *How Else Can Hands Be Protected?*

Any fresh abrasions, cuts, etc. on the hands should be covered with an impermeable waterproof dressing i.e. one without holes.

## 7.6 *Who Else Can Help?*

Schools are only one of the influences on children. Perhaps more important, but less easy to control, is the home environment. Parents should be encouraged to promote good hand hygiene in their children. Unfortunately, even adults are not always as scrupulous about washing their hands, as they should be. The Health Visitor or Environmental Health Officer can assist schools in education on personal hygiene and hand washing. Education aids such as posters and teaching packs are useful in encouraging hand and personal hygiene.

A hand hygiene poster **for staff** can be found within the appendices, this can be photocopied and laminated for staff and visitor use. Age specific guidance should be sought for children

## 8 Toilet and Nappy Facilities

Staff and children will only develop good hygiene practices if they are provided with adequate facilities. These should be available at all times, not just when there is an outbreak as it is often too late by then.

### 8.1 Children in Nappies

Any school, which accepts children who are still in nappies, must have appropriate changing facilities.

- Staff undertaking nappy changes should **not** be involved in the preparation of food. However if these staff do handle food **strict** hand washing must be adhered to
- Staff should wear a disposable plastic apron to protect their clothing or uniform from contamination when involved in nappy changing.
- Disposable CE marked gloves should be available for staff that undertake nappy changing. These should be used when appropriate for example during an outbreak situation when an infection e.g. Gastroenteritis or Norovirus is the cause of infective diarrhoea and/or vomiting. **Please remember** the use of disposable gloves is not a substitute for good hand hygiene.
- Nappies must be changed in a designated area away from play facilities, and away from any area where food or drink may be prepared or consumed.
- Soiled nappies should be wrapped in a plastic bag before disposal in a bin.
- The nappy disposal bin should have a foot-operated lid.
- Schools, which produce a substantial number of used nappies or sanitary towels, should make arrangements for appropriate disposal (e.g. a contract with a registered waste disposal company).
- Children's skin should be cleaned with a disposable wipe. Flannels should **not** be used. Nappy creams, lotions, etc. should be labelled with the child's name and **must not be shared** between children.
- Nappy changing mats should be wiped with soapy water after each use. They should be cleaned thoroughly with hot soapy water if visibly soiled and at the end of each day.
- Changing mats should be checked weekly for tears. If the plastic cover is torn, the mat should be replaced.
- Hand washing facilities for staff (which includes hand wash basin, liquid soap and paper towels) must be available within the nappy changing room.

- Staff must wash and dry their hands after every nappy change after glove removal before handling another child or before leaving the nappy changing area.

## 8.2 Children on Potties

Children who are being toilet trained should only use a potty until they are able to sit on the toilet.

- Potties should only be used in a designated area away from play facilities, and away from any area where food or drink may be prepared or consumed (e.g. in toilet or nappy changing areas).
- Hand washbasins suitable for use by children and adults should be available in areas where potties are used.
- A designated sink for cleaning potties (i.e. **not** a hand wash basin) should be sited in the area where potties are used.
- After use the contents of the potty should be flushed down the toilet. The potty should be washed in soapy water, dried and stored upside down, never stack damp potties.
- Staff should wear household rubber gloves while emptying and cleaning potties, then thoroughly wash the gloves while they are wearing them, and then wash and dry their hands after they have taken the gloves off. Colour coding of rubber gloves for this specific task will ensure they are only used for this purpose and not any other practice. Gloves should be left to dry after use.
- Children should be supervised when using a potty and when washing and drying their hands afterwards.

## 8.3 Children on the Toilet

Children should be supervised to ensure they wash their hands after using the toilet. The following facilities should be available: -

- Child-sized " toilets, preferably with lids to the seats.
- Adequate supplies of soft toilet tissue in each toilet cubicle.
- **Hand washing facilities in toilet area** – Children should not have to leave the toilet area to access wash basins. If hand washing facilities are some distance from the toilets, children will either not wash their hands (because it is inconvenient or they forget) or they may contaminate other children and objects before washing their hands. Taps should be easily accessible to children.



- **Running water** – This should be warm, since children are more likely to wash their hands if the water is comfortably warm. Soap will produce a better lather in warm water and so clean hands more effectively. It is important that hands are washed under running water. Running water also helps to wash germs away down the drain. Bowls should not be used as they can easily become contaminated and there is a risk that children will share the bowl and contaminate each other's hands. The temperature of the hot tap water should be regulated to avoid scalding.
- **Soap** – Soap helps the physical removal of germs. Liquid soap is preferable as bar soap can easily become contaminated with bacteria. If bar soap is used it should not be sitting in a pool of water but should be in a soap dish that allows it to drain so that it stays reasonably dry. The soap dish should be cleaned and dried daily.
- **Disposable Paper Towels** – This is the only satisfactory way of drying hands in schools. There should be adequate provision of paper towels and bins to put them in. If children and staff are washing their hands as often as they should, they will use a surprisingly large number of towels.

Washable terry towels should only be used after baths, showers or swimming. **They should not be available near toilets.** Children will share towels (even if they are not supposed to do so) and this can be an effective way of spreading infection.

#### 8.4 Face Cloths

The use of face cloths should **not** be encouraged within schools. Even if each child has their own face cloth there is a risk they may be shared and transmit infection. Children's faces should be wiped with a disposable wipe and dried with a soft paper towel. If it is felt essential that children use face cloths, each child should have their own cloth with their name on it, and it should be laundered regularly (at least weekly). Whilst face cloths are not recommended, should they be used they must always be **single** child use and left to dry out between each use. Children using face cloths should be supervised to make sure they only use their own. Any child who does not have a cloth should use wipes to wash their face.

## 9 Cleaning

### 9.1 Cleaning Programmes

A clean environment is essential to prevent the spread of infection. Germs cannot grow on clean dry surfaces. A written cleaning schedule clearly stating what to clean, when to clean and how to clean it, is essential and should include specifics such as toilets, sinks, toys, equipment and general environment (e.g. following contamination due to accidents). The cleaning programme should be agreed and followed. A record should be kept identifying the date and name of the person who completed the cleaning. Shared equipment is a potential source of transmission of infection. Objects, which can become contaminated when, handled by children or when they put them in their mouths are of particular significance e.g. high chairs or toys. Toys should always be washable and should be regularly washed in hot detergent water and dried, or washed regularly in the washing machine. Soft toys are not recommended for schools as they can become quickly contaminated and are not easily cleaned.

Toilet seats, flush handles and toilet bowls **must** be cleaned every day or when visibly contaminated. Other surfaces that may have been touched by contaminated hands e.g. door handles and taps should also be cleaned daily. In addition, there should be arrangements for regular checks on toilet areas so that any accidental spillage or contamination can be dealt with promptly.

### 9.2 What Agents should be Used for Cleaning?

Detergent and hot water is adequate for cleaning most surfaces and furniture. **This includes toilet areas.** A cream cleanser should be used for dirt that is difficult to remove. Disinfectants should not be used routinely for environmental cleaning. Disinfectants should never be poured down the toilet bowl or drains as they can interfere with the natural decay of sewage.

In summary, schools will need the following routine cleaning agents: -

- Neutral detergent liquid
- Cream cleanser
- Lime scale remover for toilets
- A deodoriser may be used if desired in toilet areas. Care should be taken to use them according to the manufacturer's instructions and to spray them away from the face.

In specific circumstances e.g. during an outbreak of diarrhoea and vomiting within the School, additional cleaning materials may be required. For example, if the cause of the outbreak was due to a viral infection then the use of a good quality hypochlorite bleach (e.g. Domestos) may be required, but the Infection Control Nurse or Environmental Health Officer will advise you about this.

### 9.3 What Other Resources are Needed?

Separate cleaning equipment should be used for toilets, hand wash areas and non-toilet areas. A standard colour coding system is a useful way of achieving this. An example of colour coding is as follows: -

- Red - mops, cloths and buckets for toilet floors, bowls, urinals, etc.
- Green - cloths for toilet area sinks
- Blue - cloths for non-toilet areas
- Yellow - cloths/aprons/gloves for food preparation

9.3.1 Cloths used for cleaning should always be disposable. They should be thrown away at the end of each day.

9.3.2 Gloves should be worn when contact with body fluids is likely (e.g. when cleaning potties or toilet areas). Ordinary good quality medium weight rubber household gloves give ample protection against contamination from blood or body fluids. These gloves should be rinsed clean whilst still on the hands and then thoroughly washed with ordinary soap and water and dried. They should be inspected regularly and be discarded if punctured, torn or show evidence of wear or any deterioration. **Always** remember to wash your hands after removing the gloves.

9.3.3 All mop heads should be detachable and washable. They should be washed in hot soapy water after use, rinsed and wrung out as much as possible. The mop should then be inverted to dry thoroughly. **Never leave a mop in a bucket of water.**

9.3.4 Buckets should be rinsed out with hot water after use and left to dry. Do not leave water in a bucket as this can quickly become contaminated and if used later, can be a potential source of the spread of infection within the environment.

### 9.4 Specific Cleaning Advice for a Variety of Items:

Item	How Often	Method
Basins and taps	After use (minimum daily)	Clean with hot water and detergent. Disinfectant is not routinely needed.
Bins	Daily	Clean with hot water and detergent.
Buckets	After use	Wash with hot water and detergent and store so that they can dry.

<b>Item</b>	<b>How Often</b>	<b>Method</b>
Carpets	Minimum daily	Vacuum daily. There should be a schedule for steam cleaning carpets at least six monthly.
Cloths/Dusters	Daily	Use disposable and throw away at end of each day.
Drains	Daily	Clean with hot water and detergent. Never clean drains with disinfectants.
Floors	Minimum daily	Clean with hot water and detergent, rinse and dry. Do not use disinfectants for general everyday cleaning.
Furniture	Daily	Surfaces should be damp dusted with disposable cloths.
Mops	After use	Use detachable mop heads. Wash in hot soapy water, wring out and store mop upside down to dry
Toilet bowls	Minimum daily	Clean with hot water and detergent. Disinfectant is not routinely needed.
Toys	As schedule	Toys should be washable. A schedule for regular cleaning should be devised depending on the kind of toy and the likelihood of soiling.
Toilets	As schedule	Lime scale remover and toilet cleaner should be available for use.
Vacuum Cleaners	As maker's instructions	Change the air filter regularly according to manufacturer's instructions. Wipe detachable tools with hot water and detergent at least weekly.

Where advice states to use warm water and detergent, it is expected that the water is not too hot to the hand and that a neutral detergent is used. A risk assessment should always be undertaken and use of appropriate personal protective equipment such as gloves and plastic apron may be advisable. Please note that there are specific regulations regarding hygiene in the kitchen, for advice re: this please contact the local Environmental Health Department.

## **10 Care of Play Equipment**

### *10.1 Soft Toys*

Soft toys are not recommended for multi play use. **All toys** should be on a regular, at least weekly, cleaning schedule with detergent and hot water. This schedule will assist in disposing of toys that cannot be easily cleaned or that have become damaged.

### *10.2 Play dough/Plasticine*

It is important that children wash their hands before and after use. Skin lesions must be covered. In an outbreak, play with play dough should be suspended until the outbreak is over.

### *10.3 Plastic/Wooden Toys*

Toys should be cleaned after use using hot soapy water and drying thoroughly. (This includes play homes and play tables). Toys should be inspected regularly for breakages and discarded if not intact. Broken toys may harm children and could harbour bacteria.

### *10.4 Electrical/Mechanical Toys*

Non-electrical toys should be surface wiped after use with a damp cloth that has been rinsed in hot water and detergent and then dried, and electrical toys surface wiped with an alcohol wipe after being unplugged from the mains.

### *10.5 Storage of Toys*

Toys must be stored in a designated container that is rigid and washable. Toy containers should be washed and dried weekly.

### *10.6 Second-hand Toys*

It is advised not to accept second-hand toys. Specific guidance can be obtained from the Department of Trade and Industry at [www.dti.go.uk/](http://www.dti.go.uk/) where free leaflets can be obtained on all aspects of safety. Or telephone the local Trading Standards Department.

### *10.7 What to do in an Outbreak of Gastroenteritis*

When an outbreak of gastroenteritis occurs in a class, play with sand; water and plasticine/play dough should be suspended until the outbreak has finished. The Community Infection Control Nurse at the Primary Care Trust will advise on the suitability of play activities.

## 11 Body Fluid Spillages

It is essential to keep designated equipment for the cleaning of body fluids.

### 11.1 *Urine, Vomit, Faeces and Blood*

All spillages of body fluids (e.g. urine, vomit, faeces or blood) should be **dealt with immediately**. Wearing household gloves and a disposable apron, mop up as much of the spillage as possible with absorbent paper towelling. This can be disposed of into a plastic waste sack (or flushed down the toilet if small amounts). If indoors, clean the area with a neutral detergent, e.g. washing up liquid and hot water, rinse and dry and ventilate the area. For spillages outside (e.g. in the playground), sluice the area with hot water. Do not forget to thoroughly wash the gloves and place to dry and then thoroughly wash your hands after you have taken the gloves off.

### 11.2 *Carpets or Soft Furnishings*

Carpets and upholstery should be thoroughly cleaned with warm soapy water or a proprietary liquid carpet shampoo, rinsed and where possible, dried. After an outbreak of 'Norovirus', it would be best practice to have carpets steam cleaned by a contractor with specialised equipment.

## 12 Cuts, Bites and Needlestick Injuries

### 12.1 Dealing with Cuts and Nose Bleeds

When dealing with cuts and nosebleeds, staff should follow the school's first aid procedure, and record the incident in the accident book. **It is good practice for staff to wear disposable CE marked gloves when dealing with all bleeding wounds.** Children who are known to be HIV positive or hepatitis B positive do not need to be treated any differently from those whose HIV or hepatitis B status is not known. Intact skin provides a good barrier to infection, and staff should always wear waterproof dressings on any fresh cuts or abrasions on their hands. Staff should always wash their hands after dealing with other people's blood, even if they have been wearing gloves or they cannot see any blood on their hands. Disposable gloves should be disposed of immediately after use, even if they look clean.

### 12.2 Human Bites

Human mouths are inhabited by a wide variety of organisms, some of which can be transmitted by bites. Human bites, which break the skin, are more likely to become infected than dog or cat bites, so it is important that they are treated promptly. There is a theoretical risk of transmission of hepatitis B from human bites and though HIV can be detected in the saliva of some people who are HIV positive, there is no documented evidence that the virus has been transmitted by bites.

#### **If a bite does not break the skin: -**

1. Clean with soap and water
2. No further action needed.

#### **If a bite breaks the skin: -**

1. Clean immediately with soap and water and cover with a dressing
2. Record incident in Accident Book
3. Seek Medical Advice:
  - a. to treat potential infection
  - b. for reassurance and information about HIV and Hepatitis B infection**

### 12.3 Animal Bites

Most animal bites are less likely to become infected than human bites, but they should still be taken seriously. There is no rabies in the UK, so vaccination against rabies is not required for bites in this country. Children who are bitten abroad in countries where rabies is known to occur should **always** seek immediate medical attention.

In the UK, animal bites, which do not break the skin, should be washed with soap and water. If a bite breaks the skin, wash with soap and water then seek medical advice about the possible need for treatment to prevent infection. If someone becomes generally unwell or the bite looks infected they should seek medical attention.

#### *12.4 Needlestick Injuries*

On rare occasions children or staff may injure themselves on discarded used hypodermic needles, which they have found. As well as ensuring that the victim gets any necessary care, it is important that the needle is disposed of safely to avoid the same thing happening to others. If a discarded needle and /or syringe is found, it should be carefully placed in an empty coffee jar or similar container and disposed of in a waste bin. If discarded needles are found **frequently**, arrangements should be made for the school to have a sharps box for proper disposal, and the safety issues should be discussed/reported to the local Police.

If someone pricks or stabs him or herself with a used hypodermic needle: -

1. Gently bleed the wound
2. Wash the wound thoroughly with soap and running water
3. Cover it with a waterproof dressing
4. Record it in the Accident Book
5. Seek immediate medical advice from a general practitioner or the Accident & Emergency Department about the possible need for immunisations (e.g. tetanus, hepatitis B) or for treatment if the wound becomes infected.

There have been no documented cases of people acquiring HIV or hepatitis B from discarded needles. Nevertheless, hepatitis B immunisation is recommended in these incidents so it is important to seek immediate medical advice.



## 13 Communicable Diseases

(See Table 1)

### 13.1 General

A child who has contracted an infectious disease usually shows general signs of illness before development of a rash or other typical symptoms. Thus the child may complain of shivering attacks or feeling cold, headache, vomiting, sore throat or just vaguely feeling unwell. **Such symptoms, when a particular infectious disease is prevalent, should make the teacher suspicious.**

In these circumstances, parents should be contacted so that they can collect the child with a view to consulting their General Practitioner, if necessary. In the meantime, the child should be kept separate from other children, warm and comfortable. If symptoms appear very serious or distressing, staff should call an ambulance to ensure immediate treatment for the child. A member of staff should accompany any child taken to hospital by ambulance. The signs and symptoms of the more common communicable diseases are set out below:

### 13.2 Chickenpox

Chickenpox may start with symptoms of vague upset, headache and temperature, but the rash itself may be the first sign of the illness. The rash appears as small red 'pimples', usually starting on the back, chest and stomach and spreading to the face, scalp, arms and elsewhere.

Within a few hours, the 'pimples' become blister (vesicles), which begin to dry and crust within about 24 hours. The rash appears in a succession of crops over 3-5 days. In the early stages the child may develop blisters in the mouth and throat, which can be very painful and may give rise to difficulty in swallowing.

### 13.3 Conjunctivitis

This is an infection of the covering of the eyeball and the inside of the eyelid. The white of the eye becomes reddened and there may be a discharge. The eye usually feels very itchy and bright light may hurt. Although it often gets better by itself, eye-drops or ointment are sometimes given. It can spread between people and, in circumstances where spread within the school is evident; it may be necessary to recommend exclusion of affected children until they recover. Reminding older children not to share eye-drops and eye makeup is important.

## 13.4 Dysentery

Dysentery caused by the *Shigella sonnei* organism is the mildest and most common form of dysentery in Europe. The symptoms are high temperature, vomiting, diarrhoea and stomach cramps. It is **very infectious** and will spread easily in a household and in situations of close contact and/or reduced hygiene. The bacterium, which causes dysentery, gets into the body through the mouth. People who are infected pass the germ in the faeces when they go to the toilet, and do not wash their hand appropriately. The germ might then be found on toilet seats, handles, taps and on hands. The age group most commonly affected is children aged 3-8 years. It follows that in an outbreak situation, schools and primary schools are most affected

Headteachers should notify the CICN or Environmental Health Team when they have one or more cases of dysentery in a school. Leaflets about dysentery and hygiene precautions produced by the Primary Care Trusts or the Environmental Health Team, will be supplied to the school. The Environmental Health Officer, in consultation with the CCDC and CICN, will decide whether to declare an outbreak situation. If declared, the CCDC will produce a letter, which will be sent to all parents informing them of the outbreak, the symptoms of dysentery and the exclusion periods. An information leaflet will be included with all letters.

It is the responsibility of the headteacher to inform the Environmental Health Officer on a daily basis of the number of children who are absent with diarrhoea and vomiting. The headteacher should also implement and monitor the exclusion policy and arrange for extra caretaker cleaning at the school. The current exclusion periods for dysentery in an outbreak situation are as follows:

- a. **Children 5 years and under i.e. those in school or the reception class of primary schools and older children and adults who cannot maintain their own hygiene, should be excluded for 14 days from the onset of symptoms**
- b. **School Children Over Five Years and Adults**  
***Affected individuals should stay away from school until they have had NO SYMPTOMS for 48 hours***

Exclusion periods may change during outbreaks. Please contact the CCDC or CICN for further advice.

The following measures should be adopted to control the spread of dysentery:

- Supervision of hand washing of younger children or those who cannot maintain their own hygiene
- Toilet paper should be available **at all times** in toilet cubicles
- Adequate supplies of hot and cold water, liquid soap and paper towels in all wash areas
- Adequate supplies of cleaning materials
- Introduce a schedule of cleaning during times of heavy usage of toilet facilities

The Community Infection Control Nurse will be informed about the outbreak and will be available to give advice on personal and environmental hygiene.

### 13.5 E.coli O157

In the past fifteen years, E.coli O157 has emerged as an importance cause of diarrhoea in many parts of the world. E.coli O157 can cause severe gastrointestinal disease, often with blood in the stool (haemorrhagic colitis). About 2 - 7% of cases develop haemolytic uraemic syndrome (HUS), a form of kidney failure, which has a fatality rate of 3 - 17%.

Most infections are acquired from food. However, the infectious dose (number of organisms required to spread disease) is very low and person-to-person transmission is common. Outbreaks due to person-to-person spread have occurred in schools, families and day care facilities.

Reducing person to person spread is important in preventing spread of this disease. Older children and staff with diarrhoea should be excluded from school until they have been symptom-free for 48 hours. Children under 5 years attending school or other day care centres and staff should be excluded until two consecutive negative stool cultures are received. Relying on stool cultures is not sufficient to prevent spread as children may have mild symptoms and may have not submitted specimens.

The best way to prevent spread is **effective handwashing** before meals and after visits to the toilet. In an outbreak **handwashing** on arrival to the school would provide additional protection.

### 13.6 Gastroenteritis/Food Poisoning

This takes many forms, but the main symptoms are vomiting, diarrhoea and abdominal pain, which may occur singly or in combination. The illness usually lasts only a short time. The causes are varied, but strict attention to personal hygiene is important to reduce the spread of the disease. Shigella infection (dysentery) and cryptosporidiosis are highly infectious among younger children in school settings and strict attention to personal hygiene is essential if one or more cases occur.

### 13.7 German Measles (Rubella)

The symptoms of German measles are mild. Usually the rash is the first indication, although there may be mild catarrh, headache or vomiting. 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 1 or 2 days and the spots remain distinct, unlike measles.

**N.B. Rubella occurring in a woman in the early months of pregnancy may cause congenital defects in the unborn child.**

**Female staff that are pregnant when a case occurs should consult their GP or ante natal clinic (regardless of their immune status) so that an antibody test can be performed if necessary.**

### 13.8 Glandular Fever

Although it can occur in young children, this condition is much more common in adolescents. In young children, it usually takes the form of a sore throat with swollen glands in the neck. Full recovery may take some weeks, during which time the person may feel very "washed out". There is no treatment. This is not a very infectious disease and the child should only be kept away if feeling unwell.

### 13.9 Hand, Foot and Mouth Disease

In this mild illness, a fever is common with vesicles (blisters) in the mouth and a red, raised rash on the hands and feet. No treatment is necessary. **(N.B. This is not the same as foot and mouth disease from which cattle suffer)** Younger children are more susceptible to infection due to close contact. If evidence exists of transmission within school, exclusion of children until the spots have gone from their hands is necessary.

### 13.10 Hepatitis A (Yellow Jaundice, Infectious Hepatitis)

This is usually a mild illness, particularly in young children, caused by a virus, which infects the liver. It only rarely leads to long-term problems and a carrier state does not develop. Often a person may be infected and not show any illness. The incubation period is between two and six weeks. It is spread usually by hands, which have not been properly washed after using the lavatory, or, rarely in contaminated food and drinks.

The illness starts with fever, loss of appetite, nausea, and stomachache and after a few days, jaundice (a yellowing of the eyes and skin) may appear. A person is infectious for approximately one week before and for a week or so after the appearance of jaundice. **SCRUPULOUS PERSONAL HYGIENE** is important to prevent spread and an adequate supply of soap and disposable towels should be provided in washrooms.

Hepatitis A vaccine is available for adults and children over 1 year of age travelling frequently or for long periods to countries where hepatitis A is more common. Household contacts of a case (and others during an outbreak situations) may also be offered vaccination and/or immunoglobulin (HNIG).

### 13.11 Hepatitis B

This is different to hepatitis A. It is extremely rare in children in the UK. People infected with the hepatitis B virus may become unwell with jaundice and fever, or, more commonly, may show no signs of the infection. A small percentage will not completely clear the infection and will remain infectious (and are known as carriers).

The infection is bloodborne and is spread most commonly by: sexual contact with an infected person, sharing injecting equipment with an infected person, by receiving blood from an infected person (this is extremely unlikely to occur in this country as all blood is carefully screened and blood products heat treated), or sometimes from an infected mother to her baby, however all women are now offered Hepatitis B screening as part of their ante-natal care.

There is little evidence to suggest that this infection can be transmitted in school settings, and therefore carriers without symptoms should **not** be kept away. However, those with acute symptoms and who have been confirmed to be acutely infected with hepatitis B should be excluded until otherwise advised by the CCDC.

### **13.12 Hepatitis C**

This is another blood-borne viral infection of the liver, which usually causes no illness when it is first acquired. Around 4 out of 5 people who are infected with Hepatitis C virus become long-term carriers. The virus can only spread from person to person via blood and other body fluids. It cannot penetrate intact skin and the risk of transmission from a carrier mother to her child is low. This infection is rarely acquired in childhood because the main route is by sharing contaminated injecting equipment. If a child or member of staff has Hepatitis C they need not stay away. The only precaution necessary is care in dealing with any episode of bleeding.

### **13.13 Human Immunodeficiency Virus (HIV)**

Acquired Immunodeficiency Syndrome (AIDS) is caused by infection with the Human Immunodeficiency Virus (HIV). HIV is spread by unprotected (without a condom) anal or vaginal sexual contact with an infected person, by sharing injecting equipment with an infected person or by receiving blood or blood products during a transfusion from an infected person. The latter is extremely unlikely to occur now in this country as all blood is carefully screened and blood products heat-treated. If a pregnant woman is infected she may pass the infection to her unborn child during the course of pregnancy, the birth process or via breast-feeding. All pregnant women in the United Kingdom are offered HIV screening during their antenatal care

**You cannot catch HIV from an infected person by shaking hands, hugging, kissing, sharing cups or from swimming pools or public toilets**

There is no risk to other children or staff from an HIV infected child attending school provided sensible hygiene practices are in place (*see section on Good Hygiene Practices and First Aid*).

Useful website addresses which produce excellent information and advice for teachers regarding HIV in schools can be downloaded from the web at the following addresses:

[www.teachernet.gov.uk](http://www.teachernet.gov.uk)

[www.wiredforhealth.gov.uk/](http://www.wiredforhealth.gov.uk/)

[www.dfes.gov.uk/](http://www.dfes.gov.uk/)

[www.avert.org](http://www.avert.org)

[www.tht.org.uk](http://www.tht.org.uk)

### 13.14 Human Parvovirus (Fifth Disease /Slapped Cheek Syndrome)

This viral infection usually occurs in outbreaks every few years. A red rash appears on the face giving a 'slapped cheek' appearance. The rash may also involve the legs and trunk. Often the child may have a runny nose and cough. A few children, but most adults, have mild joint pains.

This infection does **not** cause congenital abnormality, but is a viral illness similar to German measles infection and thus **any female staff member who develops a rash in early pregnancy should visit her GP or Antenatal clinic for advice.**

### 13.15 Measles

Measles starts with what appears at first to be an ordinary cold, sore eyes, sneezing, coughing and a runny nose. These symptoms are accompanied by a fever and are usually present for about 4 days before the rash appears. During this time the child **is very infectious**, so if measles is suspected it is wise to keep the child away from school. The rash proper breaks out 3-4 days after the onset of symptoms, as pink spots, which first appear on the face and behind the ears and spreads over the body and limbs. In a day or two these spots merge into larger, raised, blotchy areas and their colour changes to a darker red. The temperature rises again with the rash and continues for several days before subsiding as the spots fade.

**Measles can be a very serious disease and may be fatal in ten per cent of cases.** Complications such as meningitis or encephalitis can lead to brain damage and other complications can permanently damage the lungs. It is very important to advise all parents to have their children immunised against the disease. Measles, mumps and rubella vaccine (MMR) is given at 13-15 months of age with a second dose at 3-5 years.

### 13.16 Meningitis and Meningococcal Disease

Meningitis is a serious illness, which causes inflammation of the membranes covering the brain and spinal cord. It can be caused by bacteria and viruses. Bacterial meningitis is less common but more serious than viral meningitis and needs urgent treatment with antibiotics. Antibiotics do not help viral meningitis.

One important cause of meningitis is the meningococcus bacterium, which causes serious illness. This bacterium lives naturally in the nose and throat of approximately 10% of normal healthy persons without causing illness. Spread is by droplets from the nose and mouth and requires prolonged and significant close contact.

The illness occurs most frequently in young children and adolescents, usually as isolated cases. Rarely second cases may occur in families or in boarding establishments, but are **very unusual** in other types of centres. The signs and symptoms may include severe headache, fever, vomiting, drowsiness, discomfort from bright light, neck stiffness and a rash of small red-purple spots or bruises, which do not blanch (fade) under pressure.

When a case of meningococcal infection occurs, antibiotics will be given to the significant close personal and household contacts. In addition, a vaccine may also be given to the contacts depending on the type of organism involved. **It is not** usually necessary to give antibiotics to classmates or teachers of a school-age child who has the disease.

**If a child at your school has meningitis or meningococcal disease, contact the CICN or Health Protection Unit immediately to discuss the management of the situation to prevent staff and other children's parents becoming unduly concerned.**

**Family contacts of a case of meningococcal infection or septicaemia are not infectious and can attend school as normal.**

If a case of confirmed or suspected meningococcal disease occurs in the school an explanatory letter and leaflet will be provided by the CICN or local Health Protection Unit for distribution to parents and staff upon request.

### **13.17 Mumps**

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 the angle of the jaws swell up and are painful. The swelling may be confined to one side of the face or affect both sides. All children should be vaccinated against mumps, i.e. two doses of MMR vaccine at 13-15 months and 3-5 years.

### **13.18 Tuberculosis (TB)**

Tuberculosis is much less widespread in this country than it used to be but new cases continue to occur. The organism may infect any part of the body but is most commonly found in the lungs and lymph glands.

The commonest form of spread is via respiratory droplets or coughs and sneezes from a person with infectious pulmonary (lung) TB, particularly in closed environments such as the home or residential institutions. Treatment renders the case non-infectious very quickly, usually in 48 hours, but most people with infectious tuberculosis are restricted in their socializing for two weeks as a precaution.

If a case of infectious tuberculosis occurs in a member of staff or child attending school, it may be necessary to skin test and possibly X-ray close contacts both in the person's home and the school. This is in order to trace the source of infection, to find out if any others have become infected, and to offer treatment if necessary. If the source of the infection is not found among the cases close home contacts it may be necessary to look for the source among other contacts. Transmission from children to adults is extremely rare but adults may infect children.

### **13.19 Whooping Cough (Pertussis)**

The early stages of whooping cough, which may last a week or so, can be 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. Antibiotics rarely affect the course of the illness but may reduce the period of infectiousness. This infection **can cause severe complications especially in very young children.**

Children should be immunised against whooping cough at 2,3 and 4 months with a booster at 3-5 years. This is the "P" in the DTaP component of vaccines.



## 14 Diseases of the Skin

(See Table 2)

If a large number of children appear to be suffering from a skin disease, the school nurse should be informed. The most common infections are:

- |                          |   |   |
|--------------------------|---|---|
| <b>Impetigo</b>          | - | A bacterial infection of the skin, which is contagious.   |
| <b>Verruca Plantaris</b> | - | Warts on the soles of the feet. Pupils with a verruca need not be excluded from swimming and other barefoot activities. |
| <b>Athlete's Foot</b>    | - | fungal disease of the skin usually between the toes (a type of Ringworm infection).                                     |
| <b>Scabies</b>           | - | Itchy skin plus a rash caused by a mite, which burrows into the skin.   |

**PUPILS SHOULD NOT SHARE TOWELS**

**Table 2** at the back of this guidance sets out the exclusion periods for those who are suffering from a skin disease.

### Head Lice Infection

- Head lice are tiny insects (about the size of a sesame seed when fully grown) that live very close to the scalp.
- Nits are **not** the same as head lice. Nits are the empty egg cases, which stick to the hair (these are quite harmless).
- You only have a head lice infection if you have living, moving lice (not nits).
- Head lice walk from one head to another after close head to head contact of one minute or more.
- Anybody can get head lice - adults and children - but infections are detected more frequently in children due to the nature of their play and the vigilance of parents, school staff and teachers.
- Head lice do not fly, jump or swim.
- Regular hair care and detection combing with a plastic detector comb will help spot an infection in its early stages

- If parents find living, moving lice then treatment should be undertaken using an appropriate insecticide lotion
- If parents are unsure then they can seek advice from their local Pharmacist, this will involve taking along a louse found in the child's hair. This can be done by sticking the louse to a piece of white paper with adhesive tape
- A treatment consists of two applications of lotion 7 days apart.
- Do not treat unless you find living, moving lice.
- Other members of the family should be checked for signs of living, moving lice and those members with a current infection should be treated at the same time.
- Parents should tell the parents of the close friends of their child so that they can check their children's heads and treat if necessary.
- Parents should alert school staff about the infection and children with an active infection should not return to school until the 1st application of the treatment has been completed.

Further advice and leaflets are available from: the health visitor, school nurse, health adviser local community health clinic and local Pharmacist.

## **15 Vaccination and Immunisation**

Preventing an illness is much better than trying to treat it once it has developed. There are now many safe and effective vaccines against potentially fatal illnesses. Some are given routinely to all the population, others only to individuals thought to be at high risk of certain infections. The recommended immunisation schedule for children in the UK is outlined in Table 3 at the back of this guidance.

Under some very rare circumstances it may be necessary to withhold one or more vaccinations. This will usually be on a temporary basis. The decision to deny a child the benefits of vaccination should not be taken lightly. Encouragement to ensure full uptake of vaccinations at entry to school and completion of the course as soon as possible is most important.

### **15.1 Diphtheria (D)**

This disease now only occurs rarely in this country but it is necessary to maintain a high rate of vaccination to prevent its return. In recent years, outbreaks of diphtheria have occurred in Eastern European countries, prompting the introduction of a diphtheria booster vaccine for all teenagers in this country.

### **15.2 Tetanus (T)**

Tetanus is rare in children in this country because most are vaccinated against it. The disease occurs mainly in inadequately immunised adults and has a very high mortality. It is recommended that five doses given from childhood to adulthood should provide lifelong protection, however additional doses may be given following an injury.

### **15.3 Whooping Cough (Pertussis) (P)**

Children may still die from this disease. The vaccination can give rise to a fever and irritability but it is extremely rare for serious side effects to occur. Four doses of vaccine give a high degree of protection and even if an immunised child does get whooping cough it is mild.

### **15.4 Poliomyelitis**

Like diphtheria, polio is now rare in this country.

Five doses of vaccine are required to ensure protection throughout adult life.

### **15.5 Haemophilus influenzae b (Hib)**

Hib causes a range of illnesses including meningitis, severe croup, blood poisoning (septicaemia), joint and bone infections and pneumonia. The organism (a bacterium) resides in the nose and throat and is spread by droplets. Hib vaccine will protect against this infection. It has been shown to be very safe and effective. It is recommended that three doses be given to pre-school children to ensure good protection.

## **15.6 Measles (M)**

Measles is now an unusual disease in this country but can still have serious adverse outcomes and be a cause of death especially in very young children. The MMR vaccine is given in 2 doses, at 13 - 15 months and again at 3 - 5 years. The measles part of the vaccine is not very effective if given at an earlier age, but after 13 months the vaccine is highly effective. It is very safe. Rarely mild measles may result from the vaccine.

## **15.7 Mumps (M)**

Although rarely fatal, mumps can be a very unpleasant illness and may cause meningitis and hearing problems. The vaccine (MMR) can be administered at any age, but is best given early in the second year of life, 13 - 15 months, with a second dose at 3 - 5 years.

## **15.8 Rubella (R)**

Although a mild illness in most people, it can cause damage to an unborn baby if an unimmune pregnant woman becomes infected. The vaccine can be administered at any age, but is best given early in the second year of life, 13 - 15 months, with a second dose at 3 - 5 years.

## **15.9 BCG**

This vaccination is given to protect against tuberculosis usually at school to young people in school years 5 - 9. It is only given after a skin test has shown that the person is susceptible to tuberculosis. The vaccine may also be given to babies considered to be at special risk and to recently arrived people from countries where the disease is more common, such as the Indian subcontinent (India, Bangladesh and Pakistan) and Africa

## **15.10 Hepatitis B**

This vaccine is only given to those who are at risk of contracting the disease, for example through their occupation or lifestyle, to babies of infected mothers.

Further information can be obtained from [www.immunisation.nhs.uk](http://www.immunisation.nhs.uk).

## 16 Good Hygiene Practices and First Aid

The most important procedure for preventing spread of infection is **HAND WASHING**. This cannot be emphasised too much. Failure of individuals to wash their hands after using the toilet provides the means by which many infections are spread. Soap and disposable towels must be available in lavatories and children should be encouraged to use them. Younger children will need supervision.

Commonsense precautions taken by staff when dealing with bleeding (e.g. nose bleeds) and other spillages of body fluids (e.g. vomit, urine and faeces) will avoid any possibility of infections being transmitted. Many carriers of infections will be unaware of their condition and the only sensible approach to hygiene is to take adequate precautions in all cases.

Ideally a member of staff who has been trained in first aid should be available at all times. First aiders should wash their hands before, (if possible) and after, giving first aid. Any fresh cuts, wounds, etc on their hands should be covered with a waterproof (without visible air holes) plaster. Disposable latex or non-latex CE marked gloves for those known to have a latex allergy **must** be worn when dealing with cuts or wounds, or where blood spillage has occurred. After giving first aid, the gloves should be discarded in a sealed plastic bag and safely disposed of in a dustbin and the hands thoroughly washed with soap and water. First aid boxes should be kept and regularly maintained.

Any splashes of blood on the skin, eyes or mouth from another person should be washed off immediately with copious amounts of water or soap and water if appropriate.

At sports events, the sponge/cloth used to mop blood from one child must never be returned to the bucket of clean water or used on another child, but must be discarded into a plastic bag.

Spillages of blood, vomit, urine and excreta should be cleaned up as quickly as possible. Other children should be kept away from the spillages until it is cleared up.

Disposable latex or household gloves should be worn when dealing with spillages of blood, or any body fluid spills. If accidental contact occurs with skin, eyes or mouth flush area immediately with water.

To clean the body fluid spill firstly mop up any excess with disposable paper towels and then wash area with detergent and hot water, leaving it to air dry. Schools should consult with their Community Infection Nurse or local Health Protection Unit on whether bleach/hypochlorite should be used for blood spills. Where bleach is used it **must** be stored securely.

All waste must be carefully wrapped in paper, placed within a plastic bag then disposed of as household waste. When finished wash and dry your hands thoroughly.

Clothing of either the “patient” or the first aider that is contaminated by blood should be sponged with cold water and then laundered in a hot wash. When there is a blood spillage in the playground or outside areas, it should be flushed carefully away with buckets of water and detergent and left to dry.

General advice on disposal of waste and hygiene precautions may be obtained from the Environmental Health Team.

**Further reading/guidance.**

**Medical Policy: HIV and Aids. Infection Control Guidelines:**  
[www.dfes.gov.uk](http://www.dfes.gov.uk) and then access the above guidance via teacher information pages.

**Guidance on First Aid for Schools. *A Good Practice Guide*. Available at:**  
[www.dfes.gov.uk](http://www.dfes.gov.uk)

## 17 Contact with Animals

### 17.1 Pets

Many schools keep small pets, especially rodents, fish and birds. Children can derive much pleasure and educational benefit from school pets. Transmission of infection from pets to humans can occasionally occur, and it is important for the welfare of the children and the pets that appropriate hygiene practices are in place.

- A designated person should be responsible for looking after school pets. There should be a written cleaning schedule for birdcages, aquaria and rabbit hutches etc. and these should be adhered to. Always wash hands well after cleaning out pets.
- Encourage everyone to wash hands before eating or drinking when there has been contact with school pets.
- Keep all cuts and wounds covered. After animal scratches or bites, clean the area thoroughly by washing with soap under a running tap. Record the injury in the accident book. Seek medical advice for bites, which break the skin, and for any bites or scratches which do not heal quickly or which appear infected.
- If pets appear unwell, seek veterinary advice. Ensure pets receive regular veterinary care, vaccinations, etc. where appropriate.
- Keep pets out of the kitchen and away from all surfaces where food is prepared or consumed.

### 17.2 Outings to Farms and Zoos

The teacher in charge of the group should be aware of the possibility of transmission of disease by either direct or indirect contact with infected animals. He/she should ensure that the farm or zoo being visited has adequate toilet and handwashing facilities including soap, running water (preferably warm), disposable paper towels or hot air dryers, and has established procedures to prevent the spread of infection to visitors (Appendix 2). It would also be useful for staff to carry disposable 'wet wipes' to assist in hand hygiene practices when not near adequate facilities.

Infection is mainly acquired by eating contaminated material, sucking fingers that have been contaminated through contact with animals or by eating without washing hands. Potential hazards include animal foodstuffs, raw milk, animal faeces, untreated water and putting fingers into animals' mouths. **It is therefore imperative that children are advised about hygiene matters before the visit and are constantly supervised.**

Children must wash their hands after contact with any animals and **always** before eating. They should not eat or drink in any buildings used to house animals or to store animal bedding or foodstuffs. If there are no suitable facilities for handwashing at the site, then it is recommended that a visit does **not** take place.

In wet and muddy pastures or any land contaminated by animal faeces, visitors should wear impervious outer clothing such as Wellingtons and plastic Macs. All outer footwear and clothing must be adequately cleaned after the visit to the farm. This will include washing mud etc from Wellingtons, and changing soiled clothes, which if possible should be washed separately once, home. After any contact with soiling from the farm visit children must be reminded to thoroughly wash their hands.

Sick animals must be isolated well away from visitors. *(See Appendix 2 for a checklist of the main precautions for schools visits to farms.)* **All teachers planning visits should follow this checklist to protect children and staff from infection.**



## 18 References and Further Reading

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Xi Jiang et al. “Pathogen Transmission in Child Care Settings Studied by Using a Cauliflower Virus DNA as a Surrogate Marker”. The Journal of Infectious Diseases, 1998: 177: 881-8.

**Table 1 – Incubation Period, Communicability and Suggested Exclusion Criteria for Communicable Diseases**

[www.hpa.org.uk](http://www.hpa.org.uk)

{PRIVATE } Disease	Usual incubation period (days)	Period of communicability	Minimal Period of Exclusion		To be reported if a notifiable disease	Important to seek medical advice
			Cases (subject to clinical recovery)	Contacts		
Bacillary Dysentery (Shigella)	1-7	Whilst organism present in stool but much more infectious while symptomatic	On advice of local HPU usually until clinically fit with no diarrhoea for 48 hours. Children < 5years or > 5year who cannot maintain their own hygiene, two negative stool specimens required	Local HPU will advise as to whether siblings attending primary schools, day nurseries and play-groups should be excluded	YES	YES
Chickenpox/shingles	11-21	1-2 days before rash appears and 5 days after onset of rash	5 days from onset of rash	None	NO	YES
Conjunctivitis	Depends on cause 3 - 29 days	Whilst eye is red and discharging	None unless evidence of spread, then until healed	None	NO	
Cryptosporidiosis	3-11	Variable, usually while diarrhoea present. 2 – 4 weeks from onset of symptoms.	Until clinically fit. Until symptom free for 48 hours	None	NO	YES
Diphtheria	2-5	Whilst the organism is present in nose, throat or skin lesions	Until advised by local HPU	Until advised by local HPU	YES	YES



<b>{PRIVATE } Disease</b>	<b>Usual incubation period (days)</b>	<b>Period of communi- cability</b>	<b>Minimal Period of Exclusion</b>		<b>To be reported if a notifiable disease</b>	<b>Important to seek medical advice</b>
			<b>Cases (subject to clinical recovery)</b>	<b>Contacts</b>		
Hand, Foot and Mouth Disease	3-5	2-3 days before to week after onset	Until well – presence of rash does not usually indicate infectivity	None	NO	
Hepatitis A	15-50 (usually 28 days)	From 14 days before to 7 days after onset of symptoms	7 days from onset of symptoms, e.g. jaundice	None	YES	YES
Hepatitis B	45-180 (usually 90 days)	Some weeks before and variable period after onset of symptoms.	On advice of local HPU	None	YES	YES
Hepatitis C	14 – 42 (usually 42 days)	Week or so before and variable period after the onset of symptoms.	Usually none if clinically fit.	None	YES	YES
Herpes Simplex (Cold Sores)	2 – 12 days	When sore is present	None	None	NO	
Human Parvovirus (Fifth Disease/ Slapped Cheek)	13-18	For 7 days before the rash appears and a few days after	None	None	NO	YES
Measles	6-19	From a few days before to 7 days after onset of rash	5 days from onset of rash.	None	YES	YES
Meningitis including Meningococcal Disease	2-10 dependent upon causative organism.	Whilst organism is present in nasopharynx	Until clinical recovery. For duration of illness.	None	YES	YES

<b>{PRIVATE } Disease</b>	<b>Usual incubation period (days)</b>	<b>Period of communi- cability</b>	<b><u>Minimal Period of Exclusion</u></b>		<b>To be reported if a notifiable disease</b>	<b>Important to seek medical advice</b>
			<b>Cases (subject to clinical recovery)</b>	<b>Contacts</b>		
Mumps	14-24	7 days before onset of symptoms to 4 days after	5 days from onset of symptoms.	None	YES	YES
Poliomyelitis	3-21	Whilst virus is present in stools	On advice of local HPU	On advice of local HPU	YES	YES
Streptococcal Illness (inc. Scarlet Fever and some tonsillitis)	12 hours – 5 days	Whilst organism is present in nasopharynx – 3 days if treated with antibiotics.	Until 5 days after antibiotic treatment starts.	None	YES	
Threadworm	2-6 weeks for completion of life cycle	Whilst eggs are being produced	None	None	NO	
Tuberculosis	Variable usually 4-12 weeks	Whilst organism is present in sputum	On the advice of local HPU and until declared non-infectious.  NIL for Sputum smear –ve tuberculosis.  Sputum smear +ve tuberculosis usually 2 weeks after starting treatment.	On the advice of local HPU	YES	YES

<b>{PRIVATE } Disease</b>	<b>Usual incubation period (days)</b>	<b>Period of communi- cability</b>	<b><u>Minimal Period of Exclusion</u></b>		<b>To be reported if a notifiable disease</b>	<b>Important to seek medical advice</b>
			<b>Cases (subject to clinical recovery)</b>	<b>Contacts</b>		
Typhoid and Paratyphoid Fever	7-21 (usually 14 days)	Whilst organism is present in stools or urine	On the advice of local HPU.  Children < 5 years and persons who cannot maintain their own hygiene two consecutive – ve stool samples have to been obtained. Good hygiene must be adhered to.  Children > 5 years and adults until 48 hours symptom free.	On the advice of local HPU	YES	YES
Viral Gastroenteritis including Norovirus	4 hours – 4 days depending upon causative organism.	Varies according to virus.	Until clinically fit. Until symptom free for 48 hours.	None	NO	Only in an outbreak situation
Whooping Cough (Pertussis)	5-10	Less than a week if treated with antibiotics and 21 days if not treated with antibiotics.	21 days from onset of paroxysmal cough unless treated with antibiotic when may return 5 days after start of treatment	None	YES	

**Table 2 – Skin Infections – Exclusion Criteria**

Disease	Minimum Period of Exclusion
Impetigo	Until the skin is healed or until 24 hours of treatment has been completed and the lesion(s) has been covered. Medical treatment is rapidly effective in most cases. Children with infection or suspected infection should be referred to their own General Practitioner.
Pediculosis (Head Lice)*	NONE – but appropriate treatment is required as soon as possible. Contact tracing essential for family contacts.
Ringworm of feet (Athlete's Foot)	NONE - Exclusion from barefoot activities (including swimming) unnecessary, but treatment always advisable.
Scabies*	Until an application of treatment is completed. This usually takes 1 day. Close contacts require treatment.
Shingles	Children with shingles may need to be excluded from school until the lesions have scabs on them. Other children can catch chickenpox from children with shingles. However, shingles is less infectious than chickenpox because of the absence of mouth lesions so that droplet spread does not occur.
Ringworm of the scalp* (Tinea/Trichophytosis)	Until appropriate treatment has started with oral antifungal agent and/or antifungal cream or ointment applied to the scalp at the same time reduces the likelihood of spread.
Ringworm of the body* (Tinea/Trichophytosis)	Exclusion not normally necessary once treatment has been started with an oral or topical antifungal agent. Lesions should be covered.
Verrucae Plantaris (Plantar Warts)	NONE -it is unnecessary to exclude from swimming or barefoot activities, but lesions should be covered with socks.

- **It is important that the rest of the family are checked for head lice, scabies and ringworm**

The Guidance on Infection Control in Schools and Nurseries poster and pocket companion are produced by DH, dfes and HPA. They give guidance on the most common infectious diseases and school attendance.

**A poster regarding Guidance on Infection Control in Schools and Nurseries can be downloaded from:**

[www.wiredforhealth.gov.uk](http://www.wiredforhealth.gov.uk)

**In addition, you can also download a pocket guide to Infection Control from:**

[www.wiredforhealth.gov.uk](http://www.wiredforhealth.gov.uk)

If you wish to obtain hard copies of the poster or pocket guide the request address:

DH Publications  
PO Box 777  
London  
SE1 6XH

Tel 08701 555 455  
Fax 01623 724524  
email: [doh@prologistics.co.uk](mailto:doh@prologistics.co.uk)

N.B These documents state that 24 hours is the exclusion period for diarrhoea and/or vomiting illnesses. The local Health Protection Unit recommends an exclusion period of 48 hours symptom free as being the most appropriate exclusion period to prevent the spread of infection within a school setting.



**Table 3 – Schedule of Immunisation**

VACCINES	AGE
Diphtheria (D), tetanus (T), whooping cough (aP), polio (PIV), haemophilus influenza b (Hib) and Men C.	Two months
Diphtheria (D), tetanus (T), whooping cough (aP), polio (PIV), haemophilus influenzae b (Hib) and Men C.	Three months
Diphtheria (D), tetanus (T), whooping cough (aP), polio (PIV), haemophilus influenza b (Hib) and Men C.	Four months
Measles, mumps and rubella (MMR)*	13 to 15 months
Diphtheria (D), tetanus (T) whooping cough (aP) and polio (IPV) and Measles, mumps and rubella (MMR)	Three to five years
BCG (boys and girls)	Secondary school
Tetanus, low dose diphtheria and polio*	Year ten of secondary school
BCG (if negative skin test) for all children recently arrived from endemic areas and babies born to Asian and African families and families where there has been a case of TB in the five years previous.	

**\*MMR may also be offered to School Leavers if they have not completed the 2 doses.**

## Appendix 1 – Diseases Notifiable under the Public Health

(Infectious Diseases) Regulations 1988

Acute encephalitis

Polio

Anthrax

Cholera

Diphtheria

Dysentery

Food Poisoning

Leprosy

Leptospirosis

Malaria

Measles

Meningitis:

*meningococcal*

*pneumococcal*

*haemophilus influenzae*

*viral*

*other specified*

*unspecified*

Meningococcal Septicaemia (without meningitis)

Mumps

Ophthalmia neonatorum

Paratyphoid fever

Plague

Rabies

Relapsing fever

Rubella

Scarlet fever

Smallpox

Tetanus

Tuberculosis

Typhoid fever

Typhus fever

Viral haemorrhagic fever

Viral hepatitis:

*Hepatitis A*

*Hepatitis B*

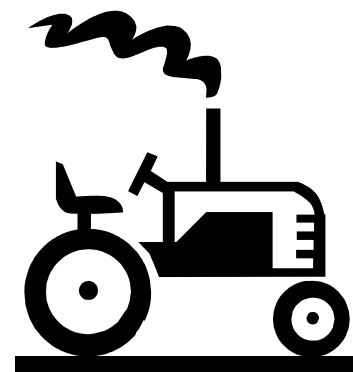
*Hepatitis C*

*other*

Whooping Cough

Yellow fever

# Farm Visits

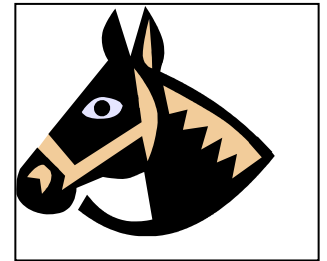


## How can this leaflet help you?

- Farm visits are informative and enjoyable for all. However, visitors should be aware of some possible hazards that can exist in the farm environment.
- **Most hazards can be seen and avoided. These include things such as farm machinery, moving vehicles, chemicals, dust and animals that may kick or bite!**
- But there are also some unseen hazards such as germs, which may be living on the farm animals. These can cause a number of illnesses in humans from skin rashes to tummy upsets.
- Fortunately, the risks are low - but it is important to take a few simple precautions.
- This leaflet will explain how you can reduce this small risk and help make your visit a more safe and enjoyable one.

## Before your visit . . .

- Call or visit the Farm in advance to find out what sort of clothing etc. you may need.
- Wellingtons are usually a good idea - but in any case avoid 'open-toed' shoes. In some instances, it may be necessary to take a change of footwear and clothing. A disposable plastic carrier bag is useful to take home any soiled items.
- Wear clothes that can be washed in a 'hot cycle'.
- **During lambing times, pregnant women should always avoid close contact with sheep, newborn lambs and birth products. This avoids contact with germs, which could cause harm to the mother and her unborn baby.**
- People with certain illnesses (particularly those with problems, which affect the ability to fight off infection) might be wise to check with their local surgery before having close contact with farm animals.



## **Whilst on the Farm . . .**

- Please carefully follow all the advice given by farm staff. There should be plenty of clear notices and hand washing facilities present.
- Hands should be thoroughly washed and dried after visiting areas where animals are kept, even if they have not been touched. Young children may need help with this.
- Hands should also be thoroughly washed and dried after using the toilet, before eating, and on leaving the farm.
- Visitors should not smoke, drink or eat anything (including sweets and chewing gum) whilst in areas where animals are kept. Eating areas should be clean and strictly separated from livestock areas.
- Children should be encouraged to avoid putting their fingers in their mouths.
- All cuts and grazes (especially on hands) should be covered with waterproof plasters

## **When you leave the farm . . .**

- Muddy shoes or Wellingtons may have germs from the farm on them. They may need to be washed down or changed before the journey home.
- Buggy / pushchair wheels may also need cleaning under the tap before leaving.
- Dirty and soiled clothes should, if possible, be kept separate and carefully washed. A 'hot cycle' wash is ideal.
- Hands should be washed with soap and water and dried thoroughly after handling soiled items.

***Above all have a good day***

Further information and advice about local Farm visits can be obtained from the Environmental Health Department.

**MANAGEMENT OF AN OUTBREAK  
OF  
DIARRHOEA AND/OR VOMITING  
IN  
A SCHOOL SETTING**

**GUIDANCE FOR STAFF**

## Check List for Immediate Action

- Inform your School Nurse if you believe you have a problem i.e. more than expected numbers of children displaying symptoms / off school.
- Inform the Community Infection Control Nurse (CICN) at your local Primary Care Trust (PCT) who will give you immediate infection control advice .
- Inform the Local Authority Environmental Health Department, in case the outbreak is food related:
- Exclude children who have symptoms from school until they are symptom free for 48 hours.
- Advise staff members who have symptoms to stay off work until they are **symptom free for 48 hours**.
- Make a list of symptomatic children and staff. The list should include name, address, contact telephone number, date off school/sent home – the Environmental Health Officers will require this to follow up cases.
- Up-date the list on a daily basis as parents and staff ring in ill.
- Ensure Caretaker and Cleaners are aware of the situation so that environmental cleaning can be increased (especially toilets) and regular checks on toilet areas made.
- Ensure hot water, soap (preferably liquid soap) and paper towels are available in the toilets for both children and staff.
- Ask Teachers to reinforce good hand washing with the children **especially** after going to the toilet and **before** eating and drinking (younger children may require supervision).

## If a child vomits in school:

- Cover vomit with paper towel immediately/as quickly as possible.
- Clean area thoroughly with hot water and detergent, then dry the area thoroughly.
- Staff undertaking the cleaning should wear household gloves and these gloves should be thoroughly washed with soap and hot water and left to dry after cleaning is completed.
- Staff should wash and dry their hands thoroughly after glove removal.
- **Ventilate the area thoroughly** - a single episode of vomiting in a public place can heavily contaminate the atmosphere so whenever possible, ventilate the area thoroughly by opening windows.

## Example Letter for Parents

Dear Parent/Carer,

Date .....

*Re: Outbreak of Diarrhoea and/or Vomiting*

We are writing to inform you that a number of children within the school are currently off ill with symptoms of diarrhoea and/or vomiting.

We have consulted with our colleagues at the local primary care trust and environmental health department who are assisting the school in controlling this situation. All appropriate measures have been put into place, but we are requesting the support of parents/carers in ensuring that any children who develop diarrhoea and/or vomiting be **kept off of school until they have been completely free from symptoms for 48 hours.**

It will be necessary for the school to contact parents/carers of children who develop symptoms whilst at school. The children will be supervised by staff until a parent or carer can collect the child and take them home.

The cause of the illness is as yet unconfirmed but the symptoms are suggestive of viral gastroenteritis. Though unpleasant viral gastroenteritis is usually a mild illness that will get better without any medical treatment, but, if parents are concerned they should contact their family doctor for advice. It is very important to ensure that young children do not become dehydrated so they should be encouraged to drink plenty of fluids while experiencing symptoms.

We thank you for your co-operation and will up-date you as further information becomes available.

Yours sincerely,

**Head teacher**

Name of School: \_\_\_\_\_

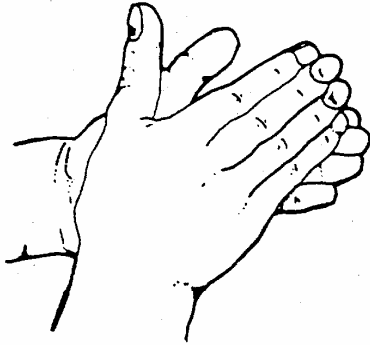
Date	Name	Location in School (Class/Staff Member)	Home Address & Telephone Number	Onset Date & Time of Symptoms	Symptoms	Specimen obtained	Result of Specimen
						<i>(Environmental Health Officer to complete)</i>	



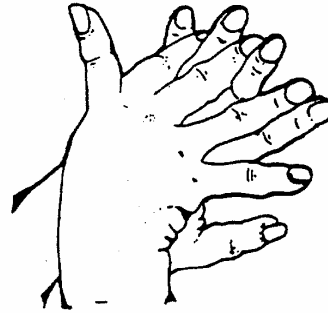
## Appendix 4 – Hand Hygiene Poster

### HAND HYGIENE POSTER

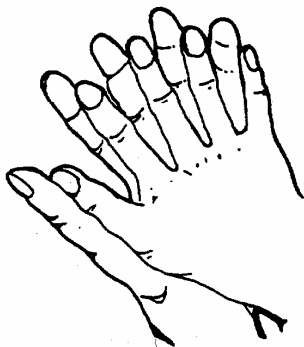
Wet hands and forearms and apply soap using the following procedure, each step consisting of five strokes backwards and forwards.



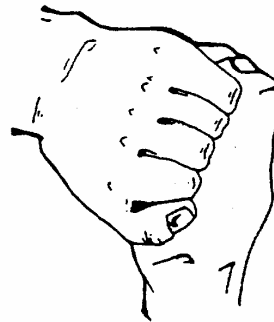
1. Palm to palm



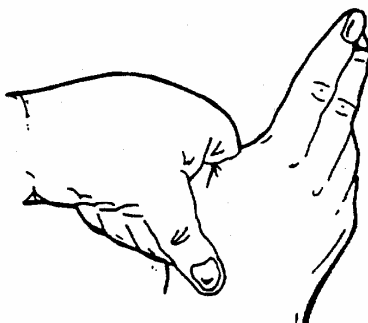
2. Right palm over left dorsum and left palm over right dorsum



3. Palm to palm fingers interlaced



4. Backs of fingers to opposing palms with fingers interlocked



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



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

**Rinse thoroughly and dry well.** For hygienic hand disinfection prior to aseptic procedures Alcohol Hand Rub should be applied following hand washing using the procedure 1 – 6 above and rubbed until dry.

For further information contact the Community Infection Control Nurse at your local Primary Care Trust

## Generic Contact Numbers List

(Correct at time of publication of this document. See "Policies and Guidance" section of the HPA North West website for current list (<http://www.hpa-nw.org.uk/>))

HEALTH PROTECTION AGENCY	
<b>Health Protection Agency North West</b>	Tel: 0151 482 5688 Fax: 0151 482 5689  Out of hours: 0151 482 5688 (Answering machine with on-call Consultant's details)
<b>Cheshire and Merseyside Health Protection Unit</b> Cheshire (inc Wirral) –  Merseyside (Liverpool, Sefton, St Helens & Knowsley) –	Tel: 01244 366 766 Fax: 01244 366 782  Tel: 0151 290 8360 Fax: 0151 290 8366  Out of hours: 0151 264 6922 (Mersey Regional Ambulance HQ – ask for HPA Consultant on call)
<b>Cumbria and Lancashire Health Protection Unit</b> Preston –  Accrington –  Ormskirk –  Carlisle –	Tel: 01772 647 100 Fax: 01772 220 270  Tel: 01254 356 843 Fax: 01254 389 569  Tel: 01695 598 135 Fax: 01695 598 186  Tel: 01228 538 489 Fax: 01228 539 037  Out of hours: 01772 864 400 (Lancashire Ambulance HQ – ask for HPA Consultant on call)
<b>Greater Manchester Health Protection Unit</b>	Tel: 0161 786 6710 Fax: 0161 707 9686  Out of hours: 0161 331 6000 (Tameside General Hospital – ask for the Greater Manchester Health Protection Unit on-call rota)
Communicable Disease Surveillance Centre (CDSC)	0208 200 6868
Chemical Hazards & Poisons Division	0870 606 4444
HPA NW Laboratory Service	Office Hours
Manchester Royal Infirmary	Out of hours
	0161 276 8788/8854 0161 276 1234
<b>HPA Collaborating Labs:</b>	
National (Colindale)	0208 200 4400
Carlisle	01228 814 641
Chester	01244 366 770
Liverpool	0151 529 4900
Preston	01772 522 100
Liverpool School of Tropical Medicine	0151 708 9393

<b>PRIMARY CARE TRUSTS: Infection Control Nurses and Directors of Public Health</b>		
<b>Cheshire &amp; Merseyside</b>	<b>Community Infection Control Nurse</b>	<b>Director of Public Health</b>
Bebington & West Wirral PCT	0151 678 7272	0151 643 5416
Birkenhead and Wallasey PCT	0151 651 3946	0151 651 0011
Central Cheshire PCT	01606 564 001	01270 415 300
Central Liverpool PCT	0151 300 8076 0151 300 8090	0151 285 2345
Cheshire West PCT	01244 389241/0	01244 650 300
Eastern Cheshire PCT	01625 661 769	01625 508 300
Ellesmere Port & Neston PCT	01244 389241/0	0151 373 4900
Halton PCT	01928 593 690	01928 593 663
Knowsley PCT	0151 292 3519	0151 443 4914
North Liverpool PCT	0151 300 8076 / 0151 300 8090	0151 293 1900
South Liverpool PCT	0151 300 8076 / 0151 300 8090	0151 234 1000
South Sefton PCT	0151 475 4024	0151 478 1249
Southport and Formby PCT	01704 553 543	01704 387 026
St Helens PCT	01744 620 377	01744 457 298
Warrington PCT	01925 664 000	01925 843 600
<b>Cumbria &amp; Lancashire</b>	<b>Community Infection Control Nurse</b>	<b>Director of Public Health</b>
Blackburn with Darwen PCT	01254 263 611	01254 267 061
Blackpool PCT	01253 651 030	01253 651 026
Burnley, Pendle & Rossendale PCT	01282 607 014	01282 610 250
Carlisle & District PCT	01228 814 393	01228 603 608
Chorley & South Ribble	01772 644 479	01772 644 459
Eden Valley PCT	01228 814 393	01228 603 542
Fylde PCT	01253 306 483	01253 306 456
Hyndburn & Ribble Valley PCT	01254 263 555	01254 380 400
Morecambe Bay PCT	01539 583 769	01539 797 820
Preston PCT	01772 645 625	01772 645 587
West Cumbria PCT	01228 814 393	01900 324 220
West Lancashire PCT	01695 598 155	01695 598 180
Wyre PCT	01253 303 247	01253 306 311
<b>Greater Manchester</b>	<b>Community Infection Control Nurse</b>	<b>Director of Public Health</b>
Ashton, Wigan & Leigh PCT	01942 772 770	01942 772 842
Bolton PCT	01204 907 709	01204 907 725
Bury PCT	0161 762 3861	0161 762 3074
Central Manchester PCT	0161 861 2291	0161 958 4136
North Manchester PCT	0161 861 2291	0161 219 9428
South Manchester PCT	0161 861 2291	0161 611 4701
Heywood & Middleton and Rochdale PCT	01706 652 818	01706 652 876
Oldham PCT	0161 484 3839	0161 622 6500
Salford PCT	0161 212 4175	0161 212 4811
Stockport PCT	0161 419 4318	0161 426 5031
Tameside & Glossop PCT	0161 308 3171	0161 304 5341
Trafford PCT	0161 873 9650	0161 873 9595

<b>ENVIRONMENTAL HEALTH DEPARTMENTS AND LOCAL AUTHORITIES</b>		
<b>Cheshire &amp; Merseyside</b>	<b>Environmental Health Department</b>	<b>Local Authority (Chief Exec/switchboard)</b>
Chester CC	01244 402 310	01244 324 324
Congleton MBC	01270 769 480	01270 763 231
Crewe MBC	01270 537 404	01270 537 777
Ellesmere Port & Neston MBC	0151 356 6789/6654	0151 356 6789
Halton MBC	0151 424 2061	0151 424 2061
Knowsley MBC	0151 443 4737	0151 443 3772
Liverpool CC	0151 225 4028	0151 233 3000
Macclesfield MBC	01625 500 500	01625 500 500
Sefton MBC	0845 140 0845	0151 922 2057 (Chief Exec office)
St. Helens MBC	01744 456 347	01744 456101
Vale Royal MBC	01606 862 862	01606 867 804
Warrington BC	01925 442 575	01925 444 400
Wirral MBC	0151 666 4989	0151 606 2000
<b>Cumbria &amp; Lancashire</b>	<b>Environmental Health Department</b>	<b>Local Authority (Chief Exec/switchboard)</b>
Allerdale Borough Council	01900 326 333	01900 326 333
Barrow Borough Council	01229 894 260	01229 894 900
Blackburn with Darwen Borough Council	01254 585 393	01254 585 585
Blackpool Borough Council – <i>Emergency</i>	01253 478 444 or 01253 478 456	01253 478 444
Burnley Borough Council	01282 664 533	01282 425 011
Carlisle City Council	01228 817 325	01228 817 000
Chorley Borough Council	01257 515 720	01257 515 151
Copeland Borough Council	01946 598 347	01946 852 585
Eden District Council	01768 864 671	01768 864 671
Fylde Borough Council	01253 658 658	01253 658 658
Hyndburn Borough Council	01254 380 644	01254 388 111
Lancaster City Council	01524 582 701	01524 582 000
Pendle (Borough of)	01282 661 199	01282 661 661
Preston City Council	01772 906 163	01772 906 000
Ribble Valley Borough Council	01200 425 111	01200 425 111
Rosendale Borough Council	01706 217 777	01706 217 777
South Lakeland District Council	01539 733 333	01539 733 333
South Ribble Borough Council	01772 421 491	01772 421 491
West Lancashire District Council	01695 577 177	01695 577 177
Wyre Borough Council	01253 891 000	01253 891 000
<b>Greater Manchester</b>	<b>Environmental Health Department</b>	<b>Local Authority (Chief Exec/switchboard)</b>
Bolton MBC	01204 336 500	01204 333 333
Bury MBC	0161 253 5566	0161 253 5000
High Peak MBC	0845 129 7777	0845 129 7777
Manchester CC	0161 234 4926	0161 234 5000
Oldham MBC	0161 911 4484	0161 911 3000
Rochdale MBC	01706 864 110	01706 647 474
Salford CC	0161 737 0551	0161 794 4711
Stockport MBC	0161 474 4284	0161 480 4949
Tameside MBC	0161 342 8355	0161 342 8355
Trafford MBC	0161 912 4694	0161 912 1212
Wigan & Leigh MBC	01942 827 100	01942 244 991

<b>AMBULANCE NUMBERS</b>		
<b>Cheshire &amp; Merseyside</b>	<b>Cumbria &amp; Lancashire</b>	<b>Greater Manchester</b>
Mersey Regional Ambulance Service Headquarters – 0151 260 5220	Cumbria – 01228 596 016 Lancashire – 01772 865 965 (main) 01772 773 093 (duty manager)	GMAS Headquarters: 0161 796 7222 (Greater Manchester Ambulance Service)

<b>PUBLIC NUMBERS</b>	
<b>UNITED UTILITIES:</b>	
Water	0845 746 2200
Electricity (no supply) in United Utilities area	0800 195 4141
Sewer / waste water problems (24 hrs)	08456 020 406
<b>TRANSCO:</b>	
Gas – Emergencies	0800 111 999

<b>HOSPITAL NUMBERS</b>		
<b>Cheshire &amp; Merseyside</b>		
Aintree Hospital (University Hospital Aintree, also known as Fazakerley Hospital), Liverpool	Liverpool	0151 525 5980
Alder Hey Hospital (Royal Liverpool Children's NHS Trust), Liverpool	Liverpool	0151 228 4811
Arrowe Park Hospital, Wirral	Wirral	0151 678 5111
Ashworth Hospital, Liverpool	Liverpool	0151 473 0303
Broadgreen Hospital, Liverpool (Royal Liverpool & Broadgreen Hospital)	Liverpool	0151 282 6000
Cardiothoracic Centre, Liverpool	Liverpool	0151 228 1616
Clatterbridge Centre for Oncology, Wirral	Wirral	0151 334 1155
Clatterbridge Hospital, Wirral	Wirral	0151 334 4000
Congleton War Memorial Minor Injuries Unit, Congleton	Congleton	01260 272 227
Countess of Chester Hospital, Chester	Chester	01244 365 000
Ellesmere Port Hospital, Wirral	Ellesmere Port	01244 365000
Fazakerley Hospital, Liverpool (University Hospital Aintree, also known as Aintree Hospital)	Liverpool	0151 525 5980
Halton General Hospital, Runcorn	Runcorn	01928 714 567
Hollins Park Hospital, Warrington	Warrington	01925 664 000
Knutsford & District Community Hospital, Cheshire	Knutsford	01565 632 112
Leighton Hospital, Crewe	Crewe	01270 255 141
Liverpool Women's Hospital, Liverpool	Liverpool	0151 708 9988
Macclesfield District General Hospital, Macclesfield	Macclesfield	01625 421 000
Regional Infectious Diseases Unit, Royal Liverpool Hospital, Liverpool	Liverpool	0151 706 2432/2436 0151 706 2000
Royal Liverpool Hospital, Liverpool (Royal Liverpool & Broadgreen University Hospital)	Liverpool	0151 706 2000
Smithdown Road Paediatric Minor Injuries Unit, Liverpool	Liverpool	0151 733 4644
Southport Hospital, Southport, Merseyside	Southport	01704 547 471
St Catherine's Hospital, Wirral	Wirral	0151 678 7272
Victoria Central Hospital, Wallasey, Merseyside	Wallasey	0151 678 7272
Victoria Infirmary, Northwich, Cheshire	Northwich	01606 564 000
Walton Hospital, Liverpool	Liverpool	0151 525 3611
Warrington Hospital, Warrington	Warrington	01925 635 911
Whiston Hospital, St Helens & Knowsley	Liverpool	0151 426 1600
<b>Cumbria &amp; Lancashire</b>		
Blackburn Royal Infirmary	Blackburn	01254 263 555
Burnley General Hospital	Burnley	01282 425 071
Cumberland Infirmary	Carlisle	01228 523 444
Furness General Hospital	Barrow in Furness	01229 870 870
Ormskirk & District General Hospital	Ormskirk	01695 577 111

<b>HOSPITAL NUMBERS</b>		
<b>Cumbria &amp; Lancashire (cont.)</b>		
Royal Lancaster Infirmary	Lancaster	01524 65944
Royal Preston Hospital	Preston	01772 716 565
Victoria Hospital	Blackpool	01253 300 000
West Cumberland Hospital	Whitehaven	01946 693 181
<b>Greater Manchester</b>		
Birch Hill Hospital	Rochdale	01706 377 777
Booth Hall	Manchester	0161 795 7000
Central Manchester Trust Hospitals (MRI, St Mary's, Eye Hospital)	Manchester	0161 276 1234
Fairfield Hospital	Bury	0161 764 6081
Hope Hospital	Salford	0161 789 7373
North Manchester General Hospital	Manchester	0161 795 4567
Royal Albert Edward Infirmary	Wigan	01942 244 000
Royal Bolton Hospital	Bolton	01204 390 390
Royal Manchester Children's Hospital	Manchester	0161 794 4696
Royal Oldham Hospital	Oldham	0161 624 0420
Stepping Hill Hospital	Stockport	0161 483 1010
Tameside General Hospital	Tameside & Glossop	0161 331 6000
Trafford General Hospital	Trafford	0161 748 4022
Wythenshawe Hospital	Manchester	0161 998 7070