

Lister Infant School
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Respect for All. Learners for Life



**Guidance for Parents
on
INFECTION CONTROL
At Lister Infant School**

The following table will support parents/carers in knowing when a child is allowed into school and when they should remain at home.



Rashes and skin infections	Recommended period to be kept away from school, nursery or childminder	Comments
Athlete's foot	None	Athlete's foot is not a serious condition. Treatment is recommended
Chickenpox	Until all vesicles have crusted over	See: Vulnerable children and female staff – pregnancy
Cold sores (Herpes simplex)	None	Avoid kissing and contact with the sores. Cold sores are generally mild and self-limiting
German measles (Rubella)	Four days from onset of rash	Preventable by immunisation (MMR x 2 doses). See: Female staff – pregnancy
Hand, foot and mouth	None	Contact the duty room if a large number of children are affected.
Impetigo	Until lesions are crusted and healed, or 48 hours after commencing antibiotic treatment	Exclusion may be considered in some circumstances
Measles	Four days from onset of rash	Preventable by immunisation (MMR x 2 doses). See: Vulnerable children and female staff – pregnancy
Molluscum contagiosum	None	A self-limiting condition
Ringworm	Exclusion not usually required	Treatment is required
Roseola (infantum)	None	None
Scabies	Child can return after first treatment	Household and close contacts require treatment
Scarlet fever	Child can return 24 hours after commencing appropriate antibiotic treatment	Antibiotic treatment recommended for the affected child. If more than one child has scarlet fever contact PHA duty room for further advice
Slapped cheek (fifth disease or parvovirus B19)	None once rash has developed	See: Vulnerable children and female staff – pregnancy
Shingles	Excluded only if rash is weeping and cannot be covered	Can cause chickenpox in those who are not immune i.e. have not had chickenpox. It is spread by very close contact and touch. If further information is required, contact the duty room. See: Vulnerable children and female staff – pregnancy
Warts and verrucae	None	Verrucae should be covered in swimming pools, gymnasiums and changing rooms.

Respiratory Infections	Recommended period to be kept away from school, nursery or childminder	Comments
Flu (influenza)	Until recovered	See: vulnerable children
Tuberculosis	Always consult the duty room	Requires prolonged close contact for spread
Whooping cough (pertussis)	48 hours from commencing antibiotic treatment, or 21 days from onset of illness if no antibiotic treatment	Preventable by vaccination. After treatment
Cough and/or cold	None	Good hygiene, in particular handwashing is important.



Diarrhoea and vomiting illness	Recommended period to be kept away from school, nursery or childminder	Comments
Diarrhoea and/or vomiting	48 hours from last episode of diarrhoea or vomiting	
E Coli O157	Should be excluded for 48 hours from the last episode of diarrhoea	Further exclusion is required for young children under five and those who have difficulty in adhering to hygiene practices
Typhoid [and paratyphoid] (enteric fever)	Further exclusion may be required for some children until they are no longer excreting	Children in these categories should be excluded until there is evidence of microbiological clearance. This guidance may also apply to some contacts of cases who may require microbiological clearance
Shigella (dysentery)		
Cryptosporidiosis	Exclude for 48 hours from the last episode of diarrhoea	Exclusion from swimming is advisable for two weeks after the diarrhoea has settled

Other Infections	Recommended period to be kept away from school, nursery or childminder	Comments
Conjunctivitis	None	If an outbreak/cluster occurs, consult the duty room
Diphtheria	Exclusion is essential.	Family contacts must be excluded until cleared to return by the duty room. Preventable by vaccination
Glandular fever	None	
Head lice	None	Treatment is recommended only in cases where live lice can be seen
Hepatitis A		The duty room will advise on any vaccination or other control measure that are needed for close contacts of a single case of hepatitis A and for suspected outbreaks
Hepatitis B, C, HIV, Aids	None	Hepatitis B & C & HIV are bloodborne viruses that are not infectious through casual contact. For cleaning of body fluid spills
Meningococcal meningitis / septicaemia		Some forms of meningococcal disease are preventable by vaccination. There is no reason to exclude siblings or other close contacts of a case. In case of an outbreak, it may be necessary to provide antibiotics with or without meningococcal vaccination to close contacts
Meningitis due to other bacteria		Hib and pneumococcal meningitis are preventable by vaccination. There is no reason to exclude siblings or other close contacts of a case
Meningitis viral	None	Milder illness. There is no reason to exclude siblings and other close contacts of a case. Contact tracing is not required
MRSA	None	Good hygiene, in particular handwashing and environmental cleaning are important to minimise any danger of spread.
Mumps		Preventable by vaccination (MMR x 2 doses)
Threadworms	None	Treatment is recommended for the child and household contacts
Tonsillitis	None	There are many causes, but most cases are due to viruses and do not need an antibiotic