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Public Health  
England

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## Chapter 1: introduction

Schools and nurseries are common sites for transmission of infections. Children are particularly susceptible because:

- they have immature immune systems
- have close contact with other children
- sometimes have no or incomplete vaccinations
- have a poor understanding of hygiene practices <sup>1</sup>

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

The guidance is not intended to be used as a tool for diagnosing infectious disease but to help and direct staff about where and when to seek further advice. It can also be used as a tool to help develop local policy and training.

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

- promote immunisation

- promptly exclude the unwell child or member of staff
- check that effective handwashing is being carried out routinely

If you are notified of a case of infectious disease in a pupil or staff member, please report it to your local [Health Protection Team \(HPT\)](#) as soon as possible as not all infections require exclusion. Your local team can also give you additional advice and support as needed.

## Chapter 2: infections in childcare settings

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

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

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

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

- immunisation of pupils and staff
- good hand washing
- making sure the environment is kept clean

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

## How infections spread

Infections are spread in many different ways but the most important of these are through:

### Respiratory spread

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

### Direct contact spread

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

## Gastrointestinal spread

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

## Blood borne virus spread

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

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

## References

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2. Wilson J (2001) Infection Control in Clinical Practice (2nd Edition) Bailliere Tindall: Edinburgh \_\_
3. Cleary,V, Slaughter,R, Heathcock,R. (2003) An infection control programme in primary schools and wider public health impact. British Journal of Infection Control 4 (5), 11-16 \_\_
4. [The Health Protection \(Local Authority Powers\) Regulations 2010](#) \_\_

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