



**OXFORDSHIRE
COUNTY COUNCIL**

CHILDREN, YOUNG PEOPLE & FAMILIES

www.oxfordshire.gov.uk

HEALTH AND SAFETY PROCEDURES

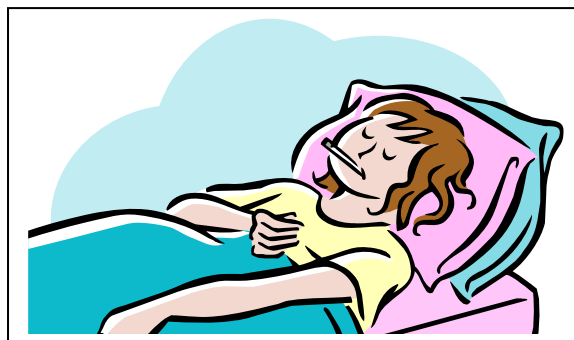
May 2006

To: Heads of all Establishments/Settings
Cc's: Governors/Management Committees
Trade Union Safety Representatives
Employee Notice Boards
Intranet



Communicable Diseases

Health Protection Agency
Oxfordshire Health Protection Team



**Published by: Health and Safety Team, Human Resources
Children, Young People & Families**

Disease and incubation period	Period when infectious	Period of exclusion of infected person	Period of exclusion of contacts
ATHLETE'S FOOT – (Not Specified)	During active infection	None – even if not treated. Treatment should start as soon as condition has been confirmed. Treatment is strongly recommended	None
BRONCHIOLITIS -	During the acute stage of illness	Until child is well	None
CHICKENPOX & SHINGLES - (13-17 days)	1-2 days before and 5 days after rash develops	For five days since start of rash	If contact is a woman in last 3 weeks of pregnancy seek advice from GP/Obstetrician
COLD SORE (See Herpes Simplex)			
CONJUNCTIVITIS - (12-72 hours)	During active infection	Until recovered	None
DIARRHOEA & VOMITING - Including: Campylobacter (2-5 days) Cryptosporidiosis (2-10 days) Dysentery E. coli 0157 (3-8 days) Food Poisoning (varies from a few hours to a few days) Viral Gastro-enteritis (1-2 days) Giardiasis Salmonellosis (Few hours to few days)	When having symptoms of diarrhoea and vomiting	Until diarrhoea or vomiting has settle, people should stay away from work & school until they have been free from symptoms for 48 hours. In some circumstances, e.g. food handlers, advice may need to be sought from the Consultant in Communicable Disease Control (CCDC)	None
FIFTH DISEASE - (Parvovirus , or Slapped Cheek Syndrome) (Variable- 4-20 days)	Infectious before onset of rash	Until the child feels well	None
GLANDULAR FEVER (From 4-6 weeks)	While virus present in saliva	Until the person feels well	None

Disease and incubation period	Period when infectious	Period of exclusion of infected person	Period of exclusion of contacts
HAND, FOOT & MOUTH DISEASE (3-5 days)	During acute stage of illness	Until the person feels well	None
HEAD & BODY LICE (Pediculosis) (Eggs hatch between 7-10 days)	As long as eggs or lice remain alive	None - <i>even if not treated</i> . Treatment should start as soon as condition has been confirmed. Treatment is strongly recommended	None
HEPATITIS A - (2-6 weeks)	Several days before first symptoms until 7 days after onset of jaundice (most infectious before jaundice starts)	Until person feels well	None (household contacts should seek advice from their GP)
HEPATITIS B - (6 weeks to 6 months)	Not infectious under normal work / school conditions	Until person feels well	None
HERPES SIMPLEX - Cold sores (2-12 days)	During infection	None	None
HIV INFECTION (Variable)	Not infectious under normal school conditions	None	None
IMPETIGO - (4-10 days)	As long as septic spots are discharging pus	Until lesions are crusted or healed	None
INFLUENZA - (1-3 days)	During infection	Until person feels well	People should remain at home to reduce the spread of infection
MEASLES - (7-14 days, usually 10 days)	1 day before first symptoms until 4 days after onset of rash	Until 5 days from onset of rash and the person feels well	None
MENINGITIS - (2-10 days depending on cause)	Clinical cases are rarely infectious	Until person feels well (For meningococcal meningitis CCDC will give advice on any action needed)	None (household contacts may be given antibiotic treatment)
MUMPS - (12-25 days, commonly 18 days)	6-7 days before and up to 6 days after onset of swelling	5 days from onset of swollen glands and when person feels well	None

Disease and incubation period	Period when infectious	Period of exclusion of infected person	Period of exclusion of contacts
RINGWORM ON BODY <i>Tinea Corporis</i> (4-10 days)	As long as rash is present	None - <i>even if not treated</i> . Treatment from GP recommended	None. They can return to work / school once treatment has started.
RUBELLA - German Measles (16-18 days)	Most infectious before rash appears.	Five days from onset of rash	None (If contact is a pregnant woman, seek advice from GP)
SCABIES - (1 day to six weeks depending on previous exposure)	Until mites and eggs are destroyed by treatment	Until day after treatment	None (household contacts should be treated at same time)
SCARLET FEVER & STREPTOCOCCAL INFECTION - (Normally 1-3 days, sometimes longer)	Day sore throat starts until 24 hours after antibiotics started	For scarlet fever - 5 days from commencing antibiotics. Other infections on the advice of GP	None
THREADWORMS - (2-6 weeks for life cycle to complete)	As long as eggs are shed in the faeces (stools)	None - <i>even if not treated</i> . Treatment from GP recommended	None (household contacts should be treated at same time)
TUBERCULOSIS (TB) - (4-12 weeks)	As long as sputum contains the bacteria	CCDC will advise on action	None (close contacts may need screening)
VERRUCAE - <i>Plantar warts</i> (2-3 months, but it may be up to 2 years)	As long as wart is present. They normally disappear eventually within months or years	None	None
WHOOPING COUGH - <i>Pertussis</i> (6-20 days)	2-4 days before until 21 days after start of cough. If treated with antibiotics, 5 days after starting course	Until 5 days after commencing antibiotic treatment	None

N.B. Treatment offered to household contacts may be extended to other close contacts

For further information:

National guidance: see poster 'Our Healthier Nation' *'GUIDANCE ON INFECTION CONTROL IN SCHOOLS AND NURSERIES'* (GICP) Department of Health 1999

'Wired for Health' web-site at <http://www.wiredforhealth.gov.uk>

H&S Team, Children, Young People & Families Intranet [Infection Control Guidelines. pdf](#)

Produced by the Health Protection Agency – Oxfordshire Health Protection Team 01865 226858

[HPA | Thames Valley Health Protection Unit](#)

GENERAL ADVICE

- As a general principle children and young persons with any infection **should be excluded** from school/setting, nursery, playgroup or youth centres while they have symptoms or are feeling unwell.
- Children and young persons whose resistance to infection is reduced (e.g. those being treated for leukaemia) are at particular risk from some infectious diseases. Specialist advice relating to these children and young persons should be sought, in the first instance, from the School Health Nurse (Level 2)
- The table provides a guide to the periods of exclusion. In individual cases the GP, Consultant in Communicable Disease Control (CCDC), Health Protection Nurse or Environmental Health Office (EHO) may advise when a person is fit to return.
- An outbreak (2 or more related cases) of any of the infectious diseases should be reported immediately to the CCDC (Level 3) for advice on management.
- Sometimes treatment offered to household contacts may be extended to other close contacts.
- The following groups of people are considered to present a higher risk from gastrointestinal infections:
 1. Food-handlers
 2. Health care or nursery staff
 3. Children under 5 years of age
 4. Older children and adults with poor standards of personal hygiene

Most gastrointestinal infections can be prevented by proper hand-washing with liquid soap and water including drying of hands after using the toilet, and before preparing and eating food



Useful Contact Numbers:



(Please complete with your local contact names and numbers)

Level 1

Person responsible on site:..... Tel:

Level 2

School Health Nurse:..... Tel:

Level 3

Oxfordshire Health Protection Team Tel: **01865 226858**

Local Environmental Health Officer: Tel:

Health & Safety Team Tel: **01865 816464**