

**1. Purpose**

The Cranleigh Abu Dhabi Infection Control Policy provides a set of measures to reduce the spread of illness, through cross infection in the school. From time to time infectious diseases will occur amongst pupils/children and staff. The infectious diseases are more common amongst school children. It is therefore important that Cranleigh *actively* promotes measures to control outbreaks. Other conditions, such as diarrhoea and vomiting, can spread quickly through schools, affecting pupils/children and staff and then transmitting further to more vulnerable members of the community – for example, babies, pregnant women, immune compromised individuals and the elderly. A number of the more serious illnesses (measles, mumps, rubella, diphtheria, whooping cough, tuberculosis and polio) have largely been controlled by improvements in immunisation programmes.

**2. Policy Statement**

This policy covers ways of preventing infection and communicable diseases, including hand washing, general hygiene and maintaining a clean environment. The policy should be followed by all members of Cranleigh staff. It is the policy of Cranleigh School to provide a happy and healthy environment for every child in our care. We take measures to prevent and minimize the spread of infection in our school. To help achieve this we work in partnership with parents and carers. Parents must be encouraged to advise the school of the reason for their child's absence. If it is because of illness, the diagnosis should be ascertained and also whether this is the opinion of the parent or diagnosed by a doctor. When children or staff are diagnosed with any of the “Notifiable Diseases” it is the responsibility of the diagnosing doctor and the school clinic to inform the local Health Authority (HAAD).

**3. Scope**

To prevent the spread of infections and communicable diseases within the school.

**4. Target Audience**

The school clinic, teachers, administration staff, classroom assistants, pupils and parents.

**5. Responsibility**

Cranleigh Abu Dhabi School management ensures implementation of the policy to include students/patients, their family members/guardians; close contacts and visitors comply with the policy and local infection control guidelines. The clinic will prepare the necessary documents on notification of any notifiable communicable disease and submit it to HAAD. Although notifying parents of these diseases is not a school responsibility, these diseases may require urgent action to minimise risk to others within the school setting. Early detection and prevention is a way of helping the community to stay healthy and free from diseases. It is the duty of the medical team to limit and prevent the spread of infection in the school. Therefore, in these cases and for minor communicable diseases, it is necessary to take actions by means of notifying the parents of the affected student's class/year group while still maintaining the confidentiality of the affected student. The purpose of this is to let the parents be aware and vigilant of their children to check for signs and symptoms in which it might lead to the given infection.

It is the parents' responsibility to follow the guidance given below.

## **6.Procedure**

### **6.1 Reporting Infectious illnesses (Health Authority Directive)**

If your child is suspected or has a confirmed diagnosis of an infectious illness i.e. measles, mumps, chicken pox, meningitis, scarlet fever etc. then please contact the school nurses directly as soon as possible. Parents should bring in the medical certificate from the doctor to the clinic. Nurses are then able to alert the school community, if appropriate, and instigate measures as mandated by the health Authority. Nurses will provide guidance and liaise with parents and community health specialists in a sensitive manner as outlined in the Abu Dhabi Health Authority Communicable Disease Policy and Procedures. Further information for parents is in the Appendix.

### **6.2 Vomiting and Diarrhoea**

Gastric like illnesses/infections can be passed amongst children very easily. Children should remain home until they are symptom free for a minimum of 48 hours (Health Authority directive), before returning to school. If your child's health status deteriorates or doesn't improve then please consult your doctor promptly, children become dehydrated very quickly. Further information for parents is in the Appendix.

### **6.3 Fever and Other Symptoms**

Children should not attend school if they have a fever, a skin rash, vomiting, diarrhoea, a heavy nasal discharge, a sore and inflamed throat, a persistent cough that has not been investigated, red watery or painful eyes. Please be cautious if your child requires paracetamol, Tylenol, ibuprofen or alternative medication to reduce a temperature/fever (38C and above, Health Authority directive) and keep them at home until they are symptom free *without medication* for at least a minimum of 24hours. Children are unable to concentrate and learn when unwell and can affect other children and staff across the school. Contact your doctor if you have any concerns with fever like illnesses. The clinic is happy to provide guidance, please call or email. Further information for parents is in the Appendix.

### **6.4 Hand Washing**

Handwashing is one of the most important ways of controlling the spread of infection. The recommended method is the use of liquid soap, warm water and paper towels. The use of non-medicated soap, provided in a soap dispenser is encouraged. Harsher soap which contains antiseptic (unless required under specific circumstances) should not be used as this can make hands very dry and potentially chapped, increasing the risk of infection. Hands should always be washed after using the bathroom, before eating or handling food and after handling animals. All cuts and abrasions should be covered with a waterproof dressing.

### **6.5 Wounds**

If a child has an infected or oozing wound, it must be covered by a well-sealed dressing.

### **6.6 Infectious Cases**

Parents will be contacted immediately if a child is found to be a source of infection to other pupils and staff, following assessment by the school medical team. They will be asked to take their child out of school for further assessment.



### **6.7 Clean Environment**

Maintaining a clean environment is essential in good infection control. Adequate waste disposal bins are provided throughout the school. Regular cleaning of non-contaminated surfaces (e.g. table tops, toilet seats...) takes place with standard cleaning solution.

### **6.8 General and Medical Waste**

General and Medical waste should be discarded separately. General wastes such as papers, plastics, and other materials not contaminated with chemicals and blood are disposed in designated bins for general wastes. Medical wastes such as sharps (needles) cotton with blood, cloth, wound dressings and other materials contaminated with blood and chemicals are disposed separately in a designated Medical Waste container to be collected by the Medical Waste Collection contractor.

### **Reference**

HAAD's schools for health website and policies: <http://schoolsforhealth.haad.ae/school-clinics/other-policies-.aspx>



## **APPENDIX INFORMATION ABOUT ILLNESSES AND SENDING YOUR CHILD TO SCHOOL**

### **Fever**

Please be cautious if your child requires paracetamol, Tylenol, ibuprofen or alternative medication to reduce a temperature/fever (38C and above, Health Authority directive) and keep them at home until they are symptom free *without medication* for at least a minimum of 24hours. Children are unable to concentrate and learn when unwell and can affect other children and staff across the school.

Contact your doctor if you have any concerns with fever like illnesses. The clinic is happy to provide guidance, please call or email.

### **Gastric concerns, Diarrhoea, nausea and vomiting**

Gastric like illnesses/infections can be passed amongst children very easily. Children should remain home until they are symptom free for a minimum of 48 hours (Health Authority directive), before returning to school. If your child's health status deteriorates or doesn't improve then please consult your doctor promptly, children become dehydrated very quickly.

### **Infectious illnesses (Health Authority directive)**

If your child is suspected or has a confirmed diagnosis of an infectious illness i.e. measles, mumps, chicken pox, meningitis, scarlet fever etc. then please contact the school nurses directly as soon as possible and bring them the medical certificate. Nurses are then able to alert the school community, if appropriate, and instigate measures as mandated by the health Authority. Nurses will provide guidance and liaise with parents and community health specialists in a sensitive manner as outlined in the Abu Dhabi Health Authority Communicable Disease Policy and Procedures.

### **Chicken Pox**

#### **What is it?**

Chickenpox is a common infectious disease. It is caused by a virus called varicella zoster and is spread by sneezing and coughing or direct contact with broken chickenpox blisters. It is much more severe in adults than in children and can be a particular problem in pregnancy. Shingles (also known as herpes zoster) is a reactivation of the virus and will only develop in a person who has previously had chickenpox.

#### **What are the symptoms?**

Chickenpox is like a mild case of flu with an itchy rash. The rash is the most noticeable feature and starts out as crops of raised red spots. These develop into small blisters which eventually scab over in 3-4 days. Chickenpox is mainly a disease of children and is usually, but not always, a mild illness. Shingles consists of a blistering and painful rash along the pathway of a single nerve, usually limited to one side of the body. It is most common in older adults but children who are immunosuppressed or are being treated for cancer can develop shingles.

#### **How is it spread?**

Chickenpox is highly infectious and is usually spread from person to person by coughs and sneezes. The incubation period is two to three weeks. Children with chickenpox can pass it to others from 1-2 days before the rash appears until 5 days after the rash has started. Fluid from the blisters can spread the virus to other people, who will develop chickenpox if they have never had it before. The rash should be covered with a dry dressing until the blisters have dried up.



**How can it be prevented?**

Chickenpox is highly infectious and it is very difficult to prevent it spreading from person to person. Getting the child to cough into a tissue and keeping them away from susceptible people should help prevent transmission of Chickenpox. Shingles itself cannot be prevented but children who are immunosuppressed or are being treated for cancer and who have not had chickenpox, should not be allowed to contact cases of shingles, and they should see their Doctor to ask about protection.

**Treatment**

There is no specific treatment for chickenpox. It is a viral infection that will therefore not respond to antibiotics. Treatment should be based on alleviating symptoms such as fever and itchiness. Shingles can be treated with oral antiviral drugs.

**Send to school or keep at home?**

Children with chickenpox should stay away from school for five days from the first appearance of the rash. If your child has chickenpox, please let the school know in case other children, parents or teachers need to avoid infection for medical reasons. If you are pregnant and have been in contact with a child with chickenpox and you have never had chickenpox, please see your doctor as soon as possible.

**Cold Sores (Herpes Simplex)**

**What is it?**

Cold sores are caused by infection with the herpes simplex virus, commonly presenting as blisters in the nose or mouth.

**What are the symptoms?**

It often starts with symptoms of tingling in an area of nose or mouth followed by the appearance of a blister. The blister crusts and heals without a scar. Children who are infected for the first time can have more widespread blisters, mouth ulcers and fever which can make them quite ill. Subsequent attacks normally present with cold sores only. They have a tendency to recur because the cold sore virus does not disappear from the body completely after the infection. The virus remains in an inactive state, and reactivation can be triggered by factors such as stress, illness and sunlight.

**How is it spread?**

Cold sores can spread from person to person. There are two ways of spread. They are usually spread by kissing since the virus is active in the cold sore blister. The virus can also be picked up by touching the sores, and thus spread to others. Children infected for the first time may shed the virus for several weeks.

**How can it be prevented?**

Cold sores are highly infectious, especially among young children. The most effective method of prevention is to avoid contact with oral secretions and the blisters of an infected person. Hands must be thoroughly washed after touching cold sores. Persons with active cold sores should avoid kissing young children. Some people with frequent recurrences may receive medicines from their doctor for prevention.

**Send to school or keep at home?**

Persons with cold sores need not be excluded from school.



## **Conjunctivitis**

### **What is it?**

The white of the eye and the inner surfaces of the lids are covered by a transparent membrane called the conjunctiva. Conjunctivitis (also known as red - or pink eye or sticky eye) is a condition that causes the surface of the conjunctiva to become inflamed. This can be caused by a number of bacteria, viruses, allergies or foreign bodies. It is a common condition, particularly in children but is usually a self-limiting disease.

### **What are the symptoms?**

The usual symptoms are watering of the eye, itching, soreness and redness. This may be followed by a yellowish sticky discharge, which can cause the eyelids to stick together, making them difficult to open. This is especially troublesome in the mornings. The white of the eye may appear pink or red. It can last from 2 days to 2 weeks.

### **How is it spread?**

Conjunctivitis is easily spread through contact with the discharges from the infected eye and by the coughs and sneezes of people with the infection. Often it is spread by the affected child rubbing their eyes and then touching objects which then become contaminated. This provides an opportunity for the infection to spread to the next child having contact with the object. Conjunctivitis also spreads rapidly within families and where there are poor hygiene measures. Occasionally outbreaks of viral conjunctivitis occur through poorly chlorinated swimming pools - "swimming pool conjunctivitis".

### **How can it be prevented?**

Good standards of personal hygiene prevent spread, particularly regular hand washing. Conjunctivitis caused by bacteria may need to be treated with antibiotic drops or cream. There is no treatment for viral conjunctivitis. Affected children should be discouraged from rubbing their eyes and having close facial contact with other children.

### **Send to school or keep at home?**

Children whose eyes are sticky or producing pus should stay away from school until the infection has cleared. Children who have 'pink eye', but whose eyes are not producing pus, can still be infectious and should also stay at home until the infection has cleared.

## **Diarrhoea & Vomiting**

### **What is it?**

Diarrhoea and vomiting can be caused by infective agents (i.e. bacteria and viruses) or by chemicals. It is often difficult to find the cause without carrying out special laboratory tests. Until proven otherwise, all cases of diarrhoea and vomiting should be treated as infectious. Diarrhoea is actually a symptom and not a disease. By diarrhoea we mean the stools are abnormally loose and frequent. The diarrhoea can vary in severity and there may be other symptoms such as fever, vomiting and abdominal pain. This depends upon the underlying cause.

### **How is it spread?**

Germs causing diarrhoea and vomiting pass from the gut of one person to another. The germs are excreted in the stools of people with the illness. If hands are not washed properly, people ill with diarrhoea and/or vomiting can carry the germs on their hands and spread them to other places, for example taps, doors, food etc. Other people can then pick up the germs on their hands and by putting their fingers in their mouths or by handling food, the germs enter their mouths and they become infected. This is called 'hand to mouth' or 'faecal-oral' spread. Diseases causing diarrhoea and vomiting



can sometimes be spread by eating or drinking contaminated food or water. Good hygiene is the most important way to prevent these diseases. It is necessary to practice good hygiene at all times as diarrhoeal disease can spread rapidly and it is not always easy to identify cases early enough to stop them spreading their illness to others.

#### **How can it be prevented?**

Everyone should wash their hands thoroughly with soap and water after every visit to the toilet and before handling or eating food. Toilet bowls, seats and flush handles along with any other surfaces that may have been touched by contaminated hands (i.e. door handles, taps etc.) should be disinfected daily. A simple solution of a disinfectant at the correct dilution is all that is required.

#### **Send to school or keep at home?**

If children develop diarrhoea/and or vomiting whilst at school please ensure that they are collected promptly. To help prevent the spread of infection within schools, all children with diarrhoea and/or vomiting should stay away from school until 48 hours after the diarrhoea and/or vomiting has stopped. If your child develops diarrhoea or is sent home with diarrhoea, it is important to tell the school the exact diagnosis once this is known, as it will help in deciding whether any further action is necessary.

### **Eczema**

#### **What is it?**

Eczema is a chronic skin condition that causes the skin to become itchy, reddened, dry and cracked. Atopic eczema is the most common form of eczema, and mainly affects children. The exact cause of atopic eczema is unknown, but it often occurs in people who are prone to allergies ('atopic' means sensitivity to allergens). About eight in 10 atopic eczema cases occur before a child reaches five years of age. Many children develop it before their first birthday.

#### **What are the symptoms?**

The symptoms of atopic eczema may always be present, but during a flare-up they will worsen and your child may need more intense treatment. Atopic eczema can cause your skin to become dry, itchy, red, broken, thickened and/or cracked. During a flare-up, your skin may extremely itchy, red, hot, dry and scaly, wet, weeping and swollen and/or infected with bacteria (usually staphylococcus).

The symptoms of atopic eczema will vary according to how severely your child is affected by the condition. People with mild atopic eczema will normally only experience small areas of dry skin, which are occasionally itchy. However, in more severe cases, atopic eczema can cause widespread dry skin, constant itching and oozing fluid. Scratching can disrupt your sleep and make your skin bleed. It can also make an itch worse and an itch-scratch cycle may develop, with regular scratching. In children, this can lead to sleepless nights and difficulty concentrating at school.

#### **How is it spread? How can it be prevented?**

Atopic eczema is an inherited condition, which means that you are born with it. It may be made worse by 'external' factors, such as pet fur and pollen, or 'internal' factors, such as stress and hormone levels.

#### **Send to school or keep at home?**

Children can still attend school but eczema may make them feel run down and tired if they haven't been able to sleep well. If that is the case they may need time off.

### **Glandular Fever**

#### **What is it?**

Glandular fever (also called mononucleosis) is a viral illness caused by the Epstein-Barr virus.

#### **What are the symptoms?**

The usual symptoms are tiredness, fever and sore throat and swollen tender glands, particularly in the neck but also in the armpit and groin. Rarely the child may be jaundiced. In young children the disease is generally mild. Once the acute stage has settled, the child can be left with little energy or stamina for several weeks.

#### **How is it spread?**

Glandular fever is spread through saliva by the coughs of people with the infection, or by kissing - it is sometimes known as the "kissing disease". Some people with the infection are able to pass it on for many months afterwards.

#### **How can it be prevented?**

There is no specific treatment for glandular fever and there is no immunization against it. Good standards of personal hygiene can help prevent spread.

#### **Send to school or keep at home?**

Children with the illness should stay off school until they feel well again.

### **Hand, Foot and Mouth Disease**

#### **What is it?**

Hand, foot and mouth disease is a mild viral illness caused by the Coxsackie virus that often occurs in epidemics. It is most common in young children but can occur in adults. This infection is completely unrelated to the 'Foot and Mouth' disease in animals – that is caused by a different virus.

#### **What are the symptoms?**

The illness usually starts with a sore throat and then ulcers may develop in the inside of the mouth and blisters on the hands and feet. There may also be a fever. Unlike chickenpox, these blisters are not itchy and usually last between 4 and 10 days. The illness is usually mild and can even occur without any symptoms. Adults and older children may develop a mild form of the illness, but this is rare.

#### **How is it spread?**

The illness can be spread by coughs and sneezes or the stools of people with the infection. It can also be passed on during social contact. Symptoms develop between 3 and 5 days after contact with a case. A person is infectious until the blisters fade, though the virus can be excreted for up to 4 weeks after the onset of the illness.

#### **How can it be prevented?**

There is no specific treatment for people with the illness and there is no immunization against it. The best method of prevention is the practice of good personal hygiene: - Everyone should wash their hands after every visit to the toilet and before meals. If it is possible each family member should have his or her own towel. Whilst the rash is present, swimming in swimming pools should be avoided.





### **Send to school or keep at home?**

There is no need for any child to stay away from school unless they do not feel well enough to go. If the child has a fever, he/she can return once this has gone (typically two to three days). Children with widespread blisters may need to stay home until the blisters dry up (typically about seven days).

### **Head Lice and Nits**

#### **What is it?**

Head lice (*Pediculus capitis*) affect only humans, and cannot be passed on to, or caught from, animals. Head lice are tiny (pin-head sized) grey-brown, wingless insects that live by sucking blood from the scalp. Their eggs, which look like tiny white specks, are known as nits and are laid glued to the base of hairs. The eggs hatch after seven to 10 days, and 10 to 14 days after hatching the lice are mature and 2-4mm long (the size of a sesame seed). Once mature they start to reproduce, so numbers can grow alarmingly if not treated. Head lice are common in schoolchildren, particularly between the ages of four and 11, but anyone with hair can catch them.

#### **What are the symptoms?**

Infestation often causes itching of the scalp, but may also go unnoticed. If you suspect head lice, check the base of hairs for eggs and comb the hair over a piece of white paper to see if you can spot any dark mature lice. Sometimes an infestation is marked by tiny red spots on the scalp. Lice may be visible in the hair behind the ears and at the nape of the neck as these are favorite spots for infestations.

#### **How is it spread?**

Head lice are transferred by close hair-to-hair contact. They cannot jump, fly or swim, but walk from one hair to another. It is a misconception that head lice infestation is as a result of dirty hair and poor hygiene. Head lice can be found in all hair types, long or short, and in hair of any condition.

#### **How can it be prevented?**

There is no prevention for head lice infestation other than normal hair care and checking yours and your family's hair and scalp periodically. If your child has long hair, tie it back as this helps to reduce the likelihood of contact between their hair and that of an infected child. Treatments to get rid of head lice are available to buy from pharmacies. You don't usually need to see your doctor. The main treatments are lotions or sprays that kill head lice (which can be very effective) or removing head lice with a specially designed comb (which needs to be repeated several times and can take a long time to do thoroughly.) A number of lice removal combs are available to buy. Combs with flat-faced teeth spaced 0.2-0.3mm apart is best for removing head lice, although combs with smaller gaps can be used to remove eggs and nits (egg cases) after treatment. The comb may come with instructions outlining how to use it. A commonly used method is to wash the hair with ordinary shampoo and apply plenty of conditioner. Use an ordinary, wide-toothed comb to straighten and untangle the hair. Once the comb moves freely through the hair without dragging, switch to the louse detection comb. Make sure the teeth of the comb slot into the hair at the roots, with the edge of the teeth lightly touching the scalp. Draw the comb down from the roots to the ends of the hair with every stroke, and check the comb for lice each time – remove lice by wiping the comb with tissue paper or rinsing it. Work through the hair, section by section, so that the whole head of hair is combed through. Work through the hair, section by section, so that the whole head of hair is combed through. Repeat this procedure on days 5, 9 and 13. Detection combing should be done on day 17 to check for any live head lice.

Everyone with head lice in your household should be treated on the same day. Do not use medicated lotions or rinses 'just in case', for example on close friends or family members as they should only be used if live lice are found. If a treatment doesn't work the first time, you can try it again, try a different treatment, or get advice from the school clinic or pharmacist.

**Send to school or keep at home?**

Children can still go to school. It is advisable that children with head lice wear long hair tied back to reduce the likelihood of contact with others. Also, parents should advise the school so that they can help manage children getting close enough to pass the lice on. Children diagnosed with live head lice do not need to be sent home early from school; they can go home at the end of the day, be treated the same evening, and return to class after appropriate treatment has begun. Live head lice normally die within 24 hours of using therapeutic shampoos. Eggs (nits) may persist after treatment, but successful treatment should kill crawling lice and be repeated if any of the eggs are not killed and hatch.

**Hepatitis A****What is it?**

Hepatitis A is a common infection caused by a virus. It sometimes leads to inflammation of the liver and causes a temporary yellow discoloration of the skin known as jaundice.

**What are the symptoms?**

Many infections occur without symptoms particularly in children; many infections are mild and without jaundice. Serious complications are very rare. When symptoms do occur, the onset is usually sudden with fever, tiredness, loss of appetite, feeling sick and abdominal discomfort followed within a few days by jaundice. When a person becomes jaundiced they often develop light colored stools and dark urine

**How is it spread?**

Hepatitis A is caused by a virus. It is usually passed from person-to-person by "hand-to-mouth" spread as a result of poor hygiene after using the toilet. The hepatitis A virus is transmitted primarily by the faecal-oral route; that is when an uninfected person ingests food or water that has been contaminated with the feces of an infected person.

**How can it be prevented?**

Control of infection is difficult because people with Hepatitis A are usually most infectious for a week or two before symptoms appear until a week after the onset of jaundice. Spread of Hepatitis A is reduced by simple hygienic measures particularly thorough hand washing after using the toilet. An injection of Hepatitis A vaccine given to contacts of cases soon after exposure to the virus will prevent or reduce the severity of the illness in those who have not had the vaccine previously

**Send to school or keep at home?**

Children with hepatitis A infection should stay away from school until 7 days after onset of jaundice or until they are well. Contacts of cases should also stay away from school, and should see the doctor if they have symptoms suggestive of the illness.

**Impetigo****What are the symptoms?**

The face is the most commonly affected area but impetigo can occur on any part of the body. At first, small blisters develop which then burst to leave small scabby patches on the skin. These crusted lesions are often yellow in colour, sometimes itch and can spread in small clusters to surrounding areas of skin.

**How is it spread?**

Impetigo spreads from person to person mainly by direct contact with the infected skin or the hands of people with the infection. On rare occasions it may also be caught from objects that have been used by people with impetigo, such as clothes and towels.

**How can it be prevented?**

Regular hand washing using soap and water is the most important way in which impetigo can be prevented. This is very important for people who are in close contact with someone with impetigo. Once impetigo has occurred it needs to be treated with antibiotics which will help the skin to heal and will help prevent other people from catching it. The doctor may provide antibiotic cream, tablets, or, sometimes, both. Children with impetigo also need to be kept especially clean. The infected skin area should be washed with mild soap and water and their hands should be washed frequently. Their clothes and towels should be changed daily. People with impetigo should have their own towel, which should be kept aside solely for their own use.

**Send to school or keep at home?**

All children with impetigo should be kept away from school until their skin has healed or until 48 hours after any anti-biotic treatment has begun. Children coming into contact with someone with impetigo do not require any treatment or exclusion from school.

**Influenza (Seasonal Flu)****What is it?**

Seasonal flu (or influenza) is caused by various strains of the influenza virus.

**What are the symptoms?**

The usual symptoms are fever, headache, muscle aches, severe tiredness, sore throat and cough. Sickness and diarrhoea can occur, especially in children. It is sometimes accompanied or followed by chest infections that can be severe, however it is generally a milder illness in children. It often occurs in epidemics, most commonly in the winter.

**How is it spread?**

Flu is spread from person to person by coughs and sneezes. It can spread rapidly within families and schools where there are many people living close together. Flu can be passed on to other people for 3-5 days after symptoms start.

**How can it be prevented?**

There are no specific treatments but there are many remedies available from pharmacists to ease the symptoms. Children should NOT be given any preparations containing aspirin. If you are in any doubt about the contents of a 'flu' remedy, please check with the pharmacist.

Children affected by influenza should be encouraged to rest and drink plenty of water or other fluids and should be encouraged to cover their mouths when coughing and use paper tissues when sneezing. Each year vaccines against the likely common types of the virus are prepared and should be given to people at risk, particularly the elderly and those with chronic heart, chest or kidney diseases.

**Send to school or keep at home?**

Children should not return to school until they have had at least 48 hours without a fever or any of the symptoms mentioned above, as they are still infectious. Any contacts of children with flu should go to school as normal. If a child has any symptoms whilst at school, the parent will be asked to collect them as soon as possible to limit the spread of illness to other children.

It is also advisable for them to stay away from people who are likely to suffer more serious illness, should as the very young, the elderly and those with chronic health problems.

## **Measles**

### ***What is it?***

Measles is one of the most infectious viral diseases and is also one of the most dangerous of children's diseases, sometimes leading to serious complications and long-term health problems. It is caused by the measles virus infecting people who have not been immunised against measles.

### ***What are the symptoms?***

Measles feels just like flu at first along with pink eyes, a runny nose and a cough. The flu like feeling lasts for about 4-7 days before a red blotchy rash develops. This rash usually starts on the face and then spreads to the rest of the body and can last for 4-7 days. Measles is usually a mild illness, although sometimes it can be severe and can cause ear and chest infections. It may result in brain damage and rarely, death.

### ***How is it spread?***

It is usually spread from person to person by coughs and sneezes. People with the illness can pass it to others from shortly before the symptoms start until about five days after the rash appears. Once a person has had the disease, they cannot catch it again.

### ***How can it be prevented?***

The only effective way to prevent measles is to immunise all children against it with the MMR vaccine. This is part of the routine programme of childhood immunization and consists of 2 doses. The MMR also gives protection against Rubella (German Measles) and Mumps. If your child has not been immunised against measles or their immunisation programme is incomplete, it is strongly recommended that they are vaccinated with MMR. This will not only protect your children from the illness but will also prevent the spread of measles to others.

### ***Send to school or keep at home?***

To help prevent the spread of measles within school, children with measles should stay away from school until five days after the beginning of the rash. If your child has a condition or is having treatment which suppresses their immune system, you should see your doctor immediately and tell him/her that your child may have been in contact with measles.

## **Mumps**

### ***What is it?***

Mumps is an infectious viral disease caused by the paramyxovirus. It mainly affects the salivary glands, but sometimes other parts of the body are affected. Mumps usually affects children but can affect any age group.

### ***What are the symptoms?***

Mumps usually begins with 2 or 3 days of discomfort and an increasing temperature. This is followed by the onset of discomfort and swelling of the parotid glands, which are situated below the ears and normally cannot be felt. The swelling can be in both glands or just one side and can cause the earlobes to stick out and the face to appear swollen. The mouth may feel dry and swallowing can be painful. Symptoms usually last for 3 or 4 days but can last for more than a week. Adult women may suffer inflammation of the ovaries and adult men may experience swelling of the testicles. Only on very rare occasions does this lead to sterility. The mumps virus is a common cause of viral meningitis, which is usually very mild and has no after effects.



**How is it spread?**

Mumps is usually spread from person to person by coughs and sneezes. Less often, it may be spread by direct contact with the saliva of someone with mumps. People with mumps can pass it to others from shortly before the symptoms start until just after the swelling has gone.

**How can it be prevented?**

The only effective way to prevent mumps is to immunise all children against it with the MMR vaccine as part of the routine programme of childhood immunisation. If your child has not been immunised against mumps it is strongly recommended that they should be. This will not only protect your children from the illness but will also prevent the spread of mumps to others.

**Send to school or keep at home?**

To help prevent the spread of mumps to others within school, children with mumps should stay away from school for five days after the onset of swollen glands.

**Ringworm**

**What is it?**

Ringworm is a skin infection caused by a fungus that can affect the scalp, skin, fingers, toe nails or foot. Anyone can get ringworm. Children may be more susceptible to certain varieties while adults may be more affected with other varieties.

**What are the symptoms?**

Ringworm of the scalp usually begins as a small pimple which becomes larger in size leaving scaly patches of temporary baldness. Infected hairs become brittle and break off easily. Occasionally, yellowish cuplike crusty areas are seen. With ringworm of the nails, the affected nails become thicker, discolored and brittle, or it will become chalky and disintegrate. Ringworm of the body appears as flat, spreading ring-shaped areas. The edge is reddish and may be either dry and scaly or moist and crusted. As it spreads, the center area clears and appears normal. Ringworm of the foot appears as a scaling or cracking of the skin especially between the toes.

**How soon do symptoms appear?**

The incubation period is unknown for most of these agents. Ringworm of the scalp is usually seen 10 to 14 days after contact and ringworm of the body is seen 4 to 10 days after initial contact.

**Does the infection with Ringworm make a person immune?**

Since so many species of fungus can cause ringworm, infection with one species will not make a person immune to future infections.

**How are Ringworm infections spread?**

Transmission of these fungal agents can occur by direct skin-to-skin contact with infected people or pets, or indirectly by contact with items such as combs, hair clippers, hair from infected people, shower stalls or floors.

**What is the treatment for ringworm infections?**

Your doctor may prescribe an oral treatment and/or topical treatment. Oral medication is commonly prescribed for treating fungus infections.

**Send to school or keep at home?**

Towels, hats, combs and clothing of the infected individual should not be shared with others but there is no need for exclusion from school if treatment has been started.

**Roseola****What is it?**

Roseola is a common viral infection that usually affects ages of six months and 2 years. It is caused by a virus called herpes simplex viruses (Type 6) and is spread by sneezing and coughing. It is also known as “Sixth disease”.

**What are the symptoms?**

In most cases, a child with roseola first develops a mild upper-respiratory illness, followed by the fever. As the high fever ends, a rash will appear on your child’s body. This rash may start on the torso and spread to the neck, face, arms and legs. It is made up of flat or raised pinkish red spots.

**How is it spread?**

Roseola is spread in a similar way to the common cold – through coughs and sneezes, and contaminated objects or surfaces. The incubation period is one to two weeks.

**How can it be prevented?**

There is no known way to prevent roseola. Good standards of personal hygiene can help prevent the spread.

**Send to school or keep at home?**

By the time the rash has appeared, the person is no longer infectious. For this reason, children with the infection do not need to stay away from school.

**Rubella (German Measles)****What is it?**

Rubella is a mild illness caused by the rubella virus. If a pregnant mother catches rubella in the first 16 weeks of pregnancy her child is at an increased risk of being born with an ear, eye or heart problem or being mentally handicapped.

**What are the symptoms?**

The symptoms of rubella are a widespread rash and a slightly raised temperature. The illness may go completely unnoticed as most people are perfectly well and many people do not develop a rash.

**How is it spread?**

Rubella is a highly infectious disease and is usually spread from person to person by coughs and sneezes. People with the illness can pass it to others from at least one week before any symptoms develop up until about five days after the rash has appeared.

**How can it be prevented?**

The only effective way to prevent rubella is to ensure that all children are immunised against it with the MMR vaccine that is part of the routine programme of childhood immunisation. This consists of two doses of MMR.

**Send to school or keep at home?**

To help prevent the spread of rubella to others within school, children with rubella should be kept away from school for five days from the start of the rash.

## **Scabies**

### ***What is it?***

Scabies is caused by a small insect (the scabies mite) that burrows into the skin, particularly in skin crease areas like wrists and hands.

### ***What are the symptoms?***

Scabies causes severe itching of the skin, which is often worse at night. Repeated scratching can lead to visible scratch marks and these may become infected. Scabies may be present for 2-6 weeks before the itching begins. It is easily treated by using a cream or lotion from the doctor.

### ***How is it spread?***

Scabies is spread from person to person by direct skin to skin contact. A person with scabies can spread the infection to others until he/she is successfully treated.

### ***How can it be prevented?***

In order to prevent scabies from spreading, it is important to treat everyone in the household even if they don't have an itch. People who have had skin contact with the infected person should also be treated. This is because there is often a delay of up to 6 weeks from being infected to getting an itch. Treating everyone in the house will kill all insects and prevent new cases in the family. The scabies mite dies very quickly away from the human body so clothes and bedding are not likely to be sources of infection. They may be washed in the usual way

### ***Send to school or keep at home?***

All children should stay away from school until the day after treatment has started.

## **Scarlet Fever**

### ***What is it?***

Scarlet fever is an infection caused by a type of bacteria known as haemolytic streptococci, which belongs to the A streptococcus bacteria group. Scarlet fever usually occurs after a throat or skin infection with streptococcus bacteria, such as strep throat. Scarlet fever is the rash that is caused by the streptococcus bacteria. Scarlet fever is also known as scarletina, although this term is sometimes used to refer to a mild form of the disease. It is quite rare because of the regular use of antibiotics for strep infections. It usually affects children, most commonly between four and eight years old, but people of any age can catch it, although it's very rare in children under two years. It takes around two to four days to develop symptoms after being infected. If you think your child has scarlet fever it's a good idea to consult your doctor.

### ***What are the symptoms?***

Scarlet fever generally has a one-to-four-day incubation period. The disease often starts with a sore throat or a skin infection. The characteristic symptom of scarlet fever is a fine pinkish-red rash on the body that feels like sandpaper to touch. It may start in one place, but soon spreads to many parts of the body, commonly the ears, neck, chest, elbows, inner thighs and groin. The rash does not normally spread to the face but the cheeks become flushed and the area just around the mouth stays quite pale. The rash will blanch (turn white) if you press a glass on it. The overall impression of someone with a flushed, red face is where scarlet fever gets its name from. Other symptoms may include:

- Headache
- Swollen neck glands
- Loss of appetite
- Nausea and/or vomiting





- Abdominal pain
- Pastia lines (broken blood vessels in the folds of the body e.g. armpit, causing red streaks)
- White coating on the tongue, which peels a few days later leaving the tongue looking red and swollen (known as strawberry tongue)
- A general feeling of being unwell

The rash lasts for six days and then usually fades away. If symptoms are not treated, the outer layers of the skin may peel (usually on the hands and feet) for up to six weeks after the original rash has faded. Scarletina is another name for scarlet fever, although sometimes it is used to refer to milder cases that result in a rash but may not be accompanied by other symptoms. The rash is something to look out for in a child that has chicken pox as this may indicate a secondary infection. If this is the case, seek medical advice immediately as the secondary infection may prolong the first infection or make it more severe.

#### ***How is it spread?***

Scarlet fever is infectious. It is spread through close physical contact or by contact with the mucous from an infected person.

#### ***How can it be prevented?***

All tissues and handkerchiefs contaminated with mucus from someone with scarlet fever should be washed or disposed of immediately. You should wash your hands thoroughly if you have touched them. Bacteria can also be transmitted by touching someone with a streptococcal skin infection or by sharing contaminated eating utensils, cups and glasses, clothes, bed linen or towels.

#### ***Send to school or keep at home?***

If your child has scarlet fever, keep them off school and away from other people until they have been on a course of antibiotics for at least five days.

### **Slapped Cheek Syndrome**

#### **What is it?**

This is a mild virus infection, which can affect children and adults. It is also known as 'Fifth disease' or 'Parvovirus'

#### **What are the symptoms?**

The most striking feature is a bright red rash on the face, which looks like 'slapped cheeks' followed by a lacy pink rash all over the body. The illness is very mild, with little or no fever. Many adults have already got anti-bodies to this infection and are immune. Adults who get the infection may get joint pains or arthritis. People with sickle cell anaemia or thalassaemia can become anaemic as a result of the infection. In very rare cases, women who get the infection when they are in the first 20 weeks of pregnancy may have a miscarriage, or the baby may develop anaemia. However, 95% of women who catch this infection during pregnancy do not have any problems at all.

#### **How is it spread?**

The infection is spread from person to person by coughs and sneezes. The incubation period is two to three weeks.

#### **How can it be prevented?**

Prevention is difficult as many infections occur with no symptoms. Children who have sickle cell anaemia, thalassaemia, or who are immunosuppressed, and pregnant women, should see their GP if they have been in contact with this disease. A blood test is available to test for immunity and the GP will be able to advise if any further action is needed.



**Send to school or keep at home?**

By the time the rash has appeared, the person is no longer infectious. For this reason, children with the infection do not need to stay away from school.

**Threadworm****What is it?**

Threadworm (also known as pinworm) is an infection of the gut with a small “nematode” worm. Many infected people have no symptoms at all, but it sometimes causes itching (around the anus) and sleep disturbance. Anyone can get ringworm. Children are most commonly infected.

**How are Threadworm infections spread?**

Transmission in school settings is rare. Threadworms are mainly transmitted to household contacts. The threadworms lay eggs around the anus, which are transferred to the mouth by the fingers (particularly when scratching). Infectious eggs can also be spread on bedlinen. The eggs do not multiply outside the human body, but have to be swallowed for new worms to develop.

**What is the treatment for threadworm infections?**

Treatment of the affected person and all household contacts will be required, and should be repeated after two weeks.

**What can be done to prevent the spread of threadworm?**

Careful attention to hygiene is important, particularly handwashing. It is also useful to wash the perianal areas in the morning, and to wash the bedding and nightclothes.

**Send to school or keep at home?**

Towels, hats, combs and clothing of the infected individual should not be shared with others but there is no need for exclusion from school once treatment has started.

**Tonsillitis****What is it?**

Tonsillitis means inflammation of the tonsils. It may be caused by a bacterial such as Streptococcus but most cases of tonsillitis are caused by a virus.

**What are the symptoms?**

Tonsillitis usually presents with a sore throat, which may be severe. The tonsils are usually swollen and red, and may show spots of pus, or be covered with a white film of pus. There is often a very high fever, and headache. The glands in the neck are often swollen and the neck may be stiff and tender.

**How is it spread?**

The virus spreads from person to person by coughs and sneezes.

**How can it be prevented?**

Prevention is difficult, as the virus may spread easily from person to person. In most cases the doctor will not prescribe an antibiotic as this is ineffective for viral infections. If the doctor considers that the tonsillitis is likely to be caused by Streptococcal infection, antibiotics will be prescribed, which will reduce the spread to others.

**Send to school or keep at home?**

Children with tonsillitis will usually feel too poorly to go to school. They do not need to be excluded once they feel better.

**Walking Pneumonia****What is it?**

The phrase 'Walking Pneumonia' refers to a group of pneumonias that, even if untreated, would not normally need bed rest or hospitalisation. When doctors diagnose someone with walking pneumonia, they are usually referring to an infection called *Mycoplasma pneumoniae*. *Mycoplasma* is a major cause of respiratory infections in school-age children.

**What are the symptoms?**

Symptoms generally appear 15 to 25 days after exposure to the mycoplasma and develop slowly over a period of two to four days. Symptoms include a cough that may come in violent spasms but produce very little mucus, mild flu-like symptoms such as fever or chills, sore throat, headache, tiredness, lingering weakness that may persist after other symptoms go away.

**How is it spread?**

*Mycoplasma* can be contagious with close contact. It usually requires prolonged contact to catch the disease. The disease spreads through breathing air coughed by someone who is infected.

**How can it be prevented?**

Walking pneumonia is generally treated with antibiotics. Mild infections are often not treated because they tend to clear on their own. With treatment, most people begin to feel better within a few days.

**Send to school or keep at home?**

Children will usually feel too poorly to go to school and should stay at home. They do not need to be excluded once they feel better.

**Warts and Verrucas****What is it?**

Warts are small, skin-coloured, rough lumps on the skin that are benign (non-cancerous). They often appear on the hands and feet. Warts can look different depending on where they are on the body and how thick the skin is. A wart on the sole of the foot is called a verruca. Warts are caused by infection with a virus called the human papilloma virus (HPV). HPV causes keratin, a hard protein in the top layer of the skin (the epidermis), to grow too much, producing the rough hard texture of a wart.

**What are the symptoms?**

There are several different types of warts and they also vary in size and shape. For example, the size of a wart can range from 1mm to over 1cm. Warts are not normally painful, although warts under your fingernails, or on the soles of your feet (verrucae), can sometimes hurt. You may have one or two warts, or you may have lots on the same area of your skin. Common warts (*verruca vulgaris*) are firm and raised, with a rough surface that can look a bit like a cauliflower. They can occur anywhere, but are most common on the hands (knuckles and fingers), elbows and knees. You may have one, or several, common warts, but you will usually have less than 20. Verrucae (plantar warts) are warts that occur on the soles of your feet. They can also occur on the heels and toes. Verrucae do not stick up from the surface of the skin. Instead, the weight of your body pushing down on them makes them grow back into your skin, which can be painful. Verrucae often have a black dot in the centre, surrounded by a hard, white area.



The dot is the blood supply to the wart, and the white area is the skin of the wart that is closely packed together. You may have one or several verrucas, but usually not more than 20.

### **How is it spread?**

The virus that causes warts is passed on through close skin-to-skin contact. It can also be passed on by indirect contact, for example, from objects such as towels and shoes. Warts are thought to be contagious for as long as they are present. You can also spread warts to other parts of your own body. For example, you can spread the virus if you scratch or bite a wart, bite your nails or suck your fingers. This can cause the wart to break up and bleed, making it easier for the virus to spread. You are more likely to catch the infection if your skin is damaged, wet or if it comes into contact with rough surfaces. For example, public swimming pools are a common place to catch verrucas. People with scratches or cuts on the soles of their feet are particularly vulnerable.

### **How can it be prevented?**

Follow the steps below in order to reduce your chances of getting a wart or verruca.

- Do not touch other people's warts
- Do not share towels, flannels or other personal items with someone who has a wart
- Do not share shoes or socks with someone who has a verruca
- If you have a wart or a verruca, do not scratch or pick it because this can spread the infection to other parts of your body. Cover your wart or verruca when you are taking part in communal activities. For example: Wear flip-flops in shared areas such as showers and swimming pool changing rooms
- Cover your wart or verruca with a waterproof plaster when you go swimming, or when doing physical education (PE) at school. You can also buy special socks to cover verrucas. These are available at pharmacies.
- If you have a wart on your hand, wear gloves when you are using shared equipment, such as gym equipment.

### **Send to school or keep at home?**

Children should still attend school but if they are taking part in PE or swimming, they should wear appropriate footwear to reduce the risk of infection being passed on. Teachers should also be informed.