GOVERNMENT OF BERMUDA
Ministry of Health, Seniors and Environment
Department of Health

GUIDANCE ON INFECTION CONTROL
IN SCHOOLS AND OTHER CHILDCARE SETTINGS

CHILDREN WHO ARE UNWELL WITH AN INFECTIOUS DISEASE SHOULD NOT BE AT SCHOOL OR NURSERY.

Once they are better they should return unless they pose a risk of infection to others. They should not return to school or nursery until the risk has passed.

For all fevers (temperature above 37.5 °C or 100.4 °F), regardless of cause, the child should be excluded until fever-free for 24 hours without the use of fever-reducing medications.

This document provides guidance on the control of the common and more important infections encountered in school or nursery. It is not intended to act as a guide to diagnosis. Diagnosis should only be undertaken by an appropriately qualified health professional. Whenever there is any doubt about the management of a particular illness, advice should be sought from one of the contacts listed below.

Department of Health
Telephone: 278-4900

Child Health Clinic
Telephone: 278-6460

Epidemiology and Surveillance Unit
Telephone: 278-6503

School Nurse
Name:
Telephone:

Environmental Health Officer
Name:
Telephone:

OUTBREAKS: IF A SCHOOL, NURSERY OR CHILDMINDER SUSPECTS AN OUTBREAK OF INFECTIOUS DISEASE, THEY SHOULD INFORM THE EPIDEMIOLOGY AND SURVEILLANCE UNIT AT 278-6503.
[IF SEVERAL CHILDREN AND/OR STAFF ARE ILL WITH SIMILAR SYMPTOMS AN OUTBREAK CAN BE SUSPECTED]

RASHES AND SKIN INFECTIONS	RECOMMENDED PERIOD TO BE KEPT AWAY FROM SCHOOL AND OTHER CHILDCARE SETTINGS	ADDITIONAL INFORMATION
Athlete's Foot	None	Treatment is recommended.
Chickenpox (Varicella)	Exclude for five days from the onset of rash	Preventable by immunization. *SEE: Vulnerable Children, Pregnancy*
Cold Sores	None	Avoid kissing and contact with sores.
German measles (Rubella)	Exclude for six days from onset of rash	Preventable by immunization. *SEE: Pregnancy*
Hand, foot and mouth (Coxsackie virus)	Exclude until blisters are crusted and dried and there are no ulcers in the mouth	Contact the Epidemiology and Surveillance Unit if a large number of children are affected.
Impetigo	Exclude until lesions are crusted and healed, or 24 - 48 hours after commencing antibiotic treatment	Antibiotic treatment speeds healing and reduces the infectious period.
Measles	Exclude for four days from onset of rash	Preventable by immunization. *SEE: Vulnerable Children, Pregnancy*
Molluscum contagiosum	None	
Ringworm -skin/scalp	Exclusion not usually required	Treatment is required.
Roseola (infantum)	Exclude until fever-free for 24 hours without the use of fever-reducing medications	
Scabies	Exclude until first treatment completed.	Household and close contacts require treatment. Fumigating rooms and using insecticidal sprays is not recommended for cases of common scabies.
Scarlet fever	Exclude for 24 hours after commencing appropriate antibiotic treatment, provided he/she has no fever.	
Slapped cheek/fifth disease Parvovirous B19	Exclude until fever-free for 24 hours without the use of fever-reducing medications	*SEE: Vulnerable Children, Pregnancy*
Shingles	Exclude only if rash is weeping and cannot be covered	Can cause chicken pox in those who are not immune. It is spread by very close contact and touch. *SEE: Vulnerable Children, Pregnancy*
Warts and verrucae	None	Verrucae should be covered, especially in swimming pools, gymnasiums and changing rooms

DIARRHOEA AND VOMITING ILLNESS	RECOMMENDED PERIOD TO BE KEPT AWAY FROM SCHOOL AND OTHER CHILDCARE SETTINGS	ADDITIONAL INFORMATION
Foodborne illness, food poisoning, diarrhoea and/or vomiting *(i.e. salmonella, shigella, campylobacter, norovirus, rotavirus, Giardia, etc.)*	Exclude for 48 hours from the last episode of diarrhea and/or vomiting	Further exclusion may be required for young children under five and those who have difficulty in adhering to hygiene practices. This guidance may also apply to some contacts who may require microbiological clearance

RESPIRATORY INFECTIONS	RECOMMENDED PERIOD TO BE KEPT AWAY FROM SCHOOL AND OTHER CHILDCARE SETTINGS	ADDITIONAL INFORMATION
Flu (influenza)	Until recovered	Immunization recommended annually for all children from 6 months of age. *See: Vulnerable Children*
Whooping cough (pertussis)	Exclude for five days after commencing antibiotic treatment, or 21 days from onset of illness if no antibiotic treatment	Preventable by immunization. After treatment, non-infectious coughing may continue for many weeks. The Epidemiology and Surveillance Unit will organise any contact tracing necessary.
"Strep Throat"	Exclude for 24 hours after commencing appropriate antibiotic treatment, provided he/she has no fever.	

OTHER INFECTIONS	RECOMMENDED PERIOD TO BE KEPT AWAY FROM SCHOOL AND OTHER CHILDCARE SETTINGS	ADDITIONAL INFORMATION
Conjunctivitis	Exclude until prescribed treatment has been given for 24-48 hours or condition improves.	If an outbreak/cluster occurs, contact Epidemiology and Surveillance Unit.
Diphtheria	Exclusion is essential until cleared by a physician.	Preventable by immunization. Family contacts must be excluded until cleared to return by by a physician. The Epidemiology and Surveillance Unit must be notified and will organise any contact tracing necessary.
Mononucleosis	Exclude until fever-free for 24 hours without the use of fever-reducing medications	
Head lice	Exclude until condition is resolved according to school policy	Students 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, and return to class after appropriate treatment has begun.
Hepatitis A	Exclude until seven days after onset of jaundice (or seven days after symptom onset if no jaundice)	In an outbreak of hepatitis A, the Epidemiology and Surveillance Unit will advise on control measures.
Hepatitis B, C, HIV/AIDS	None	Hepatitis B and C and HIV are blood-borne viruses that are not infectious through casual contact. For cleaning of blood and body fluid spills *SEE: Good Hygiene Practice.*
Meningitis (bacterial)/septicemia	Exclude child has received appropriate antibiotic treatment and is fever-free for 24 hours without the use of fever-reducing medications	Preventable by immunization. There is no reason to exclude siblings or other close contacts of a case. The Epidemiology and Surveillance Unit will advise on any action needed.
Meningitis (viral)	Exclude until fever-free for 24 hours without the use of fever-reducing medications	Milder illness. There is no reason to exclude siblings and other close contacts of a case.
MRSA	None, unless directed by a physician or wound is draining and cannot be covered	Good hygiene, in particular hand-washing and environmental cleaning, are important to minimise any danger of spread. If further information is required, contact the Epidemiology and Surveillance Unit.
Mumps	Exclude until five days after onset of swelling	Preventable by immunization. The Epidemiology and Surveillance Unit will organise any contact tracing necessary.
Pinworms/Thread worms	None	In some cases, treatment is recommended for the child and household contacts
Tonsillitis	Exclude until fever-free for 24 hours without the use of fever-reducing medications	There are many causes, but most cases are due to viruses and do not need an antibiotic.

GOOD HYGIENE PRACTICE

Hand-washing is one of the most important ways of controlling the spread of infections, especially those that cause diarrhoea and vomiting, and respiratory disease. The recommended method is the use of liquid soap, warm water, and paper towels. Always wash hands after using the toilet, before eating or handling food, and after handling animals. When possible, cuts and abrasions should be covered with waterproof dressings.

Alcohol-based hand sanitizers are not cleansing agents and should not replace the need for hand-washing. While alcohol-based hand sanitizers offer a practical and acceptable alternative to hand-washing when hands are not visibly dirty, hands that are visibly soiled should be washed using soap and water.

Coughing and sneezing easily spread infections. Children and adults should be encouraged to cover their mouth and nose with a tissue. Wash hands after using or disposing of tissues. Spitting should be discouraged.

Personal protective equipment (PPE). Disposable non-powdered vinyl or latex-free gloves and disposable plastic aprons must be worn where there is a risk of splashing or contamination with blood/body fluids. Goggles should also be available for use if there is a risk of splashing to the face. Correct PPE should be used when handling cleaning chemicals.

Cleaning of the environment, including toys and equipment, should be frequent and thorough. Monitor cleaning contracts and ensure cleaners are appropriately trained and have access to PPE.

Cleaning of blood and body fluid spillages. All spillages of blood, faeces, saliva, vomit, nasal and eye discharges should be cleaned up immediately (always wear PPE). When spillages occur, clean using a product that combines both a detergent and a disinfectant. Use as per manufacturer's instructions and ensure it is effective against bacteria and viruses and suitable for use on the affected surface. Never use mops for cleaning up blood and body fluid spillages – use disposable paper towels and discard clinical waste as described below. A spillage kit should be available for blood spills.

Laundry. Soiled linen should be washed separately at the hottest wash the fabric will tolerate. Wear PPE when handling soiled linen. Children's soiled clothing should be bagged to go home, never rinsed by hand.

Clinical waste. Used nappies/pads, gloves, aprons and soiled dressings should be stored in waste bags in foot-operated bins.

Smoking shall not be permitted in any area used by children.

INJURIES AND BITES

If skin is broken, encourage the wound to bleed. Wash affected area thoroughly using soap and water. Seek medical attention immediately if there is excessive bleeding.

ANIMALS

Animals may carry infections. Wash hands after handling animals.

Animals in school (permanent or visiting). Ensure animals' living quarters are kept clean and away from food areas. Waste should be disposed of regularly, and litter boxes not accessible to children. Children should not play with animals unsupervised. Veterinary advice should be sought on animal welfare and animal health issues and the suitability of the animal as a pet.

Precautions for School Visits to Zoos and Farms

Check that the farm is well-managed and that the grounds are as clean as possible. Note that manure and sick animals present a particular risk of infection and animals must be prohibited from any outdoor picnic areas. Check that the zoo / farm has washing facilities adequate and accessible for the age of the children visiting with running water, soap (preferably liquid) and disposable towels or hot air dryers. Any drinking water fountains should be appropriately designated in a suitable area. Explain to children that they cannot be allowed to eat or drink anything, including chips, sweets, chewing gum, etc., while touring the zoo / farm, or put their fingers in the mouth, because of the risk of infection. If children are in contact with or feeding animals, warn them not to place their faces against the animals or taste the animal feed.

Ensure all children wash and dry their hands thoroughly after contact with animals and particularly before eating and drinking. Meal-breaks or snacks should be taken well away from areas where animals are kept, and children warned not to eat anything which may have fallen to the ground. Any crops produced on the farm should be thoroughly washed in drinking water before consumption. Ensure children do not consume unpasteurised produce, for example milk or cheese. Ensure all children wash their hands thoroughly before departure and ensure that footwear is as free as possible from faecal material.

VULNERABLE CHILDREN

Some medical conditions make children vulnerable to infections that would rarely be serious in most children. These include those being treated for leukaemia or other cancers, on high doses of steroids and with conditions that seriously reduce immunity.

Schools and nurseries and childminders will normally have been made aware of such children. These children are particularly vulnerable to chickenpox or measles and, if exposed to either of these, the parent/carer should be informed promptly and further medical advice sought. It may be advisable for these children to have additional immunizations, for example pneumococcal and influenza.

PREGNANCY

If a pregnant woman develops a rash or is in direct contact with someone with a potentially infectious rash, this should be investigated by a doctor. The greatest risk to pregnant women from such infections comes from their own child/children, rather than the workplace.

Chickenpox can affect the pregnancy if a woman had not already had the infection. Report exposure to GP and/or OB-GYN at any stage of exposure. The GP or OB-GYN will arrange a blood test to check for immunity. Shingles is caused by the same virus as chickenpox, so anyone who has not had chickenpox is potentially vulnerable to the infection if they have close contact with a case of shingles.

If a pregnant woman comes into contact with German measles she should inform her GP and/or OB-GYN immediately to ensure investigation. The infection may affect the developing baby if the woman is not immune and is exposed in early pregnancy.

Slapped cheek disease (parvovirus B19) can occasionally affect an unborn child. If exposed early in pregnancy (before 20 weeks), inform GP and/or OB-GYN as this must be investigated promptly.

Measles during pregnancy can result in early delivery or even loss of the baby. If a pregnant woman is exposed she should immediately inform OB-GYN to ensure investigation.

The above advice also applies to pregnant students.

IMMUNIZATIONS

Parents/Guardians should be encouraged to have their child fully immunized and to have any missed immunizations or further catch-up doses organized through the child's physician or the Department of Health.

RECOMMENDED IMMUNIZATION SCHEDULE FOR HEALTHY INFANTS, CHILDREN AND ADOLESCENTS (BERMUDA)

Age	Disease Protection	Immunization
2 months	Diphtheria, Tetanus, Pertussis	DTaP
	Haemophilus influenzae B	Hib
	Polio	IPV
	Pneumococcal	PCV
4 months	Diphtheria, Tetanus, Pertussis	DTaP
	Haemophilus influenzae B	Hib
	Polio	IPV
	Pneumococcal	PCV
6 months	Diphtheria, Tetanus, Pertussis	DTaP
	Haemophilus influenzae B	Hib
	Polio	IPV
	Pneumococcal	PCV
7 months	Hepatitis B	HBV
8 months	Hepatitis B	HBV
12 months	Hepatitis B	HBV
15 months	Measles, Mumps, Rubella	MMR
15-18 months	Diphtheria, Tetanus, Pertussis	DTaP
	Haemophilus influenzae B	Hib
	Pneumococcal	PCV
24 months	Chickenpox	Varicella
4-6 years	Diphtheria, Tetanus, Pertussis	DTaP
	Polio	IPV
	Measles, Mumps, Rubella	MMR
11-18 years	Tetanus, Diphtheria	Td

** Vaccine availability is dependent on worldwide production and supply.

Immunization for influenza is recommended annually for all children from 6 months of age. Children who present with certain risk factors may require additional immunizations.

Staff immunizations. All staff should be up to date with immunizations, especially those which protect against rubella and pertussis.

Adapted from : Health Protection Agency (2010) Guidance on Infection Control in Schools and other Child Care Settings
– *additional references at www.hpa.org.uk*