



UK Health
Security
Agency

Guidance

Children and young people settings: tools and resources

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This publication is available at <https://www.gov.uk/government/publications/health-protection-in-schools-and-other-childcare-facilities/children-and-young-people-settings-tools-and-resources>

Exclusion table

This guidance refers to public health exclusions to indicate the time period an individual should not attend a setting to reduce the risk of transmission during the infectious stage. This is different to 'exclusion' as used in an educational sense.

Infection	Exclusion period	Comments
Athlete's foot	None	Individuals should not be barefoot at their setting (for example in changing areas) and should not share towels, socks or shoes with others.
Chickenpox	At least 5 days from onset of rash and until all blisters have crusted over.	Pregnant staff contacts should consult with their GP or midwife.
Cold sores (herpes simplex)	None	Avoid kissing and contact with the sores.
Conjunctivitis	None	If an outbreak or cluster occurs, contact your local UKHSA health protection team .
Respiratory infections including coronavirus (COVID-19)	Individuals should not attend if they have a high temperature and are unwell. Individuals who have a positive test result for COVID-19 should not attend the setting for 3 days after the day of the test.	Individuals with mild symptoms such as runny nose, and headache who are otherwise well can continue to attend their setting.
Diarrhoea and vomiting	Individuals can return 48 hours after diarrhoea and vomiting have stopped.	If a particular cause of the diarrhoea and vomiting is identified, there may be additional exclusion advice, for example E. coli STEC and hep A.

Infection	Exclusion period	Comments
Diphtheria*	<p>Exclusion is essential.</p> <p>Always contact your local UKHSA health protection team.</p>	<p>For more information, see Managing outbreaks and incidents.</p> <p>Preventable by vaccination. For toxigenic Diphtheria, only family contacts must be excluded until cleared to return by your local UKHSA health protection team.</p>
Flu (influenza) or influenza like illness	Until recovered	<p>Report outbreaks to your local UKHSA health protection team.</p> <p>For more information, see Managing outbreaks and incidents.</p>
Glandular fever	None	
Hand foot and mouth	None	<p>Contact your local UKHSA health protection team if a large number of children are affected. Exclusion may be considered in some circumstances.</p>
Head lice	None	
Hepatitis A	<p>Exclude until 7 days after onset of jaundice (or 7 days after symptom onset if no jaundice).</p>	<p>In an outbreak of hepatitis A, your local UKHSA health protection team will advise on control measures.</p>
Hepatitis B, C, HIV	None	<p>Hepatitis B and C and HIV are blood borne viruses that are not infectious through casual contact.</p> <p>Contact your local</p>

Infection	Exclusion period	Comments
Impetigo	Until lesions are crusted or healed, or 48 hours after starting antibiotic treatment.	<p data-bbox="1035 161 1453 241">UKHSA health protection team for more advice.</p> <p data-bbox="1035 293 1406 454">Antibiotic treatment speeds healing and reduces the infectious period.</p>
Measles	4 days from onset of rash and well enough.	<p data-bbox="1035 506 1445 631">Preventable by vaccination with 2 doses of MMR.</p> <p data-bbox="1035 678 1445 922">Promote MMR for all individuals, including staff. Pregnant staff contacts should seek prompt advice from their GP or midwife.</p>
Meningococcal meningitis* or septicaemia*	Until recovered	<p data-bbox="1035 974 1437 1095">Meningitis ACWY and B are preventable by vaccination.</p> <p data-bbox="1035 1144 1453 1310">Your local UKHSA health protection team will advise on any action needed.</p>
Meningitis* due to other bacteria	Until recovered	<p data-bbox="1035 1361 1453 1653">Hib and pneumococcal meningitis are preventable by vaccination. Your local UKHSA health protection team will advise on any action needed.</p>
Meningitis viral	None	<p data-bbox="1035 1704 1437 1906">Milder illness than bacterial meningitis. Siblings and other close contacts of a case need not be excluded.</p>
Mpox	Until confirmed safe to return by their clinician or in line with any current guidance.	<p data-bbox="1035 1957 1466 2123">Contact your UKHSA health protection team for further advice on management and</p>

Infection	Exclusion period	Comments
MRSA	None	support for anyone considered a close contact of the confirmed case. Good hygiene, in particular handwashing and environmental cleaning, are important to minimise spread. Contact your local UKHSA health protection team for more information.
Mumps*	5 days after onset of swelling	Preventable by vaccination with 2 doses of MMR. Promote MMR for all individuals, including staff.
Ringworm	Not usually required	Treatment is needed.
Rubella* (German measles)	5 days from onset of rash	Preventable by vaccination with 2 doses of MMR. Promote MMR for all individuals, including staff. Pregnant staff contacts should seek prompt advice from their GP or midwife.
Scabies	None (to avoid close physical contact with others until 24 hours after the first dose of chosen treatment). Those unable to adhere to this advice (such as under 5 years or additional needs), should be excluded until 24 hours after the first dose of chosen treatment.	Household and close contacts require treatment at the same time.
Scarlet fever*	Exclude until 24 hours after starting antibiotic treatment.	Individuals who decline treatment with antibiotics

Infection	Exclusion period	Comments
		<p>should be excluded until resolution of symptoms. In the event of 2 or more suspected cases, please contact your local UKHSA health protection team.</p>
Slapped cheek/Fifth disease/Parvovirus B19	None (once rash has developed)	Pregnant contacts of case should consult with their GP or midwife.
Threadworms	None	Treatment recommended for child and household.
Tonsillitis	None	There are many causes, but most cases are due to viruses and do not need or respond to an antibiotic treatment.
Tuberculosis* (TB)	<p>Until at least 2 weeks after the start of effective antibiotic treatment (if pulmonary TB).</p> <p>Exclusion not required for non-pulmonary or latent TB infection.</p> <p>Always contact your local UKHSA health protection team before disseminating information to staff, parents and carers, and students.</p>	<p>Only pulmonary (lung) TB is infectious to others, needs close, prolonged contact to spread.</p> <p>Your local UKHSA health protection team will organise any contact tracing.</p>
Warts and verrucae	None	Verrucae should be covered in swimming pools, gyms and changing rooms.
Whooping cough (pertussis)*	2 days from starting antibiotic treatment, or 14 days from onset of coughing if no antibiotics	<p>Preventable by vaccination.</p> <p>After treatment, non-infectious coughing may</p>

Infection	Exclusion period	Comments
	and feel well enough to return.	continue for many weeks. Your local UKHSA health protection team will organise any contact tracing.

*denotes a notifiable disease. Registered medical practitioners in England and Wales have a statutory duty to notify their local authority or UK Health Security Agency (UKHSA) health protection team (HPT) of suspected cases of certain infectious diseases.

All laboratories in England performing a primary diagnostic role must notify UKHSA when they confirm a notifiable organism.

The NHS website has a [useful resource \(https://www.nhs.uk/live-well/healthy-body/is-my-child-too-ill-for-school/\)](https://www.nhs.uk/live-well/healthy-body/is-my-child-too-ill-for-school/) to share with parents.

Download a [PDF version of the Exclusion table \(https://khub.net/documents/135939561/735696704/HPECS+guidance+Exclusion+table.pdf/7829f6cb-6040-c703-b938-fb764683aaec\)](https://khub.net/documents/135939561/735696704/HPECS+guidance+Exclusion+table.pdf/7829f6cb-6040-c703-b938-fb764683aaec) to print out.

Posters

[Posters \(https://www.gov.uk/government/publications/infectious-diseases-schools-and-other-childcare-settings\)](https://www.gov.uk/government/publications/infectious-diseases-schools-and-other-childcare-settings) are available for use by all children and young people settings to promote the latest advice and guidance in managing cases of infectious diseases in their settings.

Diarrhoea and vomiting outbreak: action checklist

Date completed:

Checklist completed by (print name):

Name and telephone number of institution:

Date completed:

Name of head teacher/manager:

Yes No Comments

Deploy 48-hour exclusion rule for ill individuals.

Individuals with symptoms to wait in an area away from communal/busy areas where they can be observed until parent/carer collects them

Liquid soap and paper hand towels available at all hand wash basins

Staff to check, encourage and supervise hand washing in children.

Check that enhanced cleaning using appropriate products, that is, twice daily (min) cleaning is being carried out, (especially toilets, frequently touched surfaces, for example, handles and taps and including any special equipment and play areas). (See [Preventing and controlling infections](#) section for detail). Ensure that all staff and contractors involved are aware of and are following the guidance.

Disposable protective clothing available (for example, non-powdered latex or synthetic vinyl gloves and aprons).

Appropriate waste disposal systems in place for infectious waste.

Appropriate spill kit in place. Staff to wear appropriate PPE when dealing with spills, which should be removed and disposed of quickly

Advice given on cleaning of vomit (including steam cleaning carpets and furniture or machine hot washing of soft furnishings).

Clean and disinfect hard toys daily (with detergent and water followed by bleach/Milton). Limit and stock rotate toys.

Suspend use of soft toys plus water and sand play and cookery activities during outbreak.

Date completed:

Segregate infected linen (and use dissolvable laundry bags where possible).

Consider having a box of spare clean clothing to replace soiled clothing

Visitors restricted. Essential visitors informed of outbreak and advised on hand washing.

New individuals joining affected class or year group suspended.

Keep staff working in dedicated areas (restrict food handling if possible). Inform HPT of any affected food handlers.

Trays of fruit/snacks to be covered until point of serving. Snacks should be served in individual bowls handed directly to individuals

Drink bottles clearly labelled with names

Consider signage on doors advising of circulating illness with exclusion advice

Check if staff work elsewhere and that all staff are well (including agency). Exclude if unwell (see above regarding 48-hour rule).

HPT informed of any planned events at the institution.

Download a [PDF version of the Diarrhoea and vomiting outbreak action checklist](https://khub.net/documents/135939561/735696704/Diarrhoea+and+vomiting+outbreak+action+checklist.pdf/a5c209de-aa20-f323-894a-220b1aa06650)

(<https://khub.net/documents/135939561/735696704/Diarrhoea+and+vomiting+outbreak+action+checklist.pdf/a5c209de-aa20-f323-894a-220b1aa06650>) to print out.

Meningitis or septicaemia: action checklist

This checklist is for all children and young people settings.

Single case of suspected meningitis or septicaemia in a child, young person or staff member

The setting should contact the health protection team with details of the individual. The health protection team will contact microbiology and the medical team to obtain further information. The health protection team will then follow up with the setting to discuss any further action required.

If the diagnosis is likely to be meningococcal disease, the HPT will discuss the:

- composition of a letter of reassurance to parents, guardians or students to raise awareness of signs and symptoms
- rationale for antibiotic prophylaxis for close household contacts and why children and young people setting contacts are unlikely to receive prophylaxis

Take care not to breach the confidentiality of the person and their illness.

Two or more children, young people or staff members with suspected meningitis or septicaemia

Further public health action may be required when 2 or more individuals who are linked at the setting have confirmed or probable meningococcal disease within a short period of time (usually 4 weeks).

The HPT will:

- establish an outbreak team
- discuss the need for antibiotics within the setting and to a defined close contact group within the establishment (for example dormitory contacts, classroom contacts, children or young people who share common social activities and/or close friends)
- discuss the composition of a letter of reassurance to parents, carers or students to raise awareness of signs and symptoms
- lead on any media messages or involvement

In the event of 2 or more cases the HPT will liaise with:

- microbiology
- GPs
- local Director of Public Health and their team within the local authority

If staff or students have a general question about meningitis, or septicaemia or require support, there are 2 charities available (Monday to Friday, 9am to 5pm):

- [Meningitis Now \(https://www.meningitisnow.org/\)](https://www.meningitisnow.org/): 0808 80 10 388, helpline@meningitisnow.org
- [Meningitis Research Foundation \(https://www.meningitis.org/\)](https://www.meningitis.org/): 080 8800 3344

Read more guidance on managing [meningitis](#)

(<https://www.gov.uk/government/publications/health-protection-in-schools-and-other-childcare-facilities/managing-specific-infectious-diseases-a-to-z#meningitis>) and [septicaemia](#) (<https://www.gov.uk/government/publications/health-protection-in-schools-and-other-childcare-facilities/managing-specific-infectious-diseases-a-to-z#meningococcal-meningitis-and-septicaemia-sepsis>).

Download a [PDF version of the Meningitis or septicaemia action checklist](#) (<https://khub.net/documents/135939561/735696704/Meningitis+or+septicaemia+action+checklist.pdf/147adcb4-d9d0-a3ac-d1de-fbf4533555bf>) to print out.

Useful links

[Health Protection Teams \(HPT\) contact details \(https://www.gov.uk/health-protection-team\)](#). If you are using this guidance in Scotland, please contact your [local Scottish HPT \(https://www.publichealthscotland.scot/contact-us/general-enquiries/health-protection-team-contacts/\)](#).

[e-Bug \(http://www.e-bug.eu/\)](http://www.e-bug.eu/): school resources and e-learning to support teaching about infections and prevention

[Farm visits \(http://www.visitmyfarm.org/\)](http://www.visitmyfarm.org/)

[Health and Safety Executive \(http://www.hse.gov.uk/\)](http://www.hse.gov.uk/)

[NHS England: national infection prevention and control \(https://www.england.nhs.uk/publication/national-infection-prevention-and-control/\)](https://www.england.nhs.uk/publication/national-infection-prevention-and-control/)

[The Meningitis Research Foundation \(https://www.meningitis.org/\)](https://www.meningitis.org/)

[The Meningitis Trust \(https://www.meningitisnow.org/\)](https://www.meningitisnow.org/)

[National immunisation schedule \(https://www.gov.uk/government/publications/the-complete-routine-immunisation-schedule\)](https://www.gov.uk/government/publications/the-complete-routine-immunisation-schedule)

[NHS choices \(http://www.nhs.uk/pages/home.aspx\)](http://www.nhs.uk/pages/home.aspx)

[Notifications of infectious diseases \(https://www.gov.uk/government/collections/notifications-of-infectious-diseases-oids\)](https://www.gov.uk/government/collections/notifications-of-infectious-diseases-oids)

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