

Infection Prevention and Control Newsletter for Schools and Nurseries

Issue 1

Newsletter Date April 2018

Welcome to our first Infection control newsletter

The community Infection control nurses provide services across the three boroughs of Halton, St Helens and Warrington and are available to provide advice and support to Schools and Nurseries

How we can help you.

The Three boroughs infection control team are a team of specialist nurses who are available to answer queries regarding:-

Infectious diseases and exclusion periods.

Help manage outbreaks of diarrhoea and vomiting or other infectious diseases.

Give general advice on preventing the spread of infection in the school and nursery setting.

Three boroughs infection control team.

The Community Infection control specialist nurses are based at Newton Community hospital, Bradlegh Rd, Newton le Willows WA12 8RB.

If you need advice or support regarding infectious diseases the nurses are available Monday to Friday 7:45am to 4:45pm.

Telephone number: 01744 457314 /01744 457312

Their e-mail address is

3Boroughs.infectioncontrol@sthelensccg.nhs.uk

Outbreaks of Diarrhoea and Vomiting.

Outbreaks of diarrhoea and vomiting are very common in the school and nursery setting.

Contact the infection control team if you suspect an outbreak of diarrhoea and vomiting. An outbreak is classed as 2 or more cases who have been in contact with each other. i.e same class/ family

Actions to take in the event of an outbreak

- Use the 48 hour rule for all affected children and staff. This means that those affected should not return to school until 48 hours after the last episode of diarrhoea or vomiting.
- Implement enhanced cleaning of all areas using a solution which contains hypochlorite i.e Milton/ Sterilising fluid.
- Ensure there are plenty of stocks of soap and paper towels and that staff have access to gloves and aprons should these be required.
- Ensure toys are on a cleaning schedule and increase cleaning during outbreak periods.
- Suspend play with soft play including play doh, water and sand.

Ensure that procedures are in place to clean spillages of body fluids correctly. Use a steam cleaner to clean carpets.

The Infection Control team will monitor your outbreak on a daily basis and are available for any advice or support.

Feel free to contact the nurses on 01744 457314



Bug of the month

Scarlet Fever

Scarlet fever occurs most often in the winter and spring.

Scarlet fever is caused by [Streptococcus pyogenes or group A streptococci \(GAS\)](#) bacteria. The same bacteria can cause impetigo. Certain strains of streptococcus bacteria produce a toxin which causes scarlet fever in susceptible people.

Symptoms include a rash, a sore throat, flushed cheeks and a red and swollen tongue.

Scarlet Fever is mainly a childhood disease and most common in 2-8 year olds. It is highly contagious and bacteria are carried in saliva and mucous in the nose. It can be spread by sneezing and coughing and also by direct contact with the saliva and mucous of an infected person.

Children with suspected Scarlet Fever should see their GP who will prescribe a 10 day course of antibiotics. A child can return to school after 24 hours antibiotic treatment if they are well enough to do so. If antibiotics are not prescribed the child will be infectious for 2-3 weeks.

Preventing the spread of Scarlet Fever

Encourage children with good hand washing and supervise small children.

Do not share eating utensils, bedding or towels

Encourage children to use disposable tissues and dispose of promptly

During outbreaks of Scarlet Fever remove mouth blowing toys such as musical instruments.

It is also advisable to remove sand, play doh and water play.

Keep all areas clean and tidy so that it is easier to carry out thorough cleaning of areas.

Implement enhanced cleaning of all surfaces using a Milton like solution.

Ensure that toys are on a regular cleaning schedule and increase cleaning of toys during outbreak periods.

Contact the Infection Control Nurses if you think you have an outbreak of Scarlet Fever.

Thread Worms

Threadworms are an intestinal infection and are very common in young children. The worms are white and look like small pieces of thread. A parent / carer may notice them around the child's anus.

How are threadworms spread?

Threadworms lay their eggs around an infected person's bottom usually at night. Along with the eggs, the worm also secretes a mucus that causes itching. A female threadworm can lay thousands of tiny eggs.

If the eggs get stuck on the person's fingertips when they scratch, they can be transferred to their mouth or on to surfaces and clothes. If other people touch an infected surface, they can then transfer the eggs to their mouth.

Threadworm eggs can survive for up to two weeks before hatching. If the eggs hatch around the anus, the newborn worms can re-enter the bowel. Eggs that have been swallowed will hatch inside the intestine. After two weeks, the worms reach adult size and begin to reproduce, starting the cycle again.

Symptoms of Threadworms.

Threadworms often go unnoticed. However, they can cause intense itching around the anus particularly at night when the female worms are laying eggs. This can disturb a child's sleep.

Treating Threadworms

If a child is found to have thread worms they should be treated.

Treatment can be bought from your local pharmacy. All family members should be treated even if they do not have any symptoms.

Strict hygiene measures help to reduce the likelihood of re-infection. The life cycle of a threadworm is 6 weeks so observe strict hygiene during this time.

Preventing Threadworms

- **Children should wash their hands frequently** especially after going to the toilet and before mealtimes. Supervise small children to ensure that they wash their hands properly with soap.
- **wash all night clothes, bed linen, towels and soft toys if a child is diagnosed** – this can be done at normal temperatures, but make sure the washing is well rinsed
- **thoroughly vacuum and dust the whole house, paying particular attention to the bedrooms** – this should be repeated regularly
- **Clean the bathroom and kitchen by damp-dusting surfaces and washing the cloth frequently in hot soapy water.**
- **Avoid shaking any material that may be contaminated with eggs, such as clothing or bed sheets** – this will prevent eggs being transferred to other surfaces
- **Don't eat food in the bedroom** – you may end up swallowing eggs that have been shaken off the bedclothes
- **Ensure that children's fingernails are kept short and discourage nail biting and finger sucking.**
- **Wear close-fitting underwear at night and change your underwear every morning**
- **Bathe or shower regularly** – it's particularly important to bathe or shower first thing in the morning: make sure you clean around your anus and vagina to remove any eggs
- **ensure everyone in your household has their own face flannel and towel** – don't share towel

Useful information and Resources

The infection control team have web pages with lots of information for schools and nursery staff. This can be found on the following link.

<https://www.sthelensccg.nhs.uk/your-health/infection-control/schools-and-nurseries/>

The web pages include links to our **Single Point Lessons** which give information on a range of infectious diseases. There are continually being developed and launched on our website.

<h1>Hand Foot and Mouth</h1>		Single Point Lesson
<p>Hand, foot and mouth is a common mild viral illness. It is usually caused by Coxsackie A virus but can be caused by enterovirus 71 or Coxsackie B. It's common in children, but rare in healthy adults. Most adults are immune to the virus because they had contact with it as a child.</p>		
<p>Transmission, Incubation period, infectivity and treatment</p> <p>Hand, foot and mouth is easily spread by direct contact with faeces, blisters and respiratory droplets.</p> <p>Incubation period is 3 – 5 days.</p> <p>Child/adult are infectious during the acute illness and while the virus persists in the faeces.</p> <p>There is no specific treatment for hand, foot and mouth</p>		<p>Symptoms of Hand Foot and Mouth.</p> <p>Early symptoms are sore throat and a high temperature.</p> <p>This is followed by sores or blisters on the mouth, hands and feet.</p> <p>The rash is made up of small raised spots. These spots will then turn into blisters.</p> <p>Children may feel unwell with loss of appetite and may have abdominal pain.</p>
<p>Infection Control advice for Schools/Nurseries.</p> <p>Children are most infectious just before their symptoms start. Children should stay off nursery until they are well enough.</p> <p>Encourage children to wash hands with soap and water frequently. Encourage children to use tissues when they cough and sneeze.</p> <p>Disinfect any surfaces or objects that could be contaminated.</p> <p>Please contact the Infection Control Nurses for any additional advice/support: 01744 457314</p>		<p>Get advice from your GP if you are pregnant and you become infected within a few weeks of your due date. Infection in pregnancy is usually nothing to worry about</p>

SCARLET FEVER

Single
Point
Lesson

Scarlet fever is an infectious disease caused by the bacteria *Streptococcus pyogenes*, or group A streptococcus. The same bacteria can also cause impetigo.

Mainly a childhood disease, most common between ages 2 and 8 years. Highly infectious and spread by droplets. It takes about 2 to 5 days to develop symptoms after being infected. Seasonal rises in cases between December and April.

First symptoms - sore throat, headache, nausea and vomiting.
After 12 to 48hrs - a fine red rash appears (feels like sandpaper). Typically it first appears on the chest and stomach, rapidly spreading to other parts of the body.
 Fever over 38.3 degrees
 White coating on the tongue, which peels a few days later, leaving the tongue looking red and swollen. (strawberry tongue)
 Swollen glands in the neck
 Feeling tired and unwell
 Flushed red face, but pale around the mouth.
 Peeling skin on the fingertips, toes and groin area, as the rash fades.



Treatment

10 day course of antibiotics usually Penicillin V or Amoxicillin.

Exclusion

As scarlet fever is highly contagious, children or adults diagnosed with scarlet fever are advised to stay off school or work until at least **24 hours** after the start of antibiotic treatment to avoid passing on the infection. If not treated with antibiotics, can be infectious for 2 -3 weeks. Encourage good hand hygiene. Do not share towels.

Potential complications include ear infection, throat abscess and pneumonia.



There is no risk to pregnant women who are in contact with children who have scarlet fever or who have symptoms themselves. However pregnant women should contact their midwife if there is any doubt of the cause of rash.

Contact the Infection control nurses on 01744 457314 /312 if an outbreak of scarlet fever is suspected or for further advice.

The link to the Public Health England guidance on infection control in schools and other nursery setting is also on our web site. This gives clear information on signs and symptoms of infectious diseases and also exclusion periods.

3 Boroughs Public Health Infection Prevention and Control Team

Tel : 01744 457 314

Fax : 01744 457 327

Email : 3boroughs.infectioncontrol@sthelensccg.nhs.uk

Jenni.hayward2@sthelensccg.nhs.uk

Our address;

Room 149,

Newton Community Hospital

Bradlegh Road, Newton Le Willows. WA12 8RB.