



5.12 Infectious Diseases management procedure

Guidelines

1. If the Ministry of Health advises the school of an infectious disease outbreak – the school will follow their advice on school closures and information to parents/caregivers.
2. **The Public Health Nurse** will be the school reference point for current health information and provide advice to parents/caregivers of children with infectious diseases including the likely need for their child to stay home until they receive a medical clearance or other indicator the child is no longer infectious.
3. The Board will consider funding staff to be vaccinated against flu and hepatitis B each year in accordance with the NZEI Collective contract 2.4.
4. Staff will be taught and reminded of measures to keep themselves and students free from infectious
5. diseases. This will be repeated when there is a likely risk of an infectious disease outbreak or where a student is enrolled with an infectious blood borne virus.
6. Pupils will be taught not to touch blood or bodily fluids. Pupils will also be reminded they must not share drink bottles.
7. Students and staff will be taught how to reduce the spread of infectious diseases through handwashing, covering of mouths and noses and management of use of tissues.
8. Handwashing should include
 - Soap and water are adequate for hand washing.
 - Wash hands for 20 seconds – (Sing Happy Birthday to you)
 - Dry hands thoroughly.
9. **Nits and lice**- parents/caregivers will be informed when incidents of nits and lice appear in a classroom by a class letter available from the office.
Parents/ staff will be advised of prevention measures such as
 - Ensuring children do not share brushes, combs, towels or hats,
 - Ensuring that children's hats are not stored all together.

Pandemic Guidelines

1. A Pandemic kit containing letters and notices is available in the principal's office.
2. If directed by the Ministry of Education or Ministry of Health, the school will close and issue information to parents/caregivers.
3. The principal, in consultation with the Board, will be advised by the Ministry of Education / Ministry of Health as to when the school can re-open.
4. International students will have the option to return home or remain with current accommodation during a pandemic outbreak – subject to immigration controls. Homestays will need to agree to retain students in such an event as part of their contract.
5. The office staff will advise the principal of any recent new students who have travelled from overseas, or students returning from overseas – where they are sent home with flu like symptoms. These will be reported to the Public Health Nurse.
6. Staff and students, as well as school cleaners, will follow pandemic hygiene requirements in the event of an outbreak where the school remains open.

Appendix 3: Infectious Diseases Charts

DISEASE / INFECTION	TIME BETWEEN EXPOSURE AND SICKNESS	THIS DISEASE IS SPREAD BY...	EARLY SIGNS	HOW LONG IS THE CHILD INFECTIOUS?	EXCLUSION OF CHILD FROM KINDERGARTENS, SCHOOLS, ETC
* Campylobacter	1 - 10 days usually 3 - 5 days.	Undercooked food such as chicken and meat; food/water contaminated with faeces from an infected person or animal; or direct spread from an infected person or animal.	Stomach pain, fever and diarrhoea.	Until well, and possibly several weeks after.	Until well with no further diarrhoea!
Chicken Pox	13 - 17 days.	Coughing and sneezing. Also direct contact with weeping blisters.	Fever and spots with a blister on top of each spot.	From up to 5 days before appearance of rash until lesions have crusted (usually about 5 days).	For one week from date of appearance of rash.
COVINGTONVIRUS (ORAL OR SACCHARAL)	24 - 72 hours.	Direct contact with discharge from the eyes or items that are contaminated with the discharge.	Irritation and redness of eye. Sometimes there is a discharge.	While there is a discharge from the eyes, the child is infectious.	While there is a discharge from the eyes.
* Cryptosporidia Giardia	Cryptosporidium 1 - 12 days average about 7 days. Giardia 3 - 25 days usually 7 - 10 days.	From food or water contaminated with faeces from an infected person or animal; or by direct spread from an infected person or animal.	Stomach pain and diarrhoea.	Until well, and possibly several weeks after. Giardia can be cleared by medication.	Until well with no further diarrhoea!
GASTROENTERITIS (VIRAL)	1 - 3 days.	From food or water contaminated with faeces from an infected person or animal; or by direct spread from an infected person.	Vomiting, diarrhoea and fever.	While vomiting and diarrhoea last, and up to 7 days after illness starts.	Until well, with no further vomiting or diarrhoea.
Glandular Fever	Usually 4 - 6 weeks.	Transfer of saliva.	Sore throat, swollen glands in the neck, fever, vague ill health for some time.	Prolonged - maybe for one year or more.	Until well enough to return.
Hand, Foot and Mouth Disease	3 - 5 days.	The virus is spread by coughing, or by poor hand-washing.	Fever, rash on soles and palms and in the mouth. Flu-like symptoms.	While the child is unwell and possibly longer because virus is excreted in faeces for weeks after.	While the child is feeling unwell. Unnecessary if child is well.
* Hepatitis A	15 - 50 days average 28-30 days.	From food or water contaminated with faeces from an infected person, or by direct spread from an infected person.	Nausea, stomach pains general sickness. Jaundice a few days later.	From about 2 weeks before signs appear until 1 week after jaundice starts.	7 days from onset of jaundice!
HEPATITIS B <small>(immunisation usually prevents this illness)</small>	6 weeks - 6 months usually 2 - 3 months.	Close physical contact with the blood or body fluids of an infected person.	Similar to Hepatitis A.	The blood and body fluids maybe infectious several weeks before signs appear and until weeks or months later. A few are infectious for years.	Until well or as advised by GP.
Impetigo (School Sores)	Usually 7 - 10 days. Variable.	Direct contact with discharge from infected skin.	Scabby sores on exposed parts of body.	Until 24 hours after treatment with antibiotics has started or until sores are healed.	Until 24 hours after treatment has started or as advised by your GP or Public Health Nurse.

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* Doctors notify these diseases to the Public Health Service (PHS). The PHS will advise on control measures and on exclusion of child or staff, if advised by a GP or the PHS.

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Impetigo is infectious but it is imperative there is direct contact with the sores. If a child has one or two impetigo, then the parent may opt to not use antibiotics. In this case, the sores should be covered with fabric plaster while at school. If a child is at school with impetigo and untreated, sores should be covered until treated. They are fine to be left uncovered at school once they have been on antibiotics for 24 hours

Infectious Diseases

DISEASE / INFECTION	TIME BETWEEN EXPOSURE AND SICKNESS	THIS DISEASE IS SPREAD BY...	EARLY SIGNS	HOW LONG IS THE CHILD INFECTIOUS?	EXCLUSION OF CHILD FROM KINDERGARTENS, SCHOOLS, ETC
Influenza	1 - 3 days.	Coughing and sneezing and direct contact with respiratory droplets.	Sudden onset of fever with cough, sore throat, muscular aches, and headache.	From 1 - 2 days before illness, up to 7 days.	Restrict contact activities until well.
* Measles <small>(immunisation usually prevents this illness)</small>	Usually 10 days to onset 14 days to rash.	Coughing and sneezing. Also direct contact with the nose/throat secretions of an infected person.	Running nose and eyes, cough, fever and a rash.	From the first day of illness until 4 days after the rash begins.	At least 4 days from onset of rash.
* Meningitis (Meningococcal) <small>(immunisation may prevent this illness)</small>	2 - 10 days usually 3 - 4 days.	Close physical contact such as sharing food and drinks, kissing, sleeping in the same room.	Generally unwell, fever, headache, vomiting, sometimes a rash. Urgent treatment is important!	24 hours after starting antibiotics.	Until well enough to return.
* Mumps <small>(immunisation usually prevents this illness)</small>	Usually 16 - 18 days.	Contact with infected saliva, eg coughing, sneezing, kissing and sharing food or drink.	Pain in jaw, then swelling in front of ear, and fever.	For one week before swelling appears until 9 days after.	Until 9 days after swelling develops, or until child is well, which ever is sooner.
Ringworm	10 - 14 days.	Contact with infected person's skin or with their clothes or personal items. Also through contaminated floors and shower stalls.	Flat spreading ring-shaped lesions.	While lesions are present, and while fungus persists on contaminated material.	Restrict contact activities eg. gym and swimming until lesions clear.
* Rubella <small>(immunisation usually prevents this illness)</small>	Usually 16 - 18 days.	Coughing and sneezing. Also direct contact with the nose/throat secretions of an infected person.	Fever, swollen neck glands and a rash on the face scalp and body. Rubella during early pregnancy can cause abnormalities in the baby.	From 7 days before rash starts and until at least 4 days after it has appeared.	7 days from appearance of rash.
* Salmonella	6 - 72 hours usually 12 - 36 hours.	Undercooked food like chicken, eggs & meat; food or water contaminated with faeces from an infected person or animal; or direct spread from an infected person or animal.	Stomach pain, fever and diarrhoea.	Until well, and possibly weeks or months after.	Until well with no further diarrhoea.
Scabies	Days - weeks.	Direct skin contact with the infected person, and sharing sheets and clothes.	Itchy rash in places such as forearm, around waist, between fingers, buttocks and under armpits.	24 hours after treatment is started.	24 hours after treatment is started.
STREPTOCOCCAL SORE THROAT	1 - 5 days.	Usually contact with the secretions of a strep sore throat.	Headache, vomiting, sore throat.	For 24 - 48 hours after treatment with antibiotics is started.	Until 24 hours after antibiotics started.
SLAPPED CHEEK	1 - 3 days.	Coughing and sneezing. The virus may be passed from mother to child during pregnancy.	Red cheeks and face-like rash on body.	For variable time up to appearance of rash.	Unnecessary unless child is unwell.
* Whooping Cough (Pertussis) <small>(immunisation usually prevents this illness)</small>	4 - 10 days.	Coughing. Adults and older children may pass on the infection to babies.	Running nose, persistent cough followed by "whoop", vomiting or breathlessness	For 3 weeks from the first signs if not treated with antibiotics. If the child has had antibiotics, until 5 days of antibiotic treatment.	21 days from onset of coughing, or after 5 days of antibiotics.

Your Public Health Nurse

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