



SURREY
COUNTY COUNCIL

Infection Control in Schools



This document is based on UK Health Security Agency (UKHSA) guidance [Health protection in children and young people settings, including education - GOV.UK \(www.gov.uk\)](https://www.gov.uk/guidance/health-protection-in-children-and-young-people-settings-including-education).

It has been reviewed by Surrey County Council's Strategic Risk Management and Public Health teams. It replaces all previous versions.

Question	Answer
Document owner	Strategic Risk Management
Creation date	March 2023
Version	Version No:2
Status	Final
Publication date	May 2023
Review date	May 2026

Version control	Date	Reason for change
V1	15/05/2020	New guidance based on Public Health England infection control guidance
V2	12/05/2023	Reviewed guidance and aligned to UKHSA guidance. Removed specific sections on COVID-19. SCC IPC action card links added. Action checklists removed and links added to replace these with downloadable PDFs.

Introduction

Schools and nurseries are common sites for transmission of infections. Children are particularly susceptible because:

- they have immature immune systems
- have close contact with other children
- sometimes have no or incomplete vaccinations
- have a poor understanding of hygiene practices.

This document provides information for staff managing a range of common and important childhood infections in schools.

Infections in children and young people settings

Infections in children are common and can be acquired at home or in the community and brought into settings or acquired and spread within the setting.

Infections are caused by micro-organisms such as bacteria, viruses, fungi, and parasites, otherwise known as germs. Germs are everywhere and most do not cause infection and can even be beneficial. However, some germs can cause infections when they get into the wrong place, which can result in symptoms such as fever and sickness.

Many diseases can spread before the individual shows any symptoms (during the infectious period). Infection prevention and control measures aim to interrupt the cycle of infection by promoting the routine use of good standards of hygiene so that transmission of infection is reduced overall. This is usually through:

- immunisation of pupils and staff
- good hand washing
- making sure the environment is kept clean

Where a case of infection is known, measures aim to reduce or eliminate the risk of spread through information and prompt exclusion of a case.

How infections spread

The mode of transmission is a term used to describe how germs are spread from person to person.

Airborne or droplet spread

Respiratory infections can spread easily between people. Sneezing, coughing, singing, and talking may spread respiratory droplets (aerosols) from an infected person to someone close by. Airborne infections can spread without necessarily having close contact with another person via small respiratory particles. Droplets from the mouth or nose may also contaminate hands, cups, toys, or other items and spread to those who may use or touch them, particularly if they then touch their nose or mouth. These can penetrate deep into the lungs (respiratory system). Examples of infections that are spread in this way are the common cold, coronavirus (COVID-19), influenza, and whooping cough.

Direct contact spread

By direct contact with the infected area to another person's body, or via contact with a contaminated surface. This is the most common route of cross-infection from one person to another (transmission of infection). Examples of infections of the skin, mouth and eye that are spread in this way are scabies, headlice, ringworm and impetigo.

Gastro-intestinal infections can spread from person to person when infected faeces or vomit are transferred to the mouth either directly or from contaminated food, water, or objects such as toys, door handles or toilet flush handles. Examples of infections spread in this way include hepatitis A, Shiga Toxin-producing Escherichia Coli (STEC), and norovirus.

Blood borne viruses are viruses that some people carry in their blood and can be spread from one person to another by contact with infected blood or body fluids, for example, while attending to a bleeding person or injury with a used needle. Examples of infections spread in this way are hepatitis B and human immunodeficiency virus (HIV).

Measures can be taken to prevent and control infections that spread via direct contact with a person or indirectly from the person's immediate environment (including equipment). This includes precautions such as cleaning and safe management of the environment.

Groups at higher risk from infection

For most people, the risk from common infections is low and few will become seriously unwell. There are some groups of people who are either at higher risk of contracting an infection, or at risk of more severe illness or other consequences because of contracting the infection.

A small number of people have impaired immune defence mechanisms in their bodies either because of a medical condition or due to treatment they are receiving (known as immunosuppressed). People who are immunosuppressed may have a reduced ability to fight infections and other diseases.

Most people in this group will be under the care of a hospital specialist and will have received advice on the risks to them and when to seek medical advice. People in this group should continue to attend their education or childcare setting unless advised otherwise by their clinician.

If a child who may be at higher risk due to their immunosuppressed status is thought to have been exposed to an infection in the setting, the parents and carers should be informed immediately so that they can seek further medical advice from their GP or specialist, as appropriate. Other people in the setting who may be at risk due to their immunosuppressed status and may have been exposed to an infectious disease, should also be informed immediately so they can seek further medical advice from their GP or specialist, as appropriate.

Women who are pregnant should ensure they are up to date with the recommended vaccinations, including COVID-19 immunisation (see [Supporting immunisation programmes - GOV.UK \(www.gov.uk\)](https://www.gov.uk)). Pregnant women should consult their midwife or GP immediately if they meet people with measles, mumps, rubella, slapped cheek syndrome and chickenpox as contact with these illnesses can affect the pregnancy and/or development of the unborn baby. They should also avoid contact with animal litter trays due to the risk of toxoplasmosis. Consider that you may not be aware of which people are pregnant, so ensure information is available to all.

Prevention and control

Germs are spread during the infectious period and for some diseases such as chickenpox and coronavirus (COVID-19) this can be before the person affected shows any symptoms.

Hand hygiene

Hand hygiene is one of the most important ways of controlling the spread of infections, especially those that cause diarrhoea and/or vomiting and respiratory disease. Ensure all individuals have access to liquid soap, warm water and paper towels.

Bar soap should not be used. Alcohol hand gel can be used if hands are not visibly dirty. Alcohol hand gel is not effective against organisms that cause gastroenteritis, such as norovirus.

Advise all individuals to clean their hands after using the toilet, before eating or handling food, after playtime and after touching animals.

Cover all cuts and abrasions with a waterproof dressing.

Educate children and young people on why hand hygiene is so important. Free resources to support this have been developed by SCC's Public Health team [Infection Prevention Control \(IPC\) – Free Action Cards and Resources for Schools | Surrey Education Services \(surreycc.gov.uk\)](#) and the UK Health Security Agency (UKHSA) [Home \(e-bug.eu\)](#).

Respiratory and cough hygiene

Coughs and sneezes spread diseases. Covering the nose and mouth when sneezing and coughing can reduce the spread of infections.

Discourage spitting.

Encourage all individuals, particularly those with signs and symptoms of a respiratory infection to follow respiratory hygiene and cough etiquette:

- cover nose and mouth with a tissue when coughing and sneezing, dispose of used tissue in a waste bin, and clean hands
- cough or sneeze into the inner elbow (upper sleeve) if no tissues are available, rather than into the hand
- keep contaminated hands away from their eyes, mouth and nose
- clean hands after contact with respiratory secretions and contaminated objects and materials.

Educate children and young people on why respiratory hygiene is so important. Free resources to support this have been developed by UKHSA with teachers for ages 3 to 16 and are available at [Home \(e-bug.eu\)](#).

Cleaning

Keeping settings clean, including equipment, reduces the risk of transmission. Effective cleaning and disinfection are critical in any setting, particularly when food preparation is taking place.

Cleaning with detergent and water is normally all that is needed as it removes most germs that can cause diseases.

Essential elements of a comprehensive cleaning contract include daily, weekly and periodic cleaning schedules.

In the event of an outbreak of infection at your setting, your UKHSA health protection team (HPT) may recommend enhanced or more frequent cleaning, to help reduce transmission. This is covered in [Managing outbreaks and incidents - GOV.UK \(www.gov.uk\)](https://www.gov.uk/guidance/managing-outbreaks-and-incidents).

Advice may also be given to increase cleaning of areas with particular attention to hand touch surfaces that can be easily contaminated such as door handles, toilet flushes, taps and communal touch areas.

All spillages of blood, faeces, saliva, vomit, nasal and eye discharges should be cleaned up immediately, wearing PPE.

Clean spillages using a product which combines detergent and disinfectant (and ensure it is effective against both bacteria and viruses). Always follow the manufacturer's instructions. Use disposable paper towels or cloths to clean up blood and body fluid spills and dispose of after use. A spillage kit should be available for bodily fluids like blood, vomit and urine.

What do you need to do

Clean surfaces that people touch a lot. Regularly clean and disinfect all areas or surfaces in contact with food, dirt, or bodily fluids.

In cleaning schedules, clearly describe the activities required, the frequency of cleaning and who will carry them out. Although there is no legal requirement to use a colour-coding system, it is good practice. Use colour-coded equipment in different areas with separate equipment for kitchen, toilet, classroom, and office areas (for example, red for toilets and washrooms; yellow for hand wash basins and sinks; blue for general areas and green for kitchens).

Develop plans for situations where additional cleaning will be required (for example in the event of an outbreak) and how the setting might carry this out.

Ensure cleaning staff are appropriately trained and have access to the appropriate personal protective equipment (PPE), such as household gloves and aprons.

Cleaning equipment used should be disposable or, if reusable, disinfected after each use.

Store cleaning solutions in accordance with Control of Substances of Hazardous to Health (COSHH) and change and decontaminate cleaning equipment regularly.

Nominate a member of staff to monitor cleaning standards, have a system in place for staff to report issues with cleaning standards and discuss any issues with cleaning staff, or contractors employed by the setting.

Areas where food is handled or prepared

The Food Standards Agency (FSA) [Homepage | Food Standards Agency](https://www.food.gov.uk) strongly advises the use of either a dishwasher, a sterilising sink, or a steam cleaner to clean and disinfect equipment and utensils.

Operate and maintain equipment according to the manufacturer's instructions and include regular dishwasher interior cleaning cycles. Follow food hygiene standards from the Food Standards Agency and educate children and young people on their role in improving food hygiene.

Toileting and sanitation

Good hygiene practices depend on adequate facilities and clear processes. Hand hygiene is extremely important to emphasise to individuals who are supporting children and young people with toileting.

Individuals who use continence aids (like continence pads, catheters) should be encouraged to be as independent as possible. The principles of basic hygiene should be applied by both individuals and staff involved in the management of these aids.

What you need to do

Have hand wash basins available, with warm running water along with a mild liquid soap, preferably wall-mounted with disposable cartridges.

Place disposable paper towels next to basins in wall-mounted dispensers, together with a nearby foot-operated wastepaper bin.

Make sure toilet paper is available in each cubicle (it is not acceptable for toilet paper to be given out on request). If settings experience problems with over-use, they could consider installing paper dispensers to manage this.

Suitable sanitary disposal facilities should be provided where there are children and young people aged 9 or over (junior and senior age groups).

Where nappy changing is taking place

Create a designated changing area for children and young people using nappies.

This should:

- where possible, be away from play facilities and any area where food and/or drink is prepared or consumed
- have appropriate hand washing facilities available.

Staff involved in managing nappies should:

- wash and dry their hands after every nappy change, before handling another child or leaving the nappy changing room
- wrap soiled nappies in a plastic bag before disposal in the general waste unless collected separately as offensive waste – see safe management of waste.
- where appropriate, clean children's skin with a disposable wipe (flannels should not be used)
- label nappy creams and lotions with the child's name and do not share with others
- wipe changing mats with soapy water or a mild detergent wipe after each use and at the end of each day
- check mats weekly for tears and discard if the cover is damaged.

Where potties are used

Designate a sink for cleaning potties (not a hand wash basin). This should be in the area where potties are used.

- Wear disposable gloves to flush contents down the toilet.
- Wash the potty in hot soapy water and dry.

- Store potties upside down. Do not stack potties inside each other.
- Wash hands using soap and warm water and dry after removing disposable gloves.

For individuals with continence aids

Change continence pads in a designated area.

Wear appropriate personal protective equipment (PPE) such as disposable gloves and a disposable plastic apron and change after every child or young person. Ensure hand washing facilities are readily available.

Personal protective equipment

PPE can protect individuals and staff from contamination with blood or bodily fluids, which may contain germs that spread disease. PPE should be used in line with risk assessments in all settings, proportionate to the risk identified.

What you need to do

If there is a risk of splashing or contamination with blood or bodily fluids during an activity, wear disposable gloves and plastic aprons. Gloves and aprons should be single-use disposable, non-powdered vinyl/nitrile or latex-free and CE marked.

Wear a fluid-repellent surgical facemask and eye protection if there is a risk of splashing with blood or body fluids to the face. If reusable, decontaminate prior to next use.

For aerosol generating procedures (AGPs):

Wear eye and face protection, apron and gloves to protect against the splashing or spraying of blood and bodily fluids from AGPs. If you or a member of your staff is performing an AGP on an individual who is suspected of being infectious with a respiratory agent (for example respiratory syncytial virus (RSV) or COVID-19), use additional airborne PPE, including a fit tested FFP3 respirator.

Safe management of the environment

Ventilation

Ventilation is the process of introducing fresh air into indoor spaces while removing stale air. Letting fresh air into indoor spaces can help dilute air that contains viral particles and reduce the spread of COVID-19 and other respiratory infections.

As part of the COVID-19 pandemic response, the Department for Education provided state-funded education and childcare settings with access to CO2 monitors to help them assess how well ventilated their spaces were. Settings can continue to use these monitors as a helpful tool to manage ventilation, sitting alongside the other protective measures in place to manage transmission, such as vaccinations and increased hygiene.

CO2 monitors are portable, enabling settings to move them around to assess ventilation across their full estate, starting with areas they suspect may be poorly ventilated. Where an area of poor ventilation has been identified, there are several simple measures that can be taken to resolve this.

Further information is available: [Ventilation to reduce the spread of respiratory infections, including COVID-19](#). Free action cards to assist in lesson planning on ventilation have been

developed by SCC's Public Health team [Infection Prevention Control \(IPC\) – Free Action Cards and Resources for Schools | Surrey Education Services \(surreycc.gov.uk\)](#).

What you need to do

All settings should keep occupied spaces well ventilated to help reduce the number of respiratory germs. Open windows and doors as much as possible to let fresh air in (unless it is unsafe to do so, for example, do not keep fire doors open).

Try and open higher-level windows to reduce draughts, where it is safe to do.

If you have CO2 monitors, use them to balance the need for increased ventilation with maintaining a comfortable temperature.

During the colder months, you may consider opening windows more when the room is unoccupied in between lessons. If the above does not help to reduce CO2 levels, settings should explore what remedial works may be required to improve ventilation.

Keeping animals on site

Some settings will choose to include pets and other animals to enhance the learning environment or provide respite or support for people. However, contact with animals can pose a risk of infection including gastro-intestinal infection, fungal infections and parasites.

Some people may be at greater risk of developing a severe infection. However, sensible measures can be taken to reduce the risk of infection.

What you need to do

Only consider pets that are mature and toilet trained. A knowledgeable staff member needs to be responsible for animals and abide by the Animal Welfare Act 2006, which places a duty on animal owners to ensure their animal's welfare needs are met.

The responsible person should ensure that the animal has recommended treatments and immunisations, is regularly groomed (including claws trimmed) and checked for signs of infection. Where an individual has a support animal, responsibility for implementing infection prevention measures, and supporting the individual to do so, should be allocated to a staff member.

Develop a risk assessment detailing:

- the types of animals allowed in the setting
- how to manage them and permitted behaviour whilst on the premises
- any insurance liability of owners and handlers

Ensure animals are always supervised when in contact with children and young people and that all persons wash their hands immediately after handling animals, or touching their bedding or equipment.

Maintain a clean environment, making sure that:

- bedding is laundered regularly
- feeding areas are kept clean and food stored away from human food
- food not consumed within 20 minutes is taken away or covered

There are some additional considerations for cats, such as:

- cat litter trays should be cleaned daily wearing disposable gloves
- litter trays should not be placed near food preparation, storage or eating areas
- pregnant staff should not clean litter trays due to a risk of toxoplasmosis

Reptiles are not suitable as pets in children and young people settings as all species can carry salmonella which can cause serious illness.

Safe management of linen and soft furnishings

Where soft furnishings are used, they should ideally have a wipeable surface.

What you need to do

If there is a need for laundry facilities, designate an area on site that:

- is separate from any food preparation areas
- has appropriate hand washing facilities
- has a washing machine with a sluice or pre-wash cycle

Avoid rinsing clothing by hand as there is a risk of inhaling fine contaminated aerosol droplets. Instead, rinse soiled articles of clothing in a washing machine pre-wash cycle, prior to washing.

If the setting uses linen then:

- ensure that linen is washed at least weekly and when visibly dirty
- bedding should be allocated to a named person
- launder face flannels after each use
- remove dirty and used linen from areas that are accessible to children and young people
- carefully dispose of any soiling (faeces) found on clothing or linen into the toilet, for example from reusable nappies – note: do not rinse soiled clothing, including reusable nappies
- wash all linen at the hottest temperatures specified on the fabric
- keep fresh linen in a clean, dry area separate from used linen

If staff have uniforms or use cotton tabards, they should change them every day and wash them using normal washing detergent at the hottest temperature specified on the garment.

If clothing is contaminated with blood or bodily fluids:

- wear gloves and aprons when handling soiled linen or clothing
- remove clothing as soon as possible and place in a named and sealed plastic bag or container
- send clothing home with the child or young person with advice for the parent or carer on how to launder the contaminated clothing
- wash any contaminated clothing separately in a washing machine, using a pre-wash cycle, on the hottest temperature that the clothes will tolerate
- wash hands thoroughly after removing the gloves and aprons

Safe management of blood and bodily fluids

Blood and bodily fluids can contain germs that cause infection. It is not always evident whether a person has an infection, and so precautions should always be taken.

Cleaning blood and bodily fluid spills

Clean any spillages of blood, faeces, saliva, vomit, nasal discharges immediately, wearing PPE. Use gloves and an apron if you anticipate splashing and risk assess the need for facial and eye protection.

Clean using a product which combines detergent and disinfectant that is effective against both bacteria and viruses. Manufacturer's guidance should always be followed. Cleaning with detergent followed by the use of a disinfectant is also acceptable. It should be noted that some agents, such as NaDCC (Sodium Dichloroisocyanurate or Troclosene Sodium, a form of chlorine used for disinfection), cannot be used on urine.

Use disposable paper towels or cloths to clean up blood and bodily fluid spills. These should be disposed of immediately and safely after use.

A spillage kit should be available for bodily fluids like blood, vomit and urine.

Managing cuts, bites, nose bleeds and bodily fluid spills

Take standard precautions when dealing with any cuts or abrasions that involve a break in the skin or bodily fluid spills.

Be aware of the setting's health and safety policies and manage incidents such as cuts, bites, bleeds and spills accordingly. These policies should include having nominated first aiders who are appropriately trained.

Use Standard Infection Prevention and Control (SIPC) precautions to reduce the risk of unknown (and known) disease transmission.

These include:

- wearing gloves when in contact with blood, bodily fluids, non-intact skin, eyes, mouth, or nose (washing grazes, dressing wounds, cleaning up blood after an incident) and wearing a disposable plastic apron
- carefully cleaning the wound under running water if possible or using a disposable container with water and wipes; carefully dab dry
- covering all exposed cuts and grazes with waterproof plasters
- keeping the dressing clean by changing it as often as is necessary
- managing all spillages of blood or body fluids

Safe management of waste (including sharps)

Under the waste management duty of care, settings must ensure that all waste produced is dealt with by a licensed waste management company. Place any used PPE in a refuse bag and dispose of as normal domestic waste. PPE should not be put in a recycling bin or dropped as litter.

Settings that generate clinical waste should continue to follow usual waste policies.

Nappy waste can sometimes be produced in large quantities in places such as nurseries. Although considered non-hazardous it can sometimes be offensive and cause handling problems. Contact your local council if you are a setting that produces significant amounts of used nappies (more than 7kg per collection period) to discuss appropriate disposal arrangements.

Managing prevention of exposure to infection (including needlestick or sharps injuries, and bites)

An exposure is an injury from a used needle or a bite which breaks the skin, and/or exposure of blood and body fluids onto:

- broken skin
- the eyes, nose or mouth

Human mouths are inhabited by a wide variety of organisms, some of which can be transmitted by bites. Human bites resulting in puncture or breaking of the skin are potential sources of exposure to blood borne infections, therefore, it is essential that they are managed promptly.

What you need to do

If someone pricks or scratches themselves with a used hypodermic needle or has a bite which breaks the skin:

- dispose of the needle safely in a sharps container to avoid the same thing happening to someone else – please contact your local authority or school nurse for help with safe disposal of discarded needles
- wash the wound thoroughly with soap and warm running water
- cover the wound with a waterproof dressing
- seek immediate medical attention or advice from your local accident and emergency department or occupational health provider
- record it in the accident book and complete the accident form

Managing outbreaks and incidents

Many infectious diseases can be managed by reinforcing the measures recommended in [Preventing and controlling infections](#) and by:

- encouraging all people who are unwell not to attend the setting or remain separate from others, wherever possible –further guidance on exclusion periods is available for specific infectious diseases [Managing specific infectious diseases: A to Z - GOV.UK \(www.gov.uk\)](#)
- ensuring all eligible groups are enabled and supported to take up the offer of immunisation programmes including coronavirus (COVID-19) and flu
- ensuring occupied spaces are well ventilated and let fresh air in
- reinforcing good hygiene practices such as frequent cleaning and hand hygiene
- requesting that parents, carers or students inform the setting of a diagnosis of any infectious disease

People who are showing the symptoms of an infectious disease [The NHS website - NHS \(www.nhs.uk\)](#) or have been diagnosed by a health professional or diagnostic test should be advised to stay away from their setting for the minimum period recommended, if required, and until well enough.

See guidance for specific infectious diseases to find out if, and how long, people should be advised to stay away [Managing specific infectious diseases: A to Z - GOV.UK \(www.gov.uk\)](#).

When to contact the Health Protection Team

There are some situations where you may need to contact your local UK Health Security Agency (UKHSA) HPT [Find your local health protection team in England - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/organisations/uk-health-security-agency/about-us/our-structure/our-regional-teams)

UKHSA Surrey and Sussex Health Protection Team (South East)

County Hall, Chart Way
Horsham
RH12 1XH

ICC.KSS@ukhsa.gov.uk

Phone: 0344 225 3861

Advice on when and when not to contact the HPT is included for each disease [Managing specific infectious diseases: A to Z - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/organisations/uk-health-security-agency/about-us/our-structure/our-regional-teams/our-regional-teams-south-east).

Contact your HPT for advice if you are concerned and/or have seen:

- a higher than previously experienced and/or rapidly increasing number of absences due to the same infection
- evidence of severe disease due to an infection, for example if an individual is admitted to hospital
- more than one infection circulating in the same group of people, for example chicken pox and scarlet fever
- an outbreak or serious or unusual illness for example:
 - [E.coli 0157](#) or [E. coli STEC](#) infection
 - [food poisoning](#)
 - [hepatitis](#)
 - [measles](#), [mumps](#), [rubella](#) (rubella is also called German measles)
 - [meningococcal meningitis or septicemia](#)
 - [scarlet fever](#) (if an outbreak or co-circulating chicken pox)
 - [tuberculosis \(TB\)](#)
 - [typhoid](#)
 - [whooping cough](#) (also called pertussis)

If you do need to contact your HPT, you should prepare information in advance to help them to support you. Find out what information you need in [What to expect from contacting your HPT](#).

Notifiable illnesses are normally reported through a GP who has made a formal diagnosis of an infectious illness, or through hospital admission when tests have been done. A GP has the responsibility of notifying UKHSA or a hospital where a child is receiving care.

For common infections, the school should refer to the UKHSA public health exclusions table [Children and young people settings: tools and resources - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/organisations/uk-health-security-agency/about-us/our-structure/our-regional-teams/our-regional-teams-south-east).

If there are unusual levels of a specific infection, like a group A strep, or there is an outbreak of infectious illness like diarrhoea and vomiting, UKHSA should be contacted for advice, or alternatively your HPT. The HPT can also draft letters and provide factsheets for parents and carers to ensure the most up to date information is given.

Immunisation

Immunisation means both receiving a vaccine and then becoming immune to a disease. A full dose of vaccination generally provides immunity similar to that provided by the natural infection, but without the risk of the disease or its complications.

Achieving high levels of immunity against vaccine preventable diseases is vital to reduce the spread of infection and prevent outbreaks. High levels of immunity can result in herd immunity, whereby the protection from immunisation programmes extends to individuals who cannot be vaccinated for several reasons.

For more information on school immunisation programmes please see [Supporting immunisation programmes - GOV.UK \(www.gov.uk\)](https://www.gov.uk/guidance/supporting-immunisation-programmes).

Staff immunisation

It is important that all staff are [up to date with their vaccinations](#). Staff may wish to speak to their GP or practice nurse for support or advice.

All staff should be encouraged to check their immunisation records and contact their GP practice if they are unsure if they are up to date or if they need to catch up.

MMR vaccination

In particular, all staff should make sure that they have had 2 doses of the MMR vaccine.

The MMR vaccine is the safest and most effective way to protect yourself against measles, mumps and rubella, which are viral infections that can quickly spread and cause outbreaks.

Rubella caught in pregnancy can lead to miscarriage or cause very serious harm to the unborn baby and so all people who are considering a pregnancy should make sure they are up to date with their 2 doses of the MMR vaccine. The MMR vaccine is available for free on the NHS with no upper age limit.

Further information is available in the [Thinking of getting pregnant?](#) leaflet.

Hepatitis B vaccine

The hepatitis B vaccine is recommended for staff who are involved in the care of individuals with severe learning disability or challenging behaviour who live in institutional accommodation.

In such circumstances, it is the responsibility of the employer to conduct an occupational health risk assessment and pay for the vaccine if it is required.

UKHSA tools and resources

Tools and resources [Children and young people settings: tools and resources - GOV.UK \(www.gov.uk\)](https://www.gov.uk/guidance/children-and-young-people-settings-tools-and-resources) are available for settings to download as PDF documents and include:

- A public health exclusions table to indicate the time period an individual should not attend a setting to reduce the risk of transmission during the infectious stage
- Diarrhoea and vomiting outbreak action checklist
- Meningitis or septicaemia: action checklist
- Posters for managing cases of infectious diseases [Infectious diseases: education and childcare settings - GOV.UK \(www.gov.uk\)](https://www.gov.uk/guidance/infectious-diseases-education-and-childcare-settings).

SCC Public Health Resources

Free downloadable action cards for teaching Early Years, KS1 and KS2 students about hand washing, ventilation and microorganisms [Infection Prevention Control \(IPC\) – Free Action Cards and Resources for Schools | Surrey Education Services \(surreycc.gov.uk\)](https://www.surreycc.gov.uk/infection-prevention-control-ipc-free-action-cards-and-resources-for-schools)

[Action Card - Handwashing \(PDF , 21.82 KB\)](#)

Lesson about why we need to wash our hands to help us keep safe

[Action Card - Intro to Microorganisms \(PDF , 21.50 KB\)](#)

Lesson about germs and how they help you or make you poorly

[Action Card - Ventilation \(PDF , 14.71 KB\)](#)

Lesson about why it is good to let fresh air in

[Wash the Germs Away - Poem \(PDF , 7.91 KB\)](#)

Poem to aid discussion and encourage children to write their own

Useful links

[Emergency planning and response for education, childcare, and children's social care settings - GOV.UK \(www.gov.uk\)](https://www.gov.uk/guidance/emergency-planning-and-response-for-education-childcare-and-childrens-social-care-settings)

[Health protection in children and young people settings, including education - GOV.UK \(www.gov.uk\)](https://www.gov.uk/guidance/health-protection-in-children-and-young-people-settings-including-education)

[Specific settings and populations: additional health protection considerations - GOV.UK \(www.gov.uk\)](https://www.gov.uk/guidance/specific-settings-and-populations-additional-health-protection-considerations)

[School nursing :: Children and Family Health Surrey \(childrenshealthsurrey.nhs.uk\)](https://childrenshealthsurrey.nhs.uk/school-nursing)

[Scarlet fever: managing outbreaks in schools and nurseries - GOV.UK \(www.gov.uk\)](https://www.gov.uk/guidance/scarlet-fever-managing-outbreaks-in-schools-and-nurseries)

[Preventing Infections in Childcare - Online Course - FutureLearn](https://www.futurelearn.com/courses/preventing-infections-in-childcare)