



Prevention and Control of Infection and Communicable Diseases Procedures

April 2025

**ISCA Summer Programme
06/07/25 – 27/07/25**

Cranleigh School

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KEY FACTS:

- Infectious diseases are a major cause of illness among children in a summer camp environment.
- Social distancing and handwashing is the single most important point of infection control.
- Teaching children the skills of handwashing and cough etiquette is essential in breaking the chain of infection.
- It is important that any students or staff who are unwell should not take part in activities and only participate once recovered.

1. Procedures

ISCA will follow Public Health Guidance Document – Health Protection in Schools and other childcare facilities - published September 2017 (last updated March 2025). This guidance provides advice on preventing the spread of infections, which diseases to vaccinate for, how long to keep children isolated for and several infections.

The Public Health Guidance Document – Health Protection in Schools and other childcare facilities document gives clear guidance including recommended periods for students to be kept away from the rest of the ISCA group, covering the following areas within six chapters:

- Chapter 1: [Introduction to Infections](#)
Chapter 2: [Infection Prevention and Control](#)
Chapter 3: [Public Health Management of Specific Infectious Diseases](#)
Chapter 4: [Action in the event of an Outbreak or Incident](#)
Chapter 5: [Immunisation](#)
Chapter 6: [Educational Visits](#)

Diarrhoea and vomiting outbreak: education and childcare settings action checklist



2. Infections in Childcare Settings

Micro-organisms such as bacteria, viruses and fungi are everywhere and commonly do not cause infection (and can even be beneficial). However, some do cause infection resulting in symptoms such as fever and sickness. Infections in children are common. This is because a child's immune system is immature. Added to this, young children often have close contact with their friends, for example through play, and lack good hygiene habits, making it easier for infections to be passed on. Many diseases can spread before the individual shows any symptoms at all (during the infectious period). For example, a student with chickenpox is infectious to others 1 to 2 days before the rash appears.

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 students 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.



3. Prevention and Control

Handwashing – Handwashing is one of the most important ways of controlling the spread of infections, especially those that cause diarrhoea and vomiting and respiratory disease. Recommend 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. All cuts and abrasions should be covered with waterproof dressings.

Coughing and Sneezing – Students and adults should be encouraged to cover their mouths and nose with a tissue. Wash hands after using or disposing of tissues. Should tissues not be available, students and adults should cough or sneeze into their elbow crease/upper arm, not cough or sneeze into their hands or wipe their nose on their lower arm sleeve. If they do sneeze or cough into their hands by mistake, they must wash them as quickly as possible, touching as few things as possible.

Personal Protective Equipment – Disposable non-powdered vinyl or latex free CE marked gloves and disposable plastic aprons must be worn where there is a risk of splashing or contamination with blood/body fluid. Goggles should be available for use if there is risk of splashing to the face. Correct PPE as per the manufacturer's instructions should be used when handling cleaning chemicals or managing bodily fluids.

Isolation Area – Identification of an isolation area is required which may need to be used during outbreaks of infection. This should be an area close to an exit to reduce the likelihood of transmission within the ISCA group. It should also be close to a toilet and handwashing facilities which can then be used exclusively by those using the isolation area.

Cleaning contract – Essential elements of a comprehensive cleaning contract include daily, weekly and periodic cleaning schedules, based on national guidance. A proper colour coding system is recommended by the Health and Safety Executive. Colour-coded equipment should be used in different areas with separate equipment for kitchen, toilet, classroom and office areas (red for toilets and wash rooms;



yellow for hand wash basins and sinks; blue for general areas and green for kitchens). Cloths should be disposable (or if reusable, disinfected after use). Cleaning solutions should be stored in accordance with Control of Substances of Hazardous to Health (COSHH), and cleaning equipment changed and decontaminated regularly. Consideration should be given to situations where additional cleaning will be required including during the summer camp (for example in the event of an outbreak) and how ISCA and Cranleigh School might carry this out. A nominated member of staff should be chosen to monitor cleaning standards and discuss any issues with cleaning staff.

Equipment – Equipment can easily become contaminated with organisms from infected children, so it is important that a written schedule is in place for regular cleaning. The cleaning schedule should identify who, what, when and how equipment should be cleaned and be monitored. The condition of equipment should be part of the monitoring process and any damaged items that cannot be cleaned or repaired should be discarded.

Cleaning of blood and body fluid spillages – All spillages of blood, faeces, saliva, vomit, nasal and eye discharges should be cleaned up immediately (always wearing 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 appropriately. A spillage kit should be available for blood spills.

Managing cuts, bites and nosebleeds – Staff should be aware of ISCA's first aid policy and manage situations such as cuts, bites and bleeds according to that policy. This includes the identification and training of nominated first aiders for ISCA.

If a bite does not break the skin:

- Clean with soap and water.
- No further action is needed.



If a bite breaks the skin:

- Clean immediately with soap and running water.
- Record incident in accident book.
- Seek medical advice as soon as possible (on the same day): to treat potential infection to protect against hepatitis B, for reassurance about HIV.

Sanitary facilities – A hand wash basin with warm running water along with a mild liquid soap, preferably wall mounted with disposable cartridges, should be available. Bar soap should not be used. Disposable paper towels next to basins in wall mounted dispensers, together with a nearby foot-operated wastepaper bin. Toilet paper should be available in each cubicle. Suitable sanitary disposal facilities should be provided where there are female staff and students aged 9 or over (junior and senior age groups).

Dealing with contaminated clothing – Clothing of either the child or the first-aider may become contaminated with blood or body fluids. Clothing should be removed as soon as possible and placed in a plastic bag and sent to the laundry service at Cranleigh, advising them that it is contaminated clothing.

Clinical Waste – Always segregate clinical and domestic waste. Used pads, gloves, aprons and soiled dressings should be stored in correct clinical waste bags or foot-operated bins. All clinical waste must be removed by a registered waste contractor. All clinical waste bags should be less than two-thirds full and stored in a dedicated, secure area whilst awaiting collection.



4. Female Staff – Pregnancy

It should be noted that the greatest risk to pregnant women from such infections comes from their own household rather than the workplace. However, if a pregnant woman develops a rash, or is in direct contact with someone with a rash who is potentially infectious, she should consult her doctor or midwife.

Chickenpox can affect the pregnancy if a woman has not already had the infection. The GP and midwife should be informed promptly. A blood test may be arranged to check immunity if it isn't already known. Shingles is caused by the same virus as chickenpox therefore anyone who has not had chickenpox is potentially vulnerable to the infection if they have close contact with a case of shingles.

German measles (rubella), If a pregnant woman comes into contact with German measles, she should inform her GP and midwife immediately. The infection may affect the developing baby if the woman is not immune and is exposed in early pregnancy. All female staff under the age of 25 years, working with young children, should have evidence of 2 doses of MMR vaccine or a positive history of Rubella.

Slapped cheek disease (parvovirus B19), can occasionally affect an unborn child if exposed early in pregnancy. The pregnant woman should inform their midwife promptly.

Measles during pregnancy can result in early delivery or even loss of the baby. If a pregnant woman is exposed, the midwife should be informed immediately. All female staff under the age of 25 years, working with young children, should have evidence of 2 doses of MMR vaccine or a positive history of measles.



5. Vulnerable Groups at Particular Risk from Infection

Some children have impaired immune defence mechanisms in their bodies (known as immuno-compromised) and hence will be more likely to acquire infections. Also, the consequence of infection in the immuno-compromised is likely to be significantly more serious than in those with a properly functioning immune system (known as immuno-competent). Impaired immunity can be caused by certain treatments such as those for leukaemia or other cancers, like cytotoxic therapy and radiotherapy. Other treatments such as high doses of steroids, enteral feeding, and others, may also have a similar effect. Children and carers will have been fully informed by their doctor. There are also some rare diseases, which can reduce the ability of a person to fight off infection. Usually, ISCA is aware of such vulnerable children through information given by their parents or guardians.

If a vulnerable child is thought to have been exposed to a communicable disease, chickenpox or measles in the summer camp setting, parents or carers of that child should be informed promptly so that they can seek further medical advice from their GP or specialist, as appropriate. It is important that these children are also made known to the ISCA Medical Officer or first aid coordinator on entry to the summer programme.



6. Infection Control in Specific Activities

Pets and Animal Contact

Contact with animals can pose a risk of infection including gastro-intestinal infection, fungal infections and parasites. Some people, such as pregnant women and those with a weakened immune system, are at greater risk of developing a severe infection. However, sensible measures can be taken to reduce the risk of infection to the students and to staff.

Animals should always be supervised when in contact with students and those handling animals advised to wash their hands immediately afterwards.

Water-Based Activities

There is a risk of infection associated with any water-based activity on rivers, canals, in the sea and freshwater docks. Students and staff should cover all cuts, scratches and abrasions with a waterproof dressing prior to the activity. Do not eat or drink immediately after water-based activities until after hands have been washed. The use of appropriate footwear is recommended to reduce the risk of cuts to the feet. Anyone taking part in water-based activities who becomes ill within 3 to 4 weeks of the activity is advised to seek medical advice.

It should be made clear to parents and carers that if their child becomes ill following participation in outdoor or water-based activities, the treating doctor should be made aware of the child's participation in these activities. Children shouldn't swim in public swimming pools for 2 weeks after diarrhoea and vomiting has stopped.

Contact Sports

Some body contact sports may pose particular problems. Herpes gladiatorum or 'scrumptox' is a Herpes simplex infection that has been associated with rugby, judo or wrestling but other viral fungal and bacterial infections can also be transmitted by close skin to skin contact, including staphylococcal infections and molluscum contagiosum. Exclude players with uncovered skin lesions that may pose a risk to others.



Swimming

- Pupils with open wounds, skin, chest, ear or eye infection should not swim until it has completely cleared.
- Pupils with Cryptosporidiosis (diarrheal disease) should be excluded from swimming for two weeks after the diarrhoea has settled.
- Pupils with verrucae should have these covered in swimming pools, gymnasiums and changing rooms.



7. Managing Specific Infectious Diseases

Chapter 3 of Public Health Guidance Document – Health Protection in Schools and other childcare facilities lists 34 of the specific infections that are found in school settings, and ISCA will follow this published guidance in relation to any of those listed below:

- Athlete's Foot
- Chicken pox and shingles
- Cold sores
- Conjunctivitis
- Cryptosporidiosis
- Diarrhoea and vomiting (gastroenteritis)
- E. coli STEC (Shiga Toxin-producing E.coli)
- Food poisoning
- Giardiasis
- Glandular fever
- Group A Streptococcus (GAS)
- Hand, foot and mouth disease
- Head lice
- Hepatitis A
- Hepatitis B
- Hepatitis C
- Impetigo
- Influenza
- Invasive Group A Streptococcus (iGAS)
- Measles
- Meningitis
- Meningococcal meningitis and septicaemia (sepsis)
- MRSA (Methicillin-resistant Staphylococcus aureus)
- Mpox
- Mumps
- Norovirus
- Panton-Valentine Leukocidin Staphylococcus aureus (PVL-SA)
- Respiratory Infections including Coronavirus (COVID-19)
- Ringworm
- Rotavirus



- Rubella (German Measles)
- Scabies
- Scarlet Fever
- Slapped cheek syndrome (Parvovirus B19)
- Threadworm
- Tuberculosis (TB)
- Typhoid and Paratyphoid fever
- Whooping Cough (pertussis)

ISCA continues to follow current government guidance on the management of COVID-19. See our COVID-19 Risk Assessment.



8. Notifiable Diseases and Health Protection Team Contact Details

It is a statutory requirement that doctors report a notifiable disease to the proper officer of the Local Authority (usually a consultant in communicable disease control) and ISCA may be required via local agreed arrangements to inform their local Health Protection Team. <https://www.gov.uk/health-protection-team>

UKHSA Surrey and Sussex Health Protection Team (South East)

County Hall, Chart Way,

Horsham,

RH12 1XA

ICC.SurreySussex@phe.gov.uk

Phone: [0344 225 3861](tel:03442253861)

Diseases notifiable (to Local Authority Proper Officers) under the Health Protection (Notification) Regulations 2010:

- acute encephalitis
- acute meningitis
- acute poliomyelitis
- acute infectious hepatitis
- anthrax
- botulism
- brucellosis
- cholera
- diphtheria
- enteric fever (typhoid or paratyphoid fever)
- food poisoning
- haemolytic uraemic syndrome (HUS)
- infectious bloody diarrhoea
- invasive group A streptococcal disease and scarlet fever
- legionnaires' disease
- leprosy
- malaria
- measles
- meningococcal septicaemia
- mumps



- plague
- rabies
- rubella
- SARS
- smallpox
- tetanus
- tuberculosis
- typhus
- viral haemorrhagic fever (VHF)
- whooping cough
- yellow fever

It remains the responsibility of the Managing Director to report any notifiable diseases or outbreaks to Regional Office using the SIRF (Serious Incident Reporting Form).



9. Outbreaks

An outbreak or incident may be defined as:

- an incident in which two or more people experiencing a similar illness are linked in time or place.
- a greater than expected rate of infection compared with the usual background rate for the place and time where the outbreak has occurred.

For example:

- 2 or more cases of diarrhoea and/or vomiting which are in the same boarding house, shared communal areas or taking part in the same activities
- higher than usual number of people diagnosed with scabies
- higher than usual number of people diagnosed with scarlet fever
- 2 or more cases of measles at ISCA

When to report

The Managing Director should contact their local health protection team (HPT) as soon as they suspect an outbreak to discuss the situation and agree if any actions are needed. It is useful to have the information listed below available before this discussion as it will help to inform the size and nature of the outbreak:

- total numbers affected (staff and children)
- symptoms
- date(s) when symptoms started
- number of classes affected

How to report

Summer camp settings are asked to telephone their local HPT as soon as possible to report any serious or unusual illness particularly for:

- Escherichia coli (VTEC) (also called E.coli 0157) or E coli VTEC infection
- food poisoning
- hepatitis
- measles, mumps, rubella (rubella is also called German measles)
- meningitis
- tuberculosis
- typhoid



- whooping cough (also called pertussis)

Your local HPT can also draft letters and provide factsheets for parents and carers to ensure the most up to date information is given.

10. Enhanced cleaning during an outbreak of infection

In the event of an outbreak of infection at ISCA, your local health protection team will recommend enhanced or more frequent cleaning, to help reduce transmission. Advice may be given to ensure twice daily cleaning of areas (with particular attention to door handles, toilet flushes and taps) and communal areas where surfaces can easily become contaminated such as handrails. Cranleigh School have plans in place to carry this out. Dedicated cleaning equipment must be colour coded according to area of use.

11. Diarrhoea and vomiting outbreak

ISCA will use the Public Health Guidance Document – Health Protection in Schools and other childcare facilities - Diarrhoea and vomiting outbreak: education and childcare settings action checklist during an outbreak and this will be signed off by the Managing Director.



12. Isolation

When students are suffering from infectious diseases they should be isolated from the rest of the ISCA group on medical grounds for the minimum period recommended as per exclusion table below.

Infection	Isolation period	Comments
Athlete's foot	None	Athlete's foot is not a serious condition. Treatment is recommended. Students should not be barefoot at their setting and should not share towels, socks or shoes with others.
Chicken pox	At least 5 days from onset of rash and all the lesions 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. Cold sores are generally mild and heal without treatment.
Conjunctivitis	None	If an outbreak/cluster occurs, consult local HPT.
Cryptosporidiosis	Whilst symptomatic and 48 hours after the last symptoms.	Encourage individuals to implement good hand hygiene practices. If an outbreak/cluster occurs, consult local HPT.
Diarrhoea and vomiting (gastroenteritis)	Whilst symptomatic and 48 hours after the last symptoms.	Use advice from public Health Guidance Document - Health Protection in Schools and other childcare facilities (see references)
Diphtheria*	Isolation is essential. Always consult with HPT	Preventable by vaccination.
E. coli STEC (Shiga Toxin-producing E. coli)	Whilst symptomatic and 48 hours after the last symptoms.	Encourage individuals to implement good hand hygiene practices.



Food poisoning	Whilst symptomatic and 48 hours after the last symptoms.	Encourage individuals to implement good hand hygiene practices. If an outbreak/cluster occurs, consult local HPT.
Flu (influenza)	Until recovered	
Giardiasis	Whilst symptomatic and 48 hours after the last symptoms.	Encourage individuals to implement good hand hygiene practices. If an outbreak/cluster occurs, consult local HPT.
Glandular Fever	None	Encourage individuals to implement good hand hygiene practices.
Group A Streptococcus	Isolate for 24 hours after starting to take antibiotics	
Hand foot and mouth	None	Contact your local HPT if a large number of children are affected. Isolation may be considered in some circumstances.
Head lice	None	Treatment recommended only when live lice seen
Hepatitis A*	Isolate until 7 days after onset of jaundice (or 7 days after symptom onset if no jaundice)	In an outbreak of hepatitis A, your local HPT will advise on control measures.
Hepatitis B*, C*, HIV	None	Hepatitis B and C and HIV are blood borne viruses that are not infectious through casual contact. Contact your local HPT for more advice.
Impetigo	Until lesions are crusted/healed or 48 hours after starting antibiotic treatment.	Antibiotic treatment speeds healing and reduces the infectious period.
Invasive Group A Streptococcus (iGAS)		Serious infections may need to be treated in hospital.



		Inform your local HPT if you have a case of iGAS.
Measles*	4 days from onset of rash and recovered	Preventable by vaccination (2 doses of MMR). Pregnant staff contacts should seek prompt advice from their GP or midwife.
Meningococcal meningitis*/septicaemia*	Until recovered	Meningitis ACWY and B are preventable by vaccination. Your local HPT will advise on any action needed.
Meningitis* due to other bacteria	Until recovered	Hib and pneumococcal meningitis are preventable by vaccination. Your local HPT will advise on any action needed.
Meningitis viral*	None	Milder illness than bacterial meningitis.
MRSA (Methicillin Resistant Staphylococcus Aureus)	None	Good hygiene in particular handwashing, and environmental cleaning, are important to minimise spread.
Mpox		
Mumps*	5 days after onset of swellings	Preventable by vaccination with 2 doses of MMR. Encourage individuals to implement good hand hygiene practices.
Norovirus	Whilst symptomatic and 48 hours after the last symptoms.	Encourage individuals to implement good hand hygiene practices. If an outbreak/cluster occurs, consult local HPT.
Panton-Valentine Leukocidin Staphylococcus Aureus (PVL-SA)	Exclude the individual if there is a lesion or wound that cannot be covered.	Do not allow the individual to visit gyms or swimming pools until the wounds have healed. If an outbreak/cluster occurs, consult local HPT.



Respiratory Infections including Coronavirus (COVID-19)	Young people should isolate if they have a high temperature and are unwell. Young people who have a positive test result for COVID-19 should isolate for 3 days after the day of the test.	Children with mild symptoms such as runny nose, and headache who are otherwise well can continue to attend their setting.
Ringworm	Once treatment has started, individuals can return to their setting.	Treatment is needed.
Rotavirus	Whilst symptomatic and 48 hours after the last symptoms.	Encourage individuals to implement good hand hygiene practices.
Rubella (German measles)	5 days from onset of rash	Preventable by vaccination with 2 doses of MMR. Pregnant staff contacts should seek prompt advice from their GP or midwife.
Scarlet Fever*	Isolate until 24 hours of appropriate antibiotic treatment completed	A person is infectious for 2-3 weeks if antibiotics are not administered. In the event of 2 or more suspected cases, please contact local health protection.
Scabies	Requires treatment	Close contacts require treatment at the same time
Slapped cheek / Fifth disease / Parvo virus B19	None (once rash has developed)	Pregnant contacts of case should consult with their GP or midwife
Threadworms	None	Treatment recommended for child
Tonsillitis	None	There are many causes but most cases are due to viruses and do not need an antibiotic treatment
Tuberculosis *TB)	Until at least 2 weeks after the start of effective antibiotic treatment (if	Only pulmonary (lung) TB is infectious to others. Needs



	pulmonary TB Exclusion not required for non-pulmonary or latent TB infection. Always consult your local HPT before disseminating information	close, prolonged contact to spread.
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 symptoms if no antibiotics.	Preventable by vaccination. After treatment, non-infectious coughing may continue for many weeks. Your local HPT will organise any contact tracing.

*denotes a notifiable disease. It is a statutory requirement that doctors report a notifiable disease to the proper officer of the local authority (usually a consultant in communicable disease control).

13. References

Public Health Guidance Document – Health Protection in children and young people settings, including education - published September 2017 (last updated March 2025).

<https://www.gov.uk/government/publications/health-protection-in-schools-and-other-childcare-facilities#full-publication-update-history>