

GUIDANCE FOR PREVENTION AND CONTROL OF INFECTIONS IN SCHOOLS AND OTHER CHILDCARE SETTINGS



GOVERNMENT OF BERMUDA

Ministry of Health

GUIDANCE FOR PREVENTION AND CONTROL OF INFECTIONS IN SCHOOLS AND OTHER CHILDCARE SETTINGS

Published by:

Government of Bermuda, Ministry of Health

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Reference as:

Ministry of Health, Guidance for prevention and control of infections in schools and other childcare settings.

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TABLE OF CONTENTS

INTRODUCTION	1
PREVENTING AND CONTROLLING INFECTIONS IN SCHOOLS AND OTHER CHILDCARE SETTINGS	2
HANDWASHING	2
RESPIRATORY HYGIENE	2
WOUNDS	2
PPE	3
ENVIRONMENTAL CLEANING	3
PRECAUTIONS FOR SPECIFIC POPULATIONS	4
VULNERABLE CHILDREN	4
PREGNANCY	4
IMMUNIZATIONS	5
SCHOOL EXCLUSION DUE TO ILLNESS	6
OUTBREAKS	7
SAMPLE LETTERS TO PARENTS/GUARDIANS	8
GENERIC	8
UNWELL CHILD	9
CONFIRMED CASE OF ILLNESS	10
OUTBREAK SITUATION	11
Acknowledgements	12

INTRODUCTION

Nurseries, pre-school facilities, schools, and other childcare settings aim to provide children with a safe environment for growth, development and learning. Good infection control measures are therefore essential to protect both children and staff.

This document provides information on the prevention and control of infection in the child-care setting. While this document is unable to provide a single authoritative text on all infectious diseases due the vast array of infections that can be encountered, it provides guidance and information about the common and more important infections encountered in school and other childcare settings.

Whenever there is any doubt about the management of a particular illness, advice should be sought from one of the contacts listed below:

	Epidemiology and Surveillance Unit	Child Health Clinic	Environmental Health
Telephone:	278-4900	278-6460	278-5333
Email:	epidemiology@gov.bm	childhealth@gov.bm	envhealth@gov.bm
Website:	www.gov.bm/health-information	www.gov.bm/health-clinics-bermuda	www.gov.bm/environmental-health

PREVENTING AND CONTROLLING INFECTIONS IN SCHOOLS AND OTHER CHILDCARE SETTINGS

This section provides general guidance for staff in education and childcare settings on the prevention and control of infections. A proactive and preventive approach is advised

HANDWASHING

Hand-washing is one of the most important ways of controlling the spread of infections, especially those that cause diarrhoea and vomiting, and respiratory disease. The recommended method is the use of liquid soap, warm water, and paper towels.

Staff and children should always wash hands after using the toilet, before eating or handling food, and after handling animals. When possible, cuts and abrasions should be covered with waterproof dressings.

Alcohol-based hand sanitizers should not replace the need for handwashing. While alcohol-based hand sanitizers offer a practical and acceptable alternative to handwashing when hands are not visibly dirty, hands that are visibly soiled should be washed using soap and water.

RESPIRATORY HYGIENE

Coughing and sneezing easily spreads infections. Children and adults should be encouraged to cover their mouth and nose with a tissue. Wash hands after using or disposing of tissues. Spitting should be discouraged.

Staff and children should be advised to do the following:

- 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

WOUNDS

Standard precautions should be used when dealing with any cuts or abrasions that involve a break in the skin or body fluid spills. These include:

- wearing gloves when in contact with blood, body 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

PPE

Appropriate personal protective equipment (PPE) should be available. Disposable non-powdered vinyl or latex-free gloves and disposable plastic aprons must be worn where there is a risk of splashing or contamination with blood/body fluids. Goggles should also be available for use if there is a risk of splashing to the face. PPE should be used when handling cleaning chemicals.

ENVIRONMENTAL CLEANING

Cleaning of the environment, including toys and equipment, should be frequent and thorough. 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. Monitor cleaning contracts and ensure cleaners are appropriately trained and have access to appropriate PPE, such as gloves and aprons. 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.

All spillages of blood, faeces, saliva, vomit, nasal and eye discharges should be cleaned up immediately while 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 waste appropriately. A spillage kit should be available for blood spills.

Soiled linen should be washed separately at the hottest temperature setting the fabric will tolerate. Wear PPE when handling soiled linen. Children's soiled clothing should be bagged to go home and not rinsed by hand.

Used gloves, aprons and soiled dressings should be stored in waste bags in foot-operated bins.

PRECAUTIONS FOR SPECIFIC POPULATIONS

VULNERABLE CHILDREN

Some medical conditions make children vulnerable to infections that would rarely be serious in most children. These include those being treated for leukaemia or other cancers, those on high doses of steroids and those with conditions that seriously reduce immune response. School and nursery administrators and childminders will normally have been made aware of such children. These children are particularly vulnerable to chickenpox or measles and, if exposed to either of these, the parent/carer should be informed promptly and further medical advice sought. It may be advisable for these children to have additional immunizations, for example pneumococcal and influenza.

PREGNANCY

If a pregnant woman develops a rash or is in direct contact with someone with a potentially infectious rash, this should be investigated by a doctor.

Chickenpox can affect the pregnancy if a woman had not already had the infection. The exposure should be reported to the GP and/or OB-GYN at any stage of exposure. The GP or OB-GYN will arrange a blood test to check for immunity. Additionally, as shingles is caused by the same virus as chickenpox, anyone who has not had chickenpox is potentially vulnerable to the infection if they have close contact with a case of shingles.

If a pregnant woman comes into contact with German measles, she should inform her GP and/or OB-GYN immediately to ensure investigation. The infection may affect the developing baby if the woman is not immune and is exposed in early pregnancy.

Slapped cheek disease (parvovirus B19) can occasionally affect an unborn child. If exposed early in pregnancy (before 20 weeks), inform GP and/or OB-GYN as this must be investigated promptly.

Measles during pregnancy can result in early delivery or even loss of the baby. If a pregnant woman is exposed, she should immediately inform OB-GYN to ensure investigation.

IMMUNIZATIONS

Parents/Guardians should be encouraged to have their child immunised and to have any missed immunizations or further catch-up doses organised through the child's physician or the Department of Health. Children who present with certain risk factors may require additional immunizations.

Immunization for influenza is recommended annually for all children from 6 months of age.

All staff should be up to date with immunizations, especially those which protect against rubella and pertussis.

The full recommended immunization schedule is available at: www.gov.bm/immunization-schedules-children-and-adults

Many illnesses do not require exclusion. However, children may be excluded if the illness prevents the child from participating comfortably in school activities or if there is risk of spread of harmful disease to others.

General criteria include:

- Severely ill: A child that is lethargic or less responsive, has difficulty breathing, or has rapidly spreading rash.
- Fever: A child with a temperature of 100.4°F or greater and behaviour changes or other signs or symptoms (e.g., sore throat, rash, vomiting, or diarrhoea). The child should not return until 24 hours of no fever, without the use of fever-reducing medications.
- Diarrhoea: A child that has had two or more loose or watery stools. The child should have no loose stools for 24 hours prior to returning to school.
- Vomiting: A child that has vomited two or more times. The child should have no vomiting episodes for 24 hours prior to returning.
- Abdominal pain: A child with abdominal pain that continues for more than two hours, or intermittent pain associated with fever or other symptoms.
- Rash: The child with a rash and a fever or a change in behaviour.
- Skin sores: A child with weeping sores on an exposed area that cannot be covered with waterproof dressing.
- Certain communicable diseases: Children and staff diagnosed with certain communicable diseases, including COVID-19, may have to be excluded for a certain period of time.

For more detailed information on exclusion periods:

- [Exclusion Table and Reporting Guidance for Schools and other Childcare Settings](#)

OUTBREAKS

Outbreaks of infectious disease may occur from time to time in schools and other childcare settings. Most infectious disease outbreaks can be managed or prevented by:

- encouraging all children, young people and staff who are unwell not to attend the setting or remain separate from others, wherever possible
- ensuring occupied spaces are well ventilated
- reinforcing good hygiene practices such as frequent cleaning and hand hygiene
- requesting that parents or carers inform the education or childcare setting of a diagnosis of any infectious disease

Schools and other childcare facilities may become aware of an outbreak if several children are ill with the same illness or there is a sudden increase in the number of absentees. For some illnesses, one case can constitute an outbreak. The result of any outbreak depends on several factors including, but not limited to, the severity of the disease, the number of children affected, the mode of transmission, and whether any specific action is required to prevent further cases.

If an outbreak is suspected or occurring in a school or other childcare setting, the Epidemiology and Surveillance Unit should be notified **immediately**:

- [Outbreak Reporting Form for Schools and Other Childcare Facilities](#)

In reporting the outbreak, and during follow up, information will be required to assess the size and nature of the outbreak and advise on any recommended actions.

Information can include:

- the type of setting, for example nursery or special school
- total numbers affected (children, young people and staff)
- total numbers attending (children, young people and staff)
- any food handlers affected
- the number of classes, rooms, year groups affected (including nursery if applicable)
- the symptoms experienced
- the date when symptoms started, including a brief overview of the sequence of numbers of new cases since the outbreak started
- any indications of severe disease such as overnight admissions to hospital
- if there were any events or trips in the week prior to the start of the outbreak
- if known, whether any tests or clinical assessments have taken place
- vaccination uptake (for example for MMR and other infections)
- if there are any individuals within the affected group at higher risk from severe disease

A site visit may be required. Recommended actions may include:

- reinforcement of baseline infection prevention and control measures
- the use of face coverings in communal areas
- advice to reduce mixing among a targeted group

GENERIC

Date:

Dear Parent or Guardian:

When a child becomes sick, a determination must be made whether the child should be kept home from school. Staying home when sick is an important way to help prevent the spread of germs that cause illnesses.

It is recommended that your child be kept home if he/she is not able to take part in normal school activities, the illness causes an unsafe or unhealthy place for others at school, or when the child requires care that cannot be managed at school.

Keep your child home if he/she has:

- A fever: Temperature over 100.4°F, especially if accompanied with behaviour changes or other signs and symptoms of illness such as sore throat, rash, vomiting, diarrhoea, earache, or irritability.
- Vomiting: 2 or more times within 24 hours.
- Diarrhoea: 3 or more watery stools within 24 hours.
- An open or oozing sore: Unless it is properly covered with a bandage that will not leak while at school.

There are many other infectious diseases that require a child to remain home from school for a period of time such as strep throat, pink eye, chickenpox, mumps and whooping cough (pertussis).

Please check with the school first before your child returns to school if he/she has had any of these conditions or any other less common infectious disease.

Sincerely,

Childcare Provider/Person in Charge/Principal

UNWELL CHILD

Date:

Dear Parent or Guardian:

Your son/daughter was unwell at _____ (school/ childcare facility) today.

When children are unwell, it is important to keep them out of contact with other children and staff.

Following advice from the Epidemiology and Surveillance Unit, any unwell child should remain out of _____ (school/childcare facility) for _____ (relevant exclusion period*) to prevent the spread of the illness.

We kindly request that you adhere to the above exclusion period as having children who may have an infection around other children puts the other children at risk. In addition, we all have a responsibility to safeguard the health and well-being of our children.

We hope your son/daughter is feeling better soon.

Sincerely,

Childcare Provider/Person in Charge/Principal

CONFIRMED CASE OF ILLNESS

Date:

Dear Parent or Guardian:

This letter is to inform you that there has been a documented case of _____
at _____ (school/ childcare facility).

Please be alert to symptoms in your child of:

The best prevention of this illness is:

If you have questions or concerns, please contact me at _____ (phone and/or email)

Sincerely,

Childcare Provider/ Person in Charge/Principal

OUTBREAK SITUATION

Date:

Dear Parent or Guardian:

Recently we have experienced a high number of absences due to illness and we may be in an outbreak situation. Because of this, we are sending this informational letter to all families with children at _____ (school/ childcare facility).

Illnesses in schools and other childcare facilities are generally spread from person to person.

We will be taking measures at _____ (school/ childcare facility) which have been decided upon after consultation with the Epidemiology and Surveillance Unit.

For more information on this illness, you may see fact sheets on www.gov.bm/health-information.

If your child has become ill and you have not already alerted the school, please contact us at _____ (phone and/or email) and provide as much information as you can regarding the illness.

Thank you for your help in controlling this sudden onset of illness.

Sincerely,

Childcare Provider/ Person in Charge/Principal

ACKNOWLEDGEMENTS

This document is adapted for Bermuda from [Guidance: Health protection in children and young people settings, including education](#) under consultation with the following key persons:

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