

OUTBREAK CONTROL
IN
PRIVATE NURSERIES
and other
CHILD CARE SETTINGS



COMMUNICABLE DISEASE CONTROL

List of Notifiable Diseases

Acute Encephalitis
Acute Poliomyelitis
Anthrax
Cholera
Diphtheria
Dysentery
Food Poisoning or Suspected Food Poisoning
Leprosy
Leptospirosis
Malaria
Measles
Meningitis

- meningococcal
- pneumococcal
- Hemophilus influenzae
- viral
- other specified
- unspecified

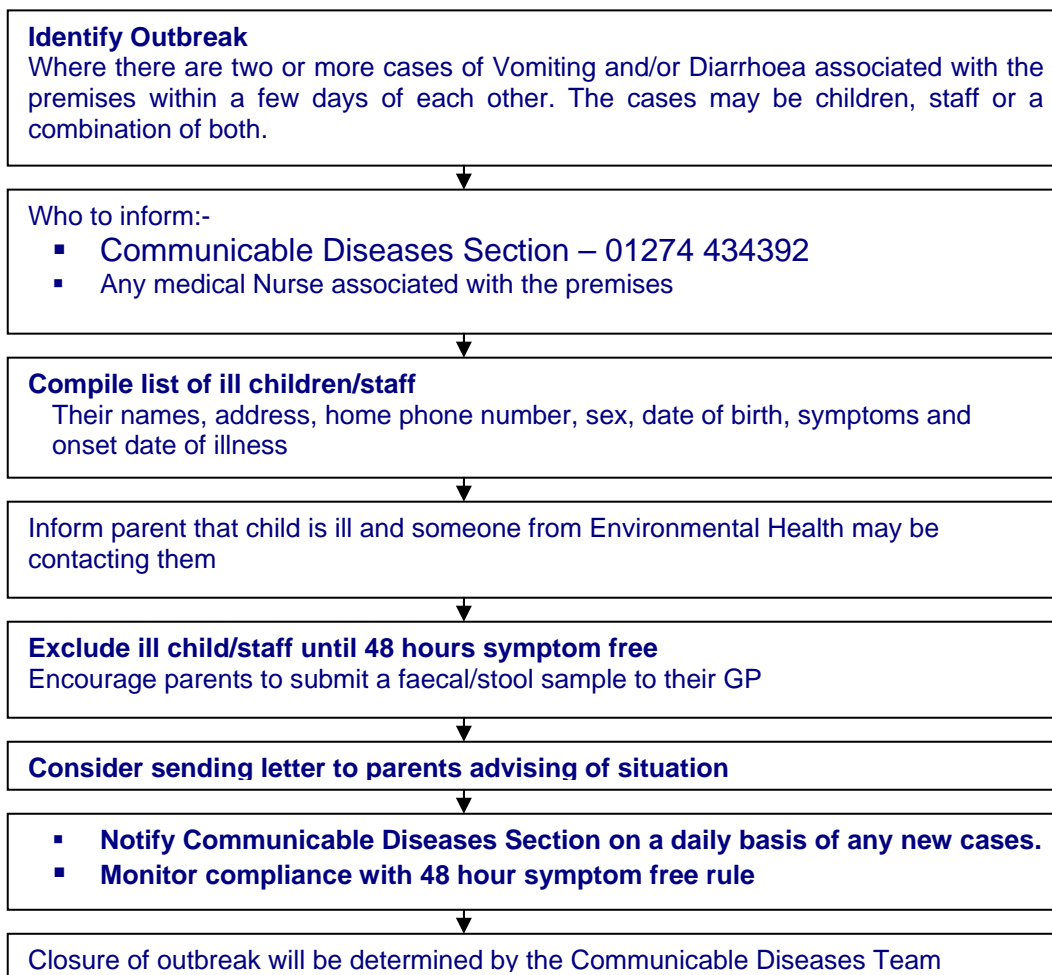
Meningococcal Septicaemia (without Meningitis)
Mumps
Ophthalmia Neonatorum
Paratyphoid Fever
Plague
Rabies
Relapsing Fever
Rubella
Scarlet Fever
Smallpox
Tetanus
Tuberculosis
Typhoid Fever
Typhus Fever
Viral Haemorrhagic Fever
Viral Hepatitis

- Hepatitis A
- Hepatitis B
- Hepatitis C
- other

Whooping Cough
Yellow Fever

Should you identify cases of Gastro-Intestinal diseases, please contact the Communicable Diseases Section of Environmental Health for further advice, Te: 01274 434392

Whilst this Flowchart refers to outbreaks of gastroenteritis, the principles may still be applied to other statutory Notifiable Diseases – a list of which is enclosed below.



Definition of an Outbreak

- Two or more cases of Vomiting and/or Diarrhoea associated in place and/or time
(Communicable Disease and Public Health, December 2004).
- Systems need to be in place to be able to identify potential Outbreaks quickly and to implement control measures to prevent further spread.

Exceptions

- There are some exceptions to this rule, where the length of time the child/member of staff is off nursery is extended, notably enteric fever (salmonella typhi and paratyphi), E.Coli O157 and Hepatitis A.
- A Standard Letter is available from Communicable Diseases; this may be adapted for your use.
- Gastroenteritis & Norovirus advice leaflets are available from Communicable Diseases or from their website.

ADVICE ON GASTROENTERITIS FOR NURSERIES and other CHILDCARE SETTINGS

Gastroenteritis (vomiting, abdominal pain and/or diarrhoea) may be spread either through food, water or from person to person.

Outbreak Plan

- We strongly recommend that you produce a documented Outbreak Plan, outlining roles, responsibilities of the proprietor, manager and staff in an outbreak situation, a template to assist you is included below.

Containment Measures

- As a person can still spread viral infections for up to 2 days after symptoms have stopped, we advise anyone with symptoms, to remain off nursery for 48 hours after the symptoms have stopped.
- Encourage parents to submit a faecal/stool specimen to their GP from the ill child. All staff are also reminded to comply with this. This is to try and identify the cause of the illness
- You should consider stopping the following until the outbreak is declared closed and restrictions are lifted:
 - Play with water, playdough, plasticine, sand & soft toys.
 - Swimming visits and visits to other nurseries or child care establishments.
 - Baking/making snacks, where children handle food.

Infection Control Measures

- Stress the importance of hand washing with soap and warm water to all children and staff.
- Ensure facilities for effective hand washing are available at all times, ie, liquid soap and paper towels.
- When handling bodily fluids, ensure persons cleaning up wear protective clothing, ie disposable gloves and disposable apron.
- Vomit and faecal spillage must be covered and enveloped in disposable, absorbent paper towels, then placed into a plastic bag for disposal (double bagging is a recommended added precaution).
- Any surfaces which have been contaminated with either faeces or vomit must be cleaned with hot water and detergent and then disinfected. The disinfectant should be applied in accordance with manufacturers instructions and be compatible with other cleaning materials being used. Hypochlorite solution (eg, household bleach or Milton) is preferred.
- Staff should not be responsible for caring for someone who is ill if they have food handling duties.
- Consider increasing the cleaning regime during the Outbreak in areas of high risk such as toilets.
- Ensure all toilets have a constant supply of toilet paper, soap and paper towels.

COMMUNICABLE DISEASE SECTION

Advice on Viral Gastroenteritis

Viral infections frequently cause gastrointestinal upset which may last from 12 to 60 hours. The first symptoms are abdominal cramps and nausea followed by vomiting and/or diarrhoea, occasionally associated with these may be a headache or a temperature. A person can still spread the virus up to 48 hours after symptoms have stopped.

Generally the virus spreads by the faecal oral route. This means that if a person does not wash their hands properly after going to the toilet, they can pass the virus onto surfaces and other objects by touching them. Other people can then become ill by touching these contaminated surfaces, as the virus is transferred onto their hands and then into their mouths when eating or by sucking their fingers. The virus may also be airborne as a result of a person vomiting.

Containment Measures

1. Where possible isolate the person who is ill, away from other children and food/food preparation areas, to prevent further spread of infection.
2. Exclude anyone with symptoms until 48 hours after their symptoms have stopped.
3. Avoid visits and outings.

Infection Control Guidelines

1. Wash hands thoroughly with hot soapy water after using the toilet and before eating or drinking anything.
2. Vomit and faecal spillage must be covered and enveloped in disposable/absorbent towels and placed into a plastic bag for disposal. (Double bagging is recommended).
3. The person cleaning up the spillage should wear disposable gloves, a plastic apron and wash their hands afterwards.
4. Any surfaces which have been contaminated with either faeces or vomit should be cleaned with hot water and detergent and then disinfected. The disinfectant should be applied in accordance with the manufacturers instructions and be compatible with other cleaning materials being used. The preferred disinfectant is hypochlorite solution (eg household bleach or Milton).
5. Ensure all toilets are provided with sufficient toilet paper and hand washing facilities, including disposable hand towels and liquid soap.

Remember gastroenteric symptoms may prevent certain medications being effective. Consult the patients GP wherever necessary.

INFECTION CONTROL AUDIT TOOL
NURSERIES and other CHILDCARE SETTINGS

NAME AND ADDRESS OF NURSERY/CHILDCARE

TELEPHONE NUMBER

CONTACT NAME (Headteacher, Manager etc)

DATE OF AUDIT

AUDIT COMPLETED BY

Standard 1	<i>Hands will be washed correctly, using a cleaning agent, at the facilities available, to reduce the risk of cross infection</i>
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		Yes	No	N/A
1	Liquid hand soap dispenser at all staff/children's hand wash sinks/toilet areas.			
2	All areas are free of bar soap.			
3	Paper towel dispenser at all staff/children's hand wash sinks/toilet areas.			
4	All sinks are free from nail brushes.			
5	Hot and cold water is available at sinks (preferably via mixer taps).			
6	Wash hand sinks in non rest areas are free from tea cups and drinking facilities.			
7	Sinks are kept clear e.g. no equipment soaking in the sinks and are easily accessible.			
8	There is a foot operated waste bin for waste towels in close proximity to hand washing sinks.			
9	The above bins are fully operational.			
10	There is a hand washing message/technique poster on display by hand washing area/s.			
11	There are separate, dedicated toilet facilities for staff with separate hand washing facilities.			
12	There are separate, dedicated hand washing sinks for staff and children to use in toilet/nappy changing areas to those used for play activities such as painting.			
13	Children are taught/supervised in hand washing and hand drying techniques.			
14	Children wash their hands after handling animals/toilet use/before eating etc			

Findings/Comments:

Standard 2	Practices will reflect OFSTED standards, Local Authority guidance and best practice to reduce the risk of cross infection to children/staff/visitors, whilst providing appropriate protection to staff
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	The following protective clothing is available for use:	Yes	No	N/A
1	Non sterile latex (non powdered)/CE approved synthetic vinyl gloves (non powdered).			
2	Disposable plastic aprons.			
3	Eye goggles.			

	Procedures:	Yes	No	N/A
1	Staff are aware of the procedure for dealing with blood spillage (ask one randomly).			
2	Staff members seen are wearing/using (or not using) protective clothing appropriately? Please state which.			
3	Records are kept regarding children's vaccination history and sickness episodes.			
4	Nappy changing protocol is available.			
5.	Disposable paper is used to protect the mats in the nappy changing area.			

	Are the following policies/records available:	Yes	No	N/A
1	Hand washing.			
2	Cleaning policy (including frequency rota/protocol, use of disinfectants, equipment use and storage).			
3	Outbreak recognition and management.			
4	Management of clinical and general waste.			
5	Management of blood/body fluid spillages.			
6	Use of protective clothing.			
7	Care of toys and play equipment (including cleaning).			
8	Laundry and management of linen/soiled clothing.			
9	COSHH risk assessment/safe use of chemicals.			
10	Zoo/farm visits +/- pets management.			
11	First Aid.			
12	Training of staff.			
13	Staff health.			
14	The policies are regularly reviewed/up to date (ie yearly).			
15	Access to copy of Department of Health 1999 poster of Guidance On Infection Control In Schools And Nurseries.			

Findings/Comments:

Standard 3		The environment will be appropriately maintained to reduce the risk of cross infection		
	Environment, Cleaning and Toys	Yes	No	N/A
1	All general areas are clean and uncluttered.			
2	There is a documented, regular cleaning programme in operation.			
3	There is limited use of carpet (kept to baby room).			
4	Carpet areas are vacuumed daily and steam cleaned routinely (two/three monthly)			
5	Surfaces (e.g. chairs/table/floors) are impervious with wipeable surfaces.			
6	Equipment/furniture is in a good state of repair.			
7	There is a robust repair/replacement system in place.			
8	Mops are clean and stored inverted/hung to dry between use.			
9	Buckets are clean, dry and inverted after use.			
10	Cleaning cloths are single use and non-shedding.			
11	Kitchen cleaning equipment and toilet/bathroom mops/buckets kept in separate storage areas.			
12	High chairs/chairs/tables/cots are cleaned after use.			
13	Animal feeding areas, cages and bedding are changed and cleaned regularly.			
14	Water play pools are emptied daily, washed with detergent/hot water and left to dry overnight.			
15	Sandpits have fitted lids when not in use and sand is kept clean and dry. Sand is renewed regularly.			
16	Toys are all of a washable material.			
17	All hard toys are washed weekly routinely, unless contaminated.			
18	All soft toys are washed after use (on hot wash if tolerated).			
19	Disposable wipes are used instead of flannels for the face.			
20	Sleep mattresses are in a good state of repair and waterproof.			
21	Sleep mattresses are cleaned between use and stored dry.			
22	Bed linen is clean and either changed after each child's use or stored separately for an individual child's use over a set period,			

Findings/Comments:

Standard 3 (Cont.)		The environment will be appropriately maintained to reduce the risk of cross infection		
	Toilets/nappy changing	Yes	No	N/A
1	Toilet fixtures and fittings are intact.			
2	Toilet seats/changing mats are clean.			
3	Changing mats are intact and are covered with paper towels before each use.			
4	Disposable wipes are used for cleaning babies skin during nappy changing.			
5	Changing mats are on a flat surface for baby changing.			
6	Cleaning materials are available for use by staff to clean toilets/potties.			
7	There are separate toilet and hand washing facilities for staff.			
8	Toilets/urinals hand wash basins are at a suitable height for children using them.			
9	All toilet rolls are on holders/in dispensers.			
10	Potties are dedicated for one child's use only.			

Findings/Comments:

Standard 4		Waste will be disposed of safely without risk of contamination or injury and within current guidelines		
		Yes	No	N/A
1	Foot operated pedal waste bins are available in bathroom/toilet/hand washing/laundry/kitchen areas.			
2	Foot operated pedal waste bins are in working order.			
3	Appropriate yellow tiger bags are used for disposal of clinical waste (group E) (i.e. nappies, gloves and aprons).			
4	Clinical waste and domestic waste is correctly segregated.			
5	Waste bags are less than ¾ full and securely tied.			
6	Clinical waste is stored in designated area prior to disposal.			
7	The storage area is locked and inaccessible to unauthorized persons and pests.			
8	The storage area is marked with a biohazard sign.			
9	Bags are labeled with source (Premise postcode).			
10	Collection of clinical waste is undertaken at least weekly with a registered company.			
11	Waste transfer notes should be kept on site and must identify waste, type of container, quantity of waste, time and place of transfer and name/address of transferer and transferee.			
12	Bins are routinely cleaned inside and out			

Findings/Comments:

Standard 5		Appropriate detergents/disinfectants and antiseptics are used correctly to negate the risk of infection		
		Yes	No	N/A
1	Disinfectants/detergents are used appropriately ie in accordance with manufacturer's instructions.			
2	Disinfectants/detergents are stored in a locked cupboard when not in use.			
3	Risk assessment/data sheets are available in accordance with COSHH regulations.			
4	Bleach (or other proven alternative) is available for cleaning blood spillage.			
5	Are cleaning products decanted from original container?			
6	If used, trigger spray bottles are clearly labeled with substance within, emptied and washed out daily.			

Findings/Comments:

Standard 6		Laundry will be handled and disposed of safely with minimized risk of contamination/cross infection to children and staff		
		Yes	No	N/A
1	There is a separate laundry area.			
2	Foot operated pedal waste bins are available in the laundry area.			
3	Foot operated pedal waste bins are in working order.			
4	Dirty linen is segregated in appropriate bags i.e. foul and non-foul linen.			
5	Dirty laundry bags are stored away from clean area.			
6	Clean linen is stored in a defined clean area			
7	There is a separate sink for hand washing with liquid soap and paper towels.			
8	The washing machine has a sluice/pre-wash cycle and has a regular maintenance contract.			
9	Children's soiled clothing is stored in sealed, plastic bags for collection by a parent.			

Findings/Comments:

Risk Groups and Exclusion of Food Workers

Risk Groups

- Group A** Any person of doubtful personal hygiene or with unsatisfactory toilet, hand washing or hand drying facilities at home, work or school.
- Group B** Children who attend pre-school groups or nursery (i.e. 5 Years old and under).
- Group C** People whose work involves preparing or serving unwrapped foods not subject to further heating.
- Group D** Clinical and social care staff who have direct contact with highly susceptible patients or persons in whom a gastrointestinal infection would have particularly serious consequences.

Exclusion of Food Workers

A food worker is responsible for informing his/her employer that they are ill (Regulation EC. No 852/2004, Annex II, Chapter VIII, Paragraph 2). The Local Authority are not responsible for excluding an individual from work or paying them for this exclusion.

General requirements that should be met by an employee before returning to work in the food area.

- No vomiting for 48 hours once any treatment has ceased.
- Their bowel habit has returned to normal for 48 hours either spontaneously or following cessation of treatment with anti-diarrhoeal drugs.
- Good hygiene practice, particularly hand washing, is observed in all circumstances.
- There are some exceptions to this rule, notably enteric fever (Salmonella typhi and paratyphi), E.coli O157 and Hepatitis A.

The Communicable Disease Control Team will provide specific advice in these instances.

People who do NOT pose an increased risk

People not in the risk groups present a minimal risk of spreading gastrointestinal illness and **may** return to any form of work 48 hours after they have recovered clinically and their stools have returned to 'what is normal for them'. Exceptions to this are typhoid and paratyphoid, or E.coli O157 where microbiological clearance is required.

Further information can be obtained from:-

www.bradford.gov.uk/foodpoisoning

Or by contacting either the Communicable Diseases Section on (01274) 434392

http://www.hpa.org.uk/infections/topics_az/gastro/menu.htm

Or by contacting the Bradford Health Protection Team on 01274 366022.

Outbreak Plan Template : NURSERIES and other CHILDCARE SETTINGS

Nurseries and other childcare settings are strongly advised to produce a documented Outbreak Plan, outlining roles and responsibilities of the proprietor/manager/staff members, when an outbreak caused by a notifiable infection occurs. The Plan should ideally be reviewed on an annual basis.

It is advised that the following be included in an Outbreak Plan.

Nurseries and other childcare setting Details

Nursery / childcare setting	
Address	
Telephone Number	
Name of Proprietor	
Name of Manager	

Nurseries and other childcare setting, Nurse Details (where appropriate)

Name of Nurse	
Location	
Telephone Number	

Sickness monitoring and Outbreak Management

	Details of the person who has been identified to have the responsibility for Co-ordinating Outbreak management within the nursery or other childcare setting	Details of the person who has been given the responsibility for monitoring sickness both in children and staff in order to aid early detection of outbreaks in the nursery or other childcare setting
Name		
Position		
Contact Details		

Outbreak Plan Template : (cont'd)
NURSERIES and other CHILDCARE SETTINGS

List the systems in place to monitor the levels of statutory notifiable illness in the nursery or other childcare setting.

Details of who should be responsible for notifying the Communicable Disease Control team of a suspected Outbreak at the nursery or other childcare setting.

(It is recommended that two people are identified to allow for sick leave).

	1st person	2nd person
Name		
Position		
Contact Details		

Responsibilities:

- a. To be responsible for compiling a list of ill children/staff which should include name, date of birth, address, GP details if known, home contact telephone number and onset date of illness if known.
- b. To update Communicable Disease Control team of any new cases of illness on a daily basis until the Outbreak is declared closed by CD team.
- c. To monitor that the 48 hours symptom free rule is complied with. (Ensure there are systems in place to facilitate this).
- d. To inform the Nurse of the outbreak (where appropriate)
- e. Ensure that systems for the control of the infection within the nursery or other childcare setting are put into immediate effect after consultation with the Proprietor/Manager and the Communicable Diseases team. i.e. consider suspending outside school activities..

Proprietors and/or managers of nurseries and other childcare settings should be responsible in consultation with CD team for producing information either verbal or written for parents where required.

Proprietors and/or managers of nurseries and other childcare settings should ensure that adequate hygiene facilities and appropriate practices are adhered to at all times, but especially when dealing with bodily fluids i.e. faeces, vomit, blood, urine, semen and saliva. This is essential to reduce the spread of infection and to prevent the outbreak escalating. The 'Infection Control Audit Tool for nurseries and other childcare settings' (produced above) details the standards that you should be aiming to achieve.

Date:

Signature of Proprietors and/or managers:

Date for Review:

(Name Printed)

The advice and recommendations given within this Infectious Diseases listing is generalised and therefore differences may occur due to individual circumstances. If you require any clarification regarding a child's absence or attendance at nursery who is known to have or had one of these infections, please do not hesitate to contact the Health Protection Nurse on 01274 366022 or Communicable Diseases on 01274 434392.

Recommended Exclusion Periods For Infectious Disease Cases and Contacts

Disease	How long is the incubation period?	How long is the period of communicability?	Should the child/staff member be out of school?	Exclusion of contacts?
Athletes Foot	Unknown	As long as lesions are present	No reason for absence in most cases. Children or staff wishing to swim should ensure that foot is covered with 2 waterproof socks whilst infection is present. Treatment is recommended	None
Campylobacter	1-10 days (average is 3-5 days)	While diarrhoea persists	Until 48 hours after diarrhoea stops	None, unless symptoms are present
Chickenpox/Shingles	11-21 days (average is 15-18 days)	2 days before rash appears to 5 days from onset of rash	5 days from onset of rash. (Shingles exclude only if rash is weeping and cannot be covered)	None, pregnant women who have never had chickenpox should see their GP
Cold Sores (Herpes Simplex Virus)	1 to 6 days	2 to 12 days	Absence not required.	None
Conjunctivitis	Depends on cause	While eye is red and discharging up to 2 weeks for viral causes	Absence from school not necessary if being treated. Otherwise, until eyes have recovered and discharge has stopped	None, advise not share face cloths or towels
Cryptosporidium	1-28 days (average 7-10 days)	While diarrhoea persists	Until 48 hours after diarrhoea stops. Exclusion from swimming should be two weeks following last episode of diarrhoea	None, unless symptoms are present

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Disease	How long is the incubation period?	How long is the period of communicability?	Should the child/staff member be out of school?	Exclusion of contacts?
Diphtheria	2 to 5 days	While the organism is present in the throat or skin lesions	Seek advice from Consultant in Communicable Disease Control (CCDC) in the HPU team	Seek advice from Consultant in Communicable Disease Control (CCDC) in the HPU
Dysentery (Shigella)	1 to 7 days (average 12-96 hours)	While diarrhoea persists	Until 48 hours after diarrhoea stops. Seek advice from CCDC for those in risk groups	None, unless symptoms are present. Microbiological clearance is needed for risk groups. Seek advice from CCDC
E.coli 0157	1 to 6 day (average 3-4 days)	Whilst diarrhoea persists (asymptomatic carriage is known)	CCDC will advise when the ill person or house hold contacts can return	CCDC will advise when the ill person or house hold contacts can return.
Fifth Disease (Slapped Cheek Syndrome or Erythema Infectiosum)	4-20 days (average 13-18 days)	7 days before rash appears to onset of rash	Exclusion not recommended	None – If there are pregnant contacts, seek advice from CCDC
Suspected Food poisoning	depends on cause	While diarrhoea persists	Until 48 hours after diarrhoea stops	None, unless symptoms are present
German Measles (Rubella)	14 to 21 days	From 7 days before to 5 days from onset of rash	An ill child should remain out of school until 5 days from onset of rash	None, pregnant staff must seek advice from their doctor if they have been in contact with an infected person
Giardiasis	3-25 days (average 7-10 days)	While diarrhoea persists	Until 48 hours after diarrhoea stops	None, unless symptoms are present
Glandular Fever (infectious mononucleosis)	4-6 weeks	Until symptoms disappear. These usually resolve over 2 to 4 weeks followed by a gradual recovery	The ill person should not attend school until clinically well	None

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Disease	How long is the incubation period?	How long is the period of communicability?	Should the child/staff member be out of school?	Exclusion of contacts?
Hand, Foot and Mouth Disease	3 to 5 days	3 days before rash appears to a few days later	No need to exclude. Contact HPU if a large number are affected	None
Head Lice	7-10 days	Infectious for as long as there are live adult lice on the head	None, but appropriate treatment is required promptly	None but treatment may be necessary for household contacts
Hepatitis A	15-50 days (average 28 days)	From 14 days before to 7 days after the appearance of the first symptom	7 days from onset of first symptom (e.g. jaundice) Continuing jaundice does not indicate infectivity	None
Hepatitis B	45-180 (usually 90 days)	As long as virus is present in blood	None but appropriate treatment is required	None
Hepatitis C	14-42 days (usually 42 days)	Week or so before and variable period after the onset of symptoms	No need to exclude	None
Impetigo	4-10 days	48 hours after antibiotic treatment or once the skin is dry	Child can return to school 48 hours after the commencement of antibiotic treatment. Or once the lesions are crusted or healed	None
Influenza	1-3 days	Day before illness to 3-5 days after onset of symptoms	Until child has recovered	None
Measles	8-13 days average 10 days	From a few days before to 5 days after the rash appears	5 days from appearance of rash	None
Meningitis and meningococcal infection	Dependant on cause		Can return when clinically well. The HPU will give advice on any action needed	No need to exclude
Mumps	14-24 days	7 days before the onset of symptoms till 4 days after	5 days from onset of symptoms	None
Poliomyelitis	3-21 days	Whilst virus is present in stools	On advice from CCDC	On Advice from CCDC

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Disease	How long is the incubation period?	How long is the period of communicability?	Should the child/staff member be out of school?	Exclusion of contacts?
Ringworm on scalp Ringworm on body	2-6 weeks	While active lesions still present	No need to exclude. Proper treatment from GP is important	None, advise that items with close scalp contact should not be shared
Salmonella	6 hours -3 days	While diarrhoea persists	Until 48 hours after diarrhoea stops	None, unless symptoms are present
Scabies	2 to 6 weeks before itching starts	While mites remain alive on host	Until course of treatment has been administered (usually 2 courses of treatment one week apart)	Contacts will have one treatment
Scarlet Fever (And other Streptococcal A infections)	2 to 5 days	While organism is present in nose, throat or skin lesion	2 days from commencement of antibiotics	None
Threadworm	2-6 weeks for completion of life cycle	Whilst eggs are being produced	No need to exclude. Treatment is necessary for cases and their contacts	None
Tuberculosis	Variable usually 4-12 weeks	Whilst organism is present in the sputum	On advice from clinician or CCDC	On advice from clinician or CCDC
Typhoid and Paratyphoid fever	7-21 days average 14 days	Whilst organism is present in stools	On advice from CCDC	On advice from CCDC
Viral Diarrhoea and vomiting (Gastroenteritis) including norovirus	4 hours- 4 days	Varies according to virus	Until 48 hours symptom free. Exclusion differs for infections. The HPU can advise on specific infections	None
Whooping Cough (Pertussis)	5-10 days	Less than a week if treated with antibiotics and 21 days if not treated with antibiotics	5 days from commencement of antibiotics	None