

## Cyfarwyddyd ar Reoli Heintiau yng Ngogledd Cymru - Ysgolion a Lleoliadau Cyn-Ysgol Ebrill 2018 – Dyddiad adolygu Ebrill 2020

Ni ddylai unigolion yr amheuir neu y cadarnhawyd eu bod yn dioddef o glefyd heintus fynychu'r lleoliad yn ystod y cyfnod yr ystyrir eu bod yn heintus. Mae'r tabl isod yn ganllaw cyflym i weld a ddylai unigolyn fynychu lleoliad ai peidio. Mae'n seiliedig ar y cyfnod o heintusrwydd yn hytrach nag ar ba mor dda y mae'r plentyn yn teimlo ac a fyddai'n gallu mynychu. Os oes ansicrwydd, dylai unigolion aros adref a dylid ceisio cyngor Galw Iechyd Cymru - 0845 46 47, eu fferyllfa neu eu Meddyg Teulu.

Os bydd ar ysgol/lleoliad cyn-ysgol yng **Ngogledd Cymru** angen cyngor ynglŷn â chyfnodau gwahardd / clefydau trosglwyddadwy, fe'u cynghorir i wneud y canlynol –

1. Yn y lle cyntaf, dylai ysgol/lleoliad cyn-ysgol gyfeirio at y wybodaeth isod sy'n berthnasol i blant a staff.
2. Os bydd angen gwybodaeth bellach, cysylltwch â'r Tîm Diogelu Iechyd (rhowch wybod i nyrs yr ysgol os yn berthnasol)
3. Mewn achosion o salwch sy'n cynnwys staff yr ysgol, dylai'r ysgol gysylltu â'u Tîm Iechyd Galwedigaethol.
4. Os oes achosion lleol/cenedlaethol o salwch, bydd lleoliadau yn cael eu hysbysu a'u cynghori gan y Tîm Diogelu Iechyd ynghylch unrhyw gamau y mae angen iddynt eu cymryd.

### Tîm Diogelu Iechyd, Iechyd Cyhoeddus Cymru: 0300 00 300 32

Dylai lleoliadau gadw cofrestr salwch ar gyfer yr holl blant a'r staff, yn ogystal â chofrestr o unigolion yr ystyrir bod posibilrwydd y gellid eu heintio'n hawdd.

Os daw dau achos o UNRHYW salwch i'r amlwg, cysylltwch â'r Tîm Diogelu Iechyd gan y gallai hyn fod yn anarferol.

Mae rhoi gwybod i'r Tîm Diogelu Iechyd am yr afiechydon canlynol yn ddyletswydd statudol: encephalitis aciwt, hepatitis heintus, meningitis aciwt, poliomyelitis aciwt, anthracs, botwliaeth, brwselosis, cholera, difftheria, y dwymyn enterig (teiffoid neu dwymyn paradeiffoid), gwenwyn bwyd, syndrom hemolytig wremig, dolur rhydd gwaedlyd heintus, clefyd streptococcol ymledol grŵp A, Clefyd y Llangilwyr, y gwahanglwyf, malaria, y frech goch, gwenwyniad gwaed meningococcol, clwy pennau, y pla, y gynddaredd, rwbela, SARS, y clefyd coch, y frech wen, tetanws, tiwbercwlosis, teiffws, twymyn gwaedlifol firaol, y pas a'r dwymyn felen r. \* Clefyd Hysbysadwy.

Sylwer: hyd yn oed os nad oes cyfnod gwahardd, os yw plentyn yn sâl ni ddylent fynychu'r ysgol.

Brechau a heintiau croen	Cyfnod y dylid cadw unigolion i ffwrdd o'r lleoliad	Sylwadau
<b>Dylid ystyried bod brech heb eglurhad drosto yn heintus hyd nes y ceisir cyngor meddygol</b>		
Tarwden y traed	Dim.	Nid yw tarwden y troed yn gyflwr difrifol. Argymhellir triniaeth
Brech yr ieir	Pum niwrnod o ddechrau'r frech, A hyd nes y bydd crawen sych ar bob pothell	GWELER: Plant sy'n Agored i Niwed a Staff Beichiog
Doluriau annwyd, (Herpes simplex)	Dim.	Osgoi cusanu a chysylltiad â'r doluriau. Nid yw doluriau annwyd yn ddifrifol ar y cyfan ac maent yn hunangyfyngol.
Brech Goch yr Almaen (rwbela)	Pedwar diwrnod o ddechrau'r frech	Mae modd ei atal drwy imiwneiddio fel rhan o'r rhaglen imiwneiddio arferol (MMR x 2 ddos). GWELER: Staff Beichiog
Clefyd llaw, traed a'r geg	Dim.	Cysylltwch â'ch Tîm Diogelu Iechyd lleol os effeithir ar nifer fawr o blant. Gellir ystyried cadw unigolion o'r lleoliad mewn rhai amgylchiadau.
Impetigo	Hyd nes bod y clwyfau'n grofennog ac wedi gwella, neu 48 awr ar ôl dechrau cael triniaeth wrthfotig	Mae triniaeth wrthfotig yn cyflymu'r broses wella ac yn lleihau'r cyfnod heintus
Y Frech Goch	Pedwar diwrnod ar ôl dechrau'r frech	Mae modd ei atal drwy imiwneiddio fel rhan o'r rhaglen imiwneiddio arferol (MMR x 2 ddos). GWELER: Staff Beichiog
Molluscwm contagioswm	Dim.	Cyflwr hunangyfyngol
Tarwden	Dim.	Mae angen triniaeth
Brech rosynnaidd (babanod)	Dim.	Dim
Clefyd crafu	Gall y plentyn ddychwelyd ar ôl y driniaeth gyntaf	Mae angen i ddeiliad y cartref a'r rhai sydd â chysylltiad agos gael triniaeth
Y dwymyn goch	Gall y plentyn ddychwelyd 24 awr ar ôl dechrau triniaeth wrthfotig briodol	Argymhellir triniaeth wrthfotig ar gyfer y plentyn yr effeithir arno
Y Boch Goch. Parfofeirws B19	Dim. (Unwaith y bydd y frech wedi ymddangos).	GWELER: Plant sy'n Agored i Niwed a Staff Beichiog
Yr Eryr	Dim angen gwahardd oni bai bod rhedlif yn dod o'r frech ac nad oes modd ei orchuddio yn unig	Gall achosi brech yr ieir ymhlith y rhai nad oes ganddynt imiwnedd h.y. y rhai nad ydynt wedi cael brech yr ieir. Caiff ei ledaenu gan gysylltiad agos iawn ac o gyffwrdd ag e. Os oes angen rhagor o wybodaeth arnoch, cysylltwch â'ch Tîm Diogelu Iechyd lleol. GWELER: Plant sy'n Agored i Niwed a Staff Beichiog
Dafadennau a Ferwcau	Dim.	Dylid gorchuddio ferwcau mewn pyllau nofio, campfeydd ac ystafelloedd newid
<b>Dolur rhydd a salwch chwydu</b>		
Dolur rhydd a/neu chwydu	48 awr ar ôl yr achos diwethaf o'r dolur rhydd neu chwydu	



E. coli O157 VTEC	Dylid eu cadw o'r lleoliad am 48 awr o'r achos diwethaf o'r Dolur Rhydd	Mae angen gwahardd plant 5 oed ac iau a'r rhai hynny sy'n cael anhawster cynnal hylendid personol da o'r lleoliad hyd nes y ceir prawf nad ydynt yn cario'r germ (cliriad micrifolegol) a'u bod yn cadw at y safonau hylendid arferol.
Teiffoid [a paradeiffoid] (twymyn enterig)	Gallai fod angen gwahardd pellach ar gyfer rhai unigolion hyd nes nad ydynt yn alldafu mwyach	Mae'n bosibl hefyd y bydd y cyfarwyddyd hwn yn berthnasol i rai pob y bydd yr unigolyn wedi bod mewn cysylltiad â nhw a allent fod angen clirio microffolegol arnynt. Cysylltwch â'ch Tîm Diogelu Iechyd lleol am ragor o gyngor
Shigela (dysentri)		
Cryptosporidiosis	Eu cadw o'r lleoliad am 48 awr o'r achos diwethaf o ddolur rhydd	Ni ddylid caniatáu i unigolion nofio am o leiaf bythefnos ar ôl y pwl olaf o ddolur rhydd
<b>Heintiau eraill</b>		
Y Ffliw	Hyd nes bod gwellhad	GWELER: <i>Plant sy'n Agored i Niwed</i>
Twbercwlosis	Ymgynghorwch â'ch Tîm Diogelu Iechyd lleol bob amser	Mae angen cysylltiad agos hir dymor er mwyn iddo ledaenu
Y Pas (pertwsis)	48 awr o gychwyn y driniaeth wrthfotig neu 21 diwrnod o ddechrau'r salwch os nad oes triniaeth wrthfotig	Mae modd ei atal drwy frechu ac mae'n rhan o raglen imiwneiddio arferol y DU. Ar ôl triniaeth, mae'n bosibl y bydd pesychu nad yw'n heintus yn parhau am wythnosau lawer. Gall y Tîm Diogelu Iechyd lleol eich helpu i olrhain pobl y gallai'r unigolion fod wedi cael cyswllt â nhw os bydd angen.
<b>Heintiau eraill</b>		
Llid pilen y llygad	Dim.	Os bydd achos/clwstwr yn codi, cysylltwch â'ch Tîm Diogelu Iechyd lleol.
Difftheria	Ni ddylid mynychu'r lleoliad. Ymgynghorwch â'ch Tîm Diogelu Iechyd lleol bob amser	Mae modd ei atal drwy frechiad ac mae'n rhan o raglen imiwneiddio arferol y DU. Mae'n rhaid i gysylltiadau teuluol gadw o'r lleoliad hyd nes y cânt eu clirio gan eich Tîm Diogelu Iechyd lleol i ddychwelyd. Bydd eich Tîm Diogelu Iechyd yn ystyried y risg o ran unrhyw gyswllt y byd dyr unigolyn wedi ei gael gydag eraill os bydd angen.
Twymwn y chwarennau	Dim.	
Llau pen	Dim.	Argymhellir triniaeth dim ond mewn achosion lle bo llau byw wedi'u gweld.
Hepatitis A	Gwahardd hyd saith niwrnod ar ôl dechrau'r clefyd melyn (neu saith niwrnod ar ôl dechrau'r symptomau os nad yw'r clefyd melyn yn bresennol)	Mewn achos o hepatitis A, bydd eich Tîm Diogelu Iechyd lleol yn cynghori ar fesurau rheoli.
Hepatitis B, C, HIV/AIDS	Dim.	Mae Hepatitis B a C a HIV yn firsau a gludir yn y gwaed nad ydynt yn heintus drwy gysylltiad achlysurol.
Meningitis meningococol / septicaemia	Hyd nes bod gwellhad	Mae modd atal sawl math o glefyd meningococol drwy frechu. Nid oes rheswm dros gadw brodyr a chworydd neu bobl eraill y bu'r unigolyn mewn cysylltiad â nhw o'r lleoliad. Os oes dau achos neu fwy efallai y bydd yn angenrheidiol rhoi meddyginiaeth gwrthfotig gyda neu heb frechiad meningococol i bobl yn y lleoliad y bu'r unigolyn mewn cysylltiad agos â nhw. Bydd eich Tîm Diogelu Iechyd lleol yn cynghori ar unrhyw gamau angenrheidiol.
Meningitis oherwydd bacteria arall	Hyd nes bod gwellhad	Mae modd atal meningitis hib a niwmococo drwy frechu. Nid oes unrhyw reswm dros wahardd brodyr neu chworydd neu bobl eraill y bu'r unigolyn mewn cysylltiad agos â nhw. Bydd eich Tîm Diogelu Iechyd lleol yn cynghori ar unrhyw gamau angenrheidiol.
Meningitis firsol	Dim.	Salwch llai difrifol. Nid oes unrhyw reswm dros wahardd brodyr neu chworydd neu bobl eraill y bu'r unigolyn mewn cysylltiad agos â nhw. Nid oes angen olrhain pobl y bu'r unigolyn mewn cysylltiad â nhw.
MRSA	Dim.	Mae hylendid da, yn enwedig golchi dwylo a glanhau amgylcheddol, yn bwysig er mwyn lleihau unrhyw berygl o ledaenu. Os bydd angen rhagor o wybodaeth amoch, cysylltwch â'ch Tîm Diogelu Iechyd.
Clwy'r Pennau	Gwahardd o'r lleoliad am bum niwrnod ar ôl dechrau'r chwyddo	Mae modd ei atal drwy frechu (MMR x 2 ddos).
Edeulyngyr	Dim.	Argymhellir triniaeth ar gyfer y plentyn a'r rhai sy'n dod i gysylltiad â'r cartref.
Tonsilitis	Dim.	Mae llawer o achosion, ond mae'r rhan fwyaf o achosion oherwydd feirysau ac nid oes angen cyffuriau gwrthfotig.

### Unigolion agored i niwed

Mae rhai cyflyrau meddygol yn gwneud rhai plant yn fwy agored i ddal heintiau nad fwy neu lai byth yn ddifrifol i'r rhan fwyaf o blant; mae'r rhain yn cynnwys plant sy'n cael triniaeth ar gyfer lewcemia neu ganserau eraill, sy'n cael dosys uchel o steroidau ac sydd â chyflyrau sy'n gostwng eu himiwnedd yn sylweddol.

### Merched beichiog (gan gynnwys plant beichiog)

Os yw menyw feichiog yn datblygu brech neu mewn cysylltiad uniongyrchol â rhywun sydd â brech a allai fod yn heintus, dylai meddyg archwilio hyn. Daw'r risg mwyaf o heintiau o'r fath i ferched beichiog oddi wrth eu plentyn/plant eu hunain, yn hytrach nag o'r gweithle.

### Imiwneiddio

Dylai statws imiwneiddio gael ei wirio (staff a phlant) bob amser wrth ddechrau'r ysgol/lleoliad cyn-ysgol ac ar adeg unrhyw frechiad. Dylid annog rhieni i imiwneiddio eu plentyn neu drefnu dosiau dilynol pellach drwy feddyg teulu'r plentyn. I gael y cyngor diweddaraf ar y rhaglen imiwneiddio arferol, ewch i:

<http://www.wales.nhs.uk/sitesplus/888/page/43510>



## Guidance on Infection Control in North Wales - Schools and Pre-School Settings

April 2018 – Review Date April 2020

Individuals with a suspected or confirmed infectious disease should not attend the setting during the time they are considered infectious. The table below is a guide to as to whether an individual should attend a setting or not. This is based upon the period on infectivity and not upon whether the individual is well enough to attend. If uncertain, individuals should stay at home and seek advice from NHS Direct Wales 0845 46 47, their pharmacy or GP.

If a setting requires advice on exclusion periods / communicable diseases they are advised to do the following-

1. In the First instance refer to the information below which is relevant to both children and staff.
2. If further information is required, contact Health Protection Team. (Inform school nurse if applicable).
3. In case of illness involving school staff, contact the Occupational Health Team.
4. In case where there are local/national outbreaks of illness, settings will be informed and advised of any actions they are required to take by the Health Protection Team.

**Health Protection Team, Public Health Wales: 0300 00 300 32**

Settings should keep an illness register for all children and staff; as well as a register of individuals who may be considered vulnerable to infection.

If more than two cases of ANY illness are observed, contact the Health Protection Team as this can be defined as an outbreak.

It is a statutory requirement to report the following diseases to the Health Protection Team: acute encephalitis, acute infectious hepatitis, acute meningitis, acute poliomyelitis, anthrax, botulism, brucellosis, cholera, diphtheria, enteric fever (typhoid or paratyphoid fever), food poisoning, haemolytic uremic syndrome (HUS), infectious bloody diarrhoea, invasive group A streptococcal disease, legionnaires disease, leprosy, malaria, measles, meningococcal septicaemia, mumps, plague, rabies, rubella, SARS, scarlet fever, smallpox, tetanus, tuberculosis, typhus, viral haemorrhagic fever, whooping cough and yellow fever. \* Notifiable disease.

Note: even if there is no exclusion period, if a child is unwell they should not attend school.

Rashes and skin infections	Period individual to be kept away from Setting	Comments
<b>Unexplained rashes should be considered infectious until health advice is obtained.</b>		
Athlete's foot	None.	Athletes' foot is not a serious condition. Treatment is recommended
Chickenpox	5 days from onset of rash AND until all vesicles (blisters) have crusted over	SEE: <i>Vulnerable Individuals and Pregnant Woman</i>
Cold sores, (Herpes simplex)	None.	Avoid kissing and contact with the sores. Cold sores are generally mild and self-limiting.
German measles (rubella)	Four days from onset of rash	Preventable by vaccination and contained within the routine immunisation schedule (MMR x 2 doses). SEE: <i>Pregnant Women</i>
Hand, foot and mouth	None.	Contact your local Health Protection Team if a large number of children are affected. Keeping individuals from the setting may be considered in some circumstances
Impetigo	Until affected areas are crusted and healed, or 48 hours after commencing antibiotic treatment	Antibiotic treatment speeds healing and reduces the infectious period
Measles*	Four days from onset of rash	Preventable by vaccination and contained within the routine immunisation schedule (MMR x 2 doses). SEE: <i>Vulnerable individuals and Pregnant Women</i>
Molluscum contagiosum	None.	A self-limiting condition
Ringworm	None.	Treatment is required
Roseola (infantum)	None.	None
Scabies	Individual can return after first treatment	Household and close contacts require treatment
Scarlet fever*	Individual can return 24 hours after commencing appropriate antibiotic treatment	Antibiotic treatment recommended for the affected individual.
Slapped cheek / fifth disease. Parvovirus B19	None (once rash as developed)	SEE: <i>Vulnerable individuals and Pregnant Women</i>
Shingles	Individual only to be kept away from setting if rash is weeping and cannot be covered	Can cause chickenpox in those who are not immune i.e. have not had chickenpox. It is spread by very close contact and touch. If further information is required, contact the Health Protection Team. SEE: <i>Vulnerable individuals and Pregnant Women</i>
Warts and Verrucae	None.	Verrucae should be covered in swimming pools, gymnasiums and changing rooms
<b>Diarrhoea and vomiting illness</b>		
Diarrhoea and/or vomiting	48 hours from last episode of diarrhoea or vomiting	
<i>E. coli</i> O157 VTEC	Should be kept away from the setting for 48 hours from the last episode of Diarrhoea	Individuals aged 5 years of younger and those who have difficulty in maintaining good personal hygiene need to be kept away from the setting until there is proof that they are not carrying the germ (microbiological clearance) adhering to hygiene practices. Need to be kept away from setting.
Typhoid [and paratyphoid] (enteric	Some individuals may need to be kept	



fever]* Shigella (dysentery)	away from the setting until they are no longer excreting	This guidance may also apply to some people that the individual may have been in contact with that may also require microbiological clearance. Please contact health Protection Team for Further Advice.
Cryptosporidiosis	Keep away from setting for 48 hours from the last episode of diarrhoea.	Individuals should not be permitted to swim for two weeks after the last bout of diarrhoea has ended.
<b>Respiratory illnesses</b>		
Flu (influenza)	Until recovered	SEE: <i>Vulnerable Children</i>
Tuberculosis*	Always consult the Health Protection Team	Requires prolonged close contact for spread
Whooping cough (pertussis)*	48 hours from commencing antibiotic treatment, or 21 days from onset of illness if no antibiotic treatment	Preventable by vaccination and contained within the UK Routine Immunisation Schedule. After treatment, non-infectious coughing may continue for many weeks. The Health Protection Team can assist in tracing people that the individual may have had contact with if necessary.
<b>Other infections</b>		
Conjunctivitis	None.	If an outbreak/cluster occurs, consult the Health Protection Team
Diphtheria*	Must not attend setting. Always consult the Health Protection Team	Preventable by vaccination and contained within UK Routine Immunisation Schedule. Family contacts must be kept away from setting until cleared to return by the Health Protection Team. The Health Protection Team will consider the risk that any contact the individual has had with others if necessary.
Glandular fever	None.	
Head lice	None.	Treatment is recommended only in cases where live lice have been seen
Hepatitis A	Individual should be kept away from the setting until seven days after onset of jaundice (or seven days after symptom offset if no jaundice)	In an outbreak of hepatitis A, the Health Protection Team will advise on control measures
Hepatitis B, C, HIV/AIDS	None.	Hepatitis B and C and HIV are blood borne viruses that are not infectious through casual contact.
Meningococcal meningitis / septicaemia*	Until recovered	Several types of meningococcal disease are preventable by vaccination. There is no reason to keep siblings or other close contacts of the individual from attending settings. In the case of an outbreak, it may be necessary to provide antibiotics with or without meningococcal vaccination to close school contacts. The Health Protection Team will advise on any action needed.
Meningitis due to other bacteria	Until recovered	Hib and pneumococcal meningitis are preventable by vaccination. There is no reason to exclude siblings or other close contacts of a case away from settings. The Health Protection Team can advise on actions needed
Meningitis viral	None.	Milder illness. There is no reason to keep siblings and other close contacts of the individual away from setting. Tracing people that individual has had contact with is not required.
MRSA	None.	Good hygiene, in particular hand washing and environmental cleaning, are important to minimise any danger of spread. If further information is required, contact the Health Protection Team
Mumps*	Keep away from setting for five days after onset of swelling	Preventable by vaccination (MMR x 2 doses)
Threadworms	None.	Treatment is recommended for the child and household contacts
Tonsillitis	None.	There are many causes, but most cases are due to viruses and do not need an antibiotic

### Vulnerable Individuals

Some medical conditions make children vulnerable that would rarely be serious in most children, these include those being treated for leukaemia or other cancers, on high doses of steroids and with conditions that seriously reduce immunity.

### Pregnant Women (including pregnant children)

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. The greatest risk to a pregnant woman from such infections comes from their own child/children, rather than the workplace.

### Immunisation

Immunisation status (staff and children) should always be checked before starting school/pre-school at the time of any vaccination. Parents are encouraged to immunise their child or to arrange further does through the family doctor. For further information about the immunisation schedule, please visit:

<http://www.wales.nhs.uk/sitesplus/888/page/43510>

Adapted from: "All Wales Infection Prevention and Control Guidance for Education Settings" (2017)