SHIELD ROAD PRIMARY SCHOOL

Infection Control Policy

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Infection Control Policy

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 policy provides information for staff managing a range of common and important childhood infections in settings including schools.

Infection in childcare settings

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).
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 infection spreads

Infections are spread in many different ways:
Respiratory spread:
Contact with cough or other secretions from an infected person, like influenza. This can happen by being near the infected person when they cough and then breathe in the organism; or by picking up the organism from an infected item, for example, a used tissue or on an object in the environment, and then touching your nose or mouth.
Direct contact spread:
By direct contact with the infecting organism, for example, contact with the skin during contact sports such as rugby and in gyms, like impetigo or staphylococcal infections.
Gastrointestinal spread:
Resulting from contact with contaminated food or water (hepatitis A), contact with infected faeces or unwashed hands after using the toilet (typhoid fever).
Blood borne virus spread:
By contact with infected blood or body fluids, for example, while attending to a bleeding person or injury with a used needle (hepatitis B). 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.

Transmission of coronavirus mainly occurs via respiratory droplets generated during breathing, talking, coughing and sneezing. These droplets can directly infect the respiratory tracts of other people if there is close contact. They also infect others indirectly. This happens when the droplets get onto and contaminate surfaces which are then touched and introduced into the mouth or eyes of an uninfected person. Another route of transmission is via aerosols (extremely small droplets), but this is only relevant to medical procedures for a very small number of children in education and social care settings. In all education, childcare and children's social care settings, preventing the spread of coronavirus involves preventing:

- direct transmission, for instance, when in close contact with those sneezing and coughing
- indirect transmission, for instance, touching contaminated surfaces

Prevention and control

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. Liquid soap, warm water and paper towels are recommended.

- All staff and pupils advised to wash their hands after using the toilet, before eating or handling food and after touching animals.
- Cover all cuts and abrasions with a waterproof dressing.
- Coughs and sneezes spread diseases. Children and adults are encouraged to cover their mouth and nose with a disposable tissue and wash hands after using or disposing of tissues. Spitting should be discouraged.
- Wear disposable gloves and plastic aprons if there is a risk of splashing or contamination with blood or body fluids during an activity. Gloves should be disposable, non-powdered vinyl or latex-free and CE marked. Wear goggles if there is a risk of splashing to the face.

Bites

- If a bite does not break the skin: clean with soap and water and 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.

Managing needle stick injuries

Occasionally children or staff may injure themselves with discarded used hypodermic needles which they have found. Dispose of the needle safely to avoid the same thing happening to someone else. This can be done by contacting your

local authority or school nurse. If someone pricks or scratches themselves with a used hypodermic needle:

- wash the wound thoroughly with soap and water
- cover it with a waterproof dressing
- record it in the accident book and complete the accident form
- seek immediate medical attention from your local Accident and Emergency department

Cleaning blood and body fluid spills

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.

Sanitary facilities

Good hygiene practices depend on adequate 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. Place disposable paper towels next to basins in wall mounted dispensers, together with a nearby foot-operated waste paper bin. Toilet paper should be available in each cubicle. Suitable sanitary disposal facilities should be provided where there are female staff and pupils aged 9 or over (junior and senior age groups).

Children with continence aids

Pupils 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 pupils and staff involved in the management of these aids. Continence pads should be changed in a designated area. Disposable powder-free non-sterile latex gloves and a disposable plastic apron should also be worn. Gloves and aprons should be changed after every pupil. Hand washing facilities should be readily available. Contact your school health team for further advice.

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 home with the child with advice for the parent on how to launder the contaminated clothing. The clothing should be washed separately in a washing machine, using a prewash cycle, on the hottest temperature that the clothes will tolerate.

What to do if you suspect an outbreak of infection

An outbreak or incident may be defined as:

- an incident in which 2 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

When to report

Headteachers and managers will contact the local health protection team 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

For suspected cases of infectious illness where there is uncertainty it's an outbreak, call your local HPT.

How to report

The school is 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)

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

Immunisation

Parents are encouraged to have their child immunised.

Cleaning the environment

Cleaning of the environment, including toys and equipment, is an important function for the control of infection in childcare settings. It is important that cleaning schedules clearly describe the activities needed, the frequency and who will carry them out. Cleaning standards are monitored regularly by the school. Cleaning staff should be appropriately trained and have access to personal protective equipment.

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. Choosing to employ a colour system in your workplace can make cleaning easy, efficient and in turn, increase general hygiene and cleanliness.
Colour-coded equipment should be used in different areas with separate equipment for kitchen, toilet, classroom and office areas (white for toilets and wash rooms; blue for hand wash basins and sinks; green for general areas and yellow 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 term time (for example in the event of an outbreak) and how the school might carry this out.
A nominated member of staff should be chosen to monitor cleaning standards and discuss any issues with cleaning staff.

Cleaning blood and body fluid spills

All spillages of blood, faeces, saliva and vomit should be cleaned up immediately, wearing personal protective equipment. 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 cleaning up blood and body fluid spills, and dispose of after use. A spillage kit should be available for blood spills.

Disposal of waste:

Waste from possible cases and cleaning of areas where possible cases have been (including disposable cloths and tissues):

- Should be put in a plastic rubbish bag and tied when full. • The plastic bag should then be placed in a second bin bag and tied.
- It should be put in a suitable and secure place and marked for storage until the individual's test results are known.

Waste should be stored safely and kept away from children. The waste should not be put in communal waste areas until negative test results are known, or the waste has been stored for at least 72 hours.

- If the individual tests negative, this can be put in with the normal waste
- If the individual tests positive, then store it for at least 72 hours and put in with the normal waste
- If storage for at least 72 hours is not appropriate, arrange for collection as a Category B infectious waste either by your local waste collection authority if they currently collect your waste or otherwise by a specialist clinical waste contractor. They will supply you with orange

clinical waste bags for you to place your bags into so the waste can be sent for appropriate treatment.

Toys and equipment

If toys are shared, it is strongly recommended that only hard toys are made available because they can be wiped clean after play. The condition of toys and equipment should be part of the monitoring process and any damaged item that cannot be cleaned or repaired should be discarded.
Soft modelling and play dough should be replaced regularly or whenever they look dirty and should be included in the cleaning schedule.
Sandpits should be securely covered when not in use to protect from animals contaminating the sand. Sand should be changed regularly; 4 weekly for indoor sandpits and as soon as it becomes discoloured or malodorous for outdoor sandpits. Sand should be sieved (indoor) or raked (outdoor) regularly to keep it clean. The tank should be washed with detergent and water, and dried before refilling with sand. Water play troughs or receptacles should be emptied, washed with detergent and hot water and dried and stored inverted when not in use. The water should be replenished either daily or twice daily when in use and it should always be covered when not in use.

Enhanced cleaning during an outbreak of infection

In the event of an outbreak of infection at school, the local health protection team will recommend enhanced or more frequent cleaning, to help reduce transmission. Advice may be given to ensure regular 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. Plans should be developed for such an event on how the school might carry this out which could also include during term time. Dedicated cleaning equipment must be colour coded according to area of use.

Staff welfare

Staff immunisation

All staff should be up to date with immunisations, including Measles, Mumps, Rubella (MMR).

Exclusion

Staff employed in schools, nurseries and other childcare settings should have the same rules regarding exclusion applied to them as are applied to the children. They may return to work when they are no longer infectious, provided they feel well enough to do so.

Pregnant staff

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. 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.
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. 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.

Food handling staff

Food handlers and catering staff may present a particular risk to the health of their pupils and staff if they become infected or have close contact with diseases that can be transmitted to others via the medium of food or drink. These diseases commonly affect the gastrointestinal system (stomach and bowel) and usually cause diarrhoea or vomiting, or both.
Food handling staff suffering from such diseases must be excluded from all food handling activity in the school or nursery setting until advised by the local Environmental Health Officer that they are clear to return to work. There are legal powers for the formal exclusion of such cases but usually voluntary exclusion will suffice with ‘off work’ certificates from the GP, as necessary.
Staff and attenders should not be present at the school if they are currently suffering from diarrhoea or vomiting, or both. At the very least, persons suffering from gastrointestinal diseases should not return to work until 48 hours post recovery (no further diarrhoea or vomiting).
Employers are to notify their local Environmental Health Department immediately that they are informed of a member of staff engaged in the handling of food has become aware that he or she is suffering from, or is the carrier of, any infection likely to cause food poisoning. This policy should be made clear to the person in charge of the kitchen and all catering staff at the time of appointment. Food handlers are required by law to inform their employer immediately if they are suffering from:

- typhoid fever
- paratyphoid fever
- other salmonella infections
- dysentery
- shigellosis

- diarrhoea (cause of which has not been established)
- infective jaundice
- staphylococcal infections likely to cause food poisoning like impetigo, septic skin lesions, exposed infected wounds, boils
- E. coli VTEC infection

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Managing specific diseases and infections

Please refer to Public Health England advice on specific diseases and infections – https://www.gov.uk/government/publications/health-protection-in-schools-andotherchildcare-facilities/chapter-9-managing-specific-infectious-diseases

Pets and animal contact

Please refer to Public Health England on pet and animal contact.