

BROAD CHALKE CE VA PRIMARY SCHOOL

INFECTION CONTROL POLICY

Mission Statement: With the love of God we learn, care, grow and share

INTRODUCTION

This policy has been written following guidance from Public Health England, Wiltshire Council and the Health Protection Agency; the school has also consulted a doctor to check our written procedures.

AIM AND OBJECTIVES

This policy aims to provide the school community with guidance when preparing for, and in the event of, an outbreak of an infection or any contagious illness.

PRINCIPLES

High standards of hygiene are important to protect our school community. Every day the surfaces are cleaned with anti-bacterial spray; toilets and sinks are cleaned and soap dispensers refilled with anti-bacterial soap. The carpets are hoovered daily and the hall floor is washed twice a week, more if needed. Infections are likely to spread particularly rapidly in schools and as children may have no residual immunity, they could be amongst the groups worst affected. We recognise that closing the school may be necessary in exceptional circumstances in order to control an infection. However, we will strive to remain open unless advised otherwise. Good pastoral care includes promoting healthy living and good hand hygiene. School staff will give pupils positive messages about health and wellbeing through lessons and through conversations with pupils.

PLANNING AND PREPARING

In the event of the school becoming aware that a pupil or member of staff has an infectious illness that is 'notifiable' we would direct their parents to report this to their GP and inform the Health Protection Agency. During an outbreak of an infectious illness such as pandemic influenza the school will seek to operate as normally as possible but will plan for higher levels of staff absence. The decision on whether school should remain open or close will be based on medical evidence. This will be discussed with the Health Protection Agency. It is likely that school will remain open but we recognise the fact that both the illness itself and the caring responsibilities of staff will impact on staff absence levels. The school will close if we cannot provide adequate supervision for the children.

INFECTION CONTROL

Infections are usually spread from person to person by close contact, for example infected people can pass a virus to others through:

- Droplets when coughing, sneezing or even talking within a close distance.
- Direct contact with an infected person: for example, if you shake or hold their hand, and then touch your own mouth, eyes or nose.
- Touching objects (e.g. door handles, light switches) that have previously been touched by an infected person, then touching your own mouth, eyes or nose without first washing your hands.
 - Viruses can survive longer on hard surfaces than on soft or absorbent surfaces.

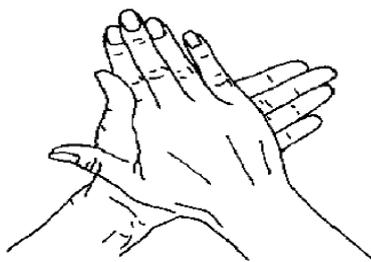
Pupils are given this advice about how to reduce the risk of passing on infections to others through assemblies and PSHE lessons:

- Wash your hands regularly, particularly after coughing, sneezing or blowing your nose.
- Minimise contact between hands and mouth/nose, unless you've just washed your hands.
- Cover your nose and mouth when coughing or sneezing then wash your hands.

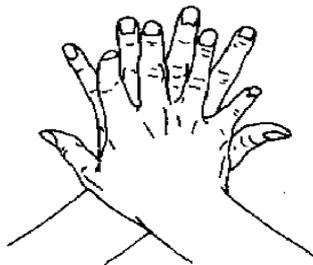
HAND WASHING

Hand washing is the most important method of controlling the spread of infections, especially those that cause diarrhoea and vomiting.

How to do it	Why it is done
1. Always wash hands after using the toilet and before eating or handling food; use warm, running water and a mild, preferably liquid, soap.	To remove contamination. Liquid soap is less likely to become contaminated than bar soap.
2. Wet hands before applying soap	To help prevent skin dryness.
3. Rub hands together vigorously until a soapy lather appears and continue for at least 15 seconds ensuring all surfaces of the hands are covered, as shown below.	To remove dirt and germs from all parts of the hands.
4. Rinse hands under warm running water and dry hands with a hand dryer or paper towels which are then disposed of in a bin.	To prevent recontamination of the hands in standing water or from a used towel.



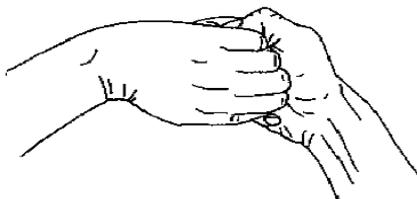
Wet hands and add solution. Rub palms together.



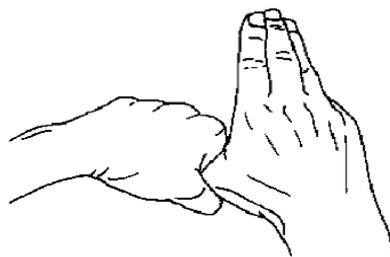
Right palm over back of left hand and left palm over back of right palm.



Palm to palm with fingers interlaced.



Rub backs of fingers with palms.



Wash each thumb by clapping and rotating in the palm of the opposite hand.



Rub each wrist with opposite hand. Rinse hands and dry.

Other good hygiene procedures	
Keep toilets clean.	To reduce the risk of spread of gastrointestinal infections such as Norovirus.
Encourage the use of tissues, and proper disposal, when coughing and sneezing.	To reduce the risk of spread of respiratory infections such as influenza or a cold.
Avoid shared drinking cups for children and wash all cups thoroughly and regularly.	To reduce the risk of spread of infections spread via oral secretions, such as cold sores.
Monitor the cleanliness of food preparation areas.	To reduce the risk of food contamination.
Insist that staff and pupils with diarrhoea or who are vomiting to stay off school until 48 hours after symptoms have resolved.	Keeping people who are infectious away from school will reduce the risk of spread of infection in school.

FOOD HANDLERS IN THE SCHOOL KITCHEN

If a food handler has diarrhoea or vomiting they must stay away from work until 48 hours after their last episode. If there is more than one food handler affected, the Food Team, Environmental Health, Public Protection Services, should be informed. It is even more important that they adhere to strict infection control procedures.

To minimise sources of contamination:

- We ensure regular staff have Food Hygiene Certificates or other training in food handling.
- We store food that requires refrigeration, covered and dated within a refrigerator, at a temperature of 5 C or below.
- We wash hands before and after handling food.
- We clean and disinfect food storage and preparation areas both between tasks and at the end of each day.
- We use colour coded chopping boards.
- We clean tables with anti-bacterial spray and paper towels before and after lunch. During lunch hot soapy water is used to wipe any spills.
- We buy food from reputable sources and use by the recommended dates.

FARM VISITS

Hand washing is essential throughout the visit and particularly after coming into contact with live stock.

CONTACT WITH BLOOD OR BODILY FLUIDS THROUGH ACCIDENTS, FIRST AID OR OTHER MEANS

It is important to avoid contact with blood or other bodily fluids, as these can transmit disease.

Contact could occur in the following circumstances:

Providing first aid - dealing with cuts and grazes

During fights between children or assaults upon staff

Cleaning up spilt blood, vomit, faeces etc.

FIRST AID – GENERAL

The hygiene precautions that are recommended here are common sense precautions that should be used at **all times**, not just when knowingly caring for a child with a blood-borne infection such as HIV or Hepatitis.

Cuts or sores that break the skin on the hands or arms of the First Aider should be kept covered with plasters or other suitable dressings.

Disposable gloves should be worn when carrying out First Aid.

Hands should be washed thoroughly before and after carrying out First Aid procedures, especially those involving external bleeding and/or broken skin.

Any waste should be contained in a plastic bag that is securely tied and discarded through the normal waste route. The disposable gloves can be used as a disposable bag.

FIRST AID AND THE AFTERMATH OF ACCIDENTS OR ASSAULTS INVOLVING BLOOD

Disposable gloves must be worn. An apron should also be worn if any significant amount of blood is involved.

After putting on disposable gloves the wound should be washed immediately, using plenty of water.

A suitable dressing should be applied or a pressure pad if needed.

Seek medical advice if required.

If blood is splashed onto the skin it should be washed off immediately with soap and water.

Splashes of blood into the eyes and the mouth should be washed out immediately with plenty of water.

If any staff member believes they have blood to blood/body fluid contact they should seek medical advice.

CLEANING UP SPILT BLOOD AND HIGH-RISK BODY FLUIDS (CONTAINING BLOOD)

Spillages must be dealt with quickly and effectively.

Disposable gloves and aprons must be worn.

External surfaces, such as playgrounds, should be washed down with plenty of water to dilute the blood as much as possible.

Other surfaces require more careful attention. The following options apply:

Detergent and water method (for soft furnishings and carpet)

Wearing protective clothing, mop up organic matter with paper towels or disposable cloths

Clean surface thoroughly using a solution of detergent and water and paper towels or disposable cloths

Rinse the surface and dry thoroughly

Clean the bucket/bowl in fresh hot, soapy water and dry

If possible soft furnishings should be cleaned as above, then steam cleaned (if heat stable) or machine washed and dried

Put protective clothing and any other waste into a plastic bag that is securely tied and discarded through the normal waste route.

Wash hands.

Hypochlorite (bleach) method (not carpets and soft furnishings) for hard surfaces inside

Wearing protective clothing, soak up excess fluid using disposable paper towels

Remove organic matter using paper towels

Clean area with a bleach solution and dry thoroughly (diluted 10ml bleach to 500ml cold water).

Clean the bucket/bowl in fresh soapy water and dry

Protective clothing and any other waste should be put into a plastic bag that is securely tied and discarded through the normal waste route.

Wash hands.

CLEANING UP LOW-RISK BODY FLUIDS (URINE, FAECES, VOMIT)

Cover the (urine, faeces, vomit etc.) affected area immediately with paper towels or similar to reduce the risk of the virus/infectious agent spreading.

Cover with Bioguard powder to absorb the liquid.

Wearing protective clothing, mop up organic matter with paper towels and put in a plastic bag.

Clean surface thoroughly using a solution of detergent and water and paper towels or disposable cloths.

Rinse the surface and dry thoroughly.

Clean the bucket/bowl in fresh hot, soapy water and dry.

Protective clothing and any other waste should be put into a plastic bag that is securely tied and discarded through the normal waste route.

Wash hands.

Gloves:

Gloves are to be worn whenever contact with body fluids, mucous membranes or non-intact skin is anticipated.

Gloves should be changed after each procedure and hands washed following their removal.

Disposable gloves should be worn only once.

Cleaning and disinfecting the environment during a viral gastroenteritis outbreak

Norovirus can cause diarrhoea and vomiting, which usually lasts for 1-3 days. The virus is easy to catch and is spread by contact with body fluids or contaminated environments, in particular toilets and door handles, if people have not washed their hands. Although these viruses are common in the community and can be picked up anywhere, they can cause particular problems in establishments such as schools and nurseries, as although the illness itself is not severe and will ease without treatment, it can spread quickly. Outbreaks can often spread from one establishment to another and for this reason affected areas are often closed during outbreaks to prevent other areas from becoming infected. Daily cleaning as specified below during outbreaks of suspected Norovirus and terminal cleaning at the end of the outbreak should help to shorten outbreaks and prevent illness.

Disinfectants

The virus is **exceedingly** hardy, and able to withstand the action of many chemical disinfectants.

Ensure that the surface is cleaned first with detergent and water, as the disinfection process can be prevented by the presence of dirt and organic matter.

There are two methods of killing the virus:

- 1. Hypochlorite (a bleach solution):** bleach/hypochlorite is recommended to disinfect all hard surfaces, including all areas of the toilet, and any hand rails. The most economical method of obtaining a 1,000ppm hypochlorite solution is to use normal household bleach diluted in a ratio of one part bleach to 50 parts cold water, e.g., **10ml bleach to 500ml cold water.**
- 2. Heat:** the virus is killed at temperatures of 60° and above, therefore steam cleaning at this temperature can be used to clean carpets.

Daily cleaning during the outbreak

All areas should be cleaned using hot water and detergent (hot soapy water). In addition, hypochlorite 1,000ppm (diluted 10ml bleach to 500ml cold water) should be used to disinfect toilet areas and frequently handled items in the environment such as: taps / door handles/ light switches/ telephones/ surfaces in rooms where people have suffered from vomiting and diarrhoea.

Terminal clean before the establishment is re-opened

If it is necessary to close a classroom or even the whole school, the whole area should be thoroughly cleaned using a freshly made up solution of hypochlorite 1000ppm (diluted 10ml bleach to 500ml cold water). The areas cleaned should include:

All horizontal surfaces, high and low; all areas of the toilet including rims, seats and handles; wash basins and taps; door handles; light switches; all large equipment; frequently handled items such as toys, telephones and computer keyboards.

Carpeted areas and soft furnishings should be cleaned as normal, followed by a steam-clean.

General advice during the outbreak

Disposable gloves and aprons should be worn during cleaning.

Cleaning staff should make sure they thoroughly wash their hands after cleaning, even if they have been wearing gloves.

All the equipment used for cleaning should preferably be disposable or will need thoroughly disinfecting after use and should be stored dry.

If cleaning staff develop vomiting or diarrhoea, they must stay off work until 48 hours after their last symptom.

If a child is unwell in school, they should wait in either the First Aid Room or Reception until they are collected by their parents or carers.

To prevent the persistence and further spread of infection

- We ask parents to keep their child at home if they have an infection, and to inform the school as to the nature of the infection.
- If a child has been vomiting or had diarrhoea they must not return to school until at least 48 hours has elapsed since the last attack.
- If a child is sick, all children in the class should wash their hands to reduce the chances of infection;
- Play dough should not be used until 48 hours after the symptoms end and the play dough used prior to the outbreak is disposed of;
- Play sand should not be used until 48 hours after the symptoms end and the sand used prior to the outbreak is disposed of;
- Water trays should not be used until 48 hours after the symptoms end and the water tray and toys should be cleaned prior to use.

For more detailed guidance and contact numbers see 'The control of communicable diseases in schools and nurseries' September 2015

Approved by FGB: May 2016

Reviewed: May 2019

Review due: May 2022

Appendix 1: Exclusion from school

In order to prevent the spread of infections in school we follow the guidelines set by the Health Protection Agency (HPA), regarding the recommended period of time that pupils should be absent from school. Detailed information about many conditions is available at <http://www.hpa.org.uk/>.

A summary of the most common conditions and recommended periods of absence are shown below. It is important to note that the school are unable to authorise absence on medical grounds or illness for conditions where the guidelines state that no period of absence is recommended; e.g. head lice.

Children should not attend school if acutely ill. Once they feel better they can usually return to school providing they pose no serious risk of infection to others. Further advice may be sought from the local Public Health England Centre (PHEC). To minimise the risk of transmission of infection to other children and staff, the following guidelines should be applied:

Condition	Exclusion from school once the child is well	Comments
Athletes Foot	None	Athletes Foot is not a serious condition. Treatment is recommended.
Chickenpox	Until all vesicles have crusted over	See: vulnerable children and female staff – pregnancy
Cold sores, (Herpes simplex)	None	Avoid kissing and contact with the sores. Cold sores are generally a mild self-limiting disease.
Conjunctivitis	None	If an outbreak/cluster occurs, consult your local PHE centre
Cryptosporidiosis (Cryptosporidium)	Exclude for 48 hours from the last episode of diarrhoea	Exclusion from swimming is advisable for two weeks after the diarrhoea has settled
Diarrhoea and/or vomiting with or without a specified diagnosis	48 hours from last episode of diarrhoea or vomiting	
Diphtheria	Exclusion is important. Always consult with PHEC.	Family contacts must be excluded until cleared to return by your local PHE centre. Preventable by vaccination. Your local PHE centre will organise any contact tracing necessary

Condition	Exclusion from school once the child is well	Comments
E. coli O157 and haemolytic uraemic syndrome	Should be excluded for 48 hours from the last episode of diarrhoea. Further exclusion may be required for some children until they are no longer excreting Always consult with PHEC.	Further exclusion is required for children aged seven years or younger and those who have difficulty in adhering to hygiene practices. Children in these categories should be excluded until there is evidence of microbiological clearance. This guidance may also apply to some contacts who may also require microbiological clearance. Please consult your local PHE centre for further advice
Food poisoning	Until 48 hours after symptoms cease	Inform the PHEC and EHO if there is a cluster of cases.
German measles (rubella)	Four days from onset of rash (as per "Green Book")	Preventable by immunisation (MMR x 2 doses). SEE:
Giardiasis	Until 48 hours after symptoms cease	Inform the PHEC and EHO if there is a cluster of cases.
Glandular fever	None	About 50% of children get the disease before they are five and many adults also acquire the disease without being aware of it.
Hand, foot & mouth disease (Coxsackie virus)	None	Contact PHEC if a large number of children are affected.
Head lice or nits	None	Treatment is recommended only in cases where live lice have been seen
Hepatitis A	Exclude until seven days after onset of jaundice (or seven days after symptom onset if no jaundice)	In an outbreak of Hepatitis A, your local PHE centre will advise on control measures See cleaning up body fluid spills and glove information.
Hepatitis B & C, HIV/AIDS	None	Hepatitis B and C and HIV are bloodborne viruses that are not infectious through casual contact. For cleaning of body fluid spills

Condition	Exclusion from school once the child is well	Comments
Impetigo	Until lesions are crusted and healed, or 48 hours after starting antibiotic treatment	Antibiotic treatment speeds healing and reduces the infectious period. Inform the PHEC if there is a cluster of cases.
Influenza (flu)	Until recovered.	See vulnerable children.
Lyme Disease	None	This disease cannot be spread from person to person.
Measles	Four days from onset of rash	Preventable by vaccination (MMR x2). See: Vulnerable Children and Female Staff – Pregnancy
Meningococcal meningitis/ septicaemia	Until recovered	Meningitis ABCWY are preventable by vaccination - There is no reason to exclude siblings or other close contacts of a case. In case of an outbreak, it may be necessary to provide antibiotics with or without meningococcal vaccination to close school contacts. Your local PHE centre will advise on any action is 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. Your local PHE centre will give advice on any action needed
Molluscum contagiosum	None	Molluscum contagiosum is a viral infection that affects the skin. It most commonly affects children
MRSA	None	Good hygiene, in particular handwashing and environmental cleaning, are important to minimise any danger of spread. If further information is required, contact your local PHE centre
Mumps	Exclude child for 5 days after onset of swelling	Preventable by vaccination. (MMR x 2 doses).
Paratyphoid/Typhoid fever	Should be excluded for 48 hours from the last episode of diarrhoea. Further exclusion may be required for some children until they are no longer excreting	Further exclusion is required for children aged seven years or younger and those who have difficulty in adhering to hygiene practices. Children in these categories should be excluded until there is evidence of microbiological clearance. Please consult your local PHE centre for further advice

Condition	Exclusion from school once the child is well	Comments
Ringworm (tinea)	Exclusion not usually required	Treatment is important and is available from pharmacist.
Roseola (infantum)	None	None
Scarlet Fever (Scarlatina)	Child can return 24 hours after starting appropriate antibiotic treatment	Antibiotic treatment is recommended for the affected child
Shigella (bacillary dysentery)	Should be excluded for 48 hours from the last episode of diarrhoea. Further exclusion may be required for some children until they are no longer excreting.	Further exclusion is required for children aged five years or younger and those who have difficulty in adhering to hygiene practices. Children in these categories should be excluded until there is evidence of microbiological clearance. This guidance may also apply to some contacts who may also require microbiological clearance. Please consult your local PHE centre for further advice
Shingles	Exclude only if rash is weeping and cannot be covered	Can cause chickenpox in those who are not immune, e.g. have not had chickenpox. It is spread by very close contact and touch. If further information is required, contact your local PHE centre. See: Vulnerable Children and Female Staff– Pregnancy
Slapped cheek disease	None (once rash has developed)	See: Vulnerable Children and Female Staff – Pregnancy
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
Tuberculosis	Always consult your local PHE centre	Requires prolonged close contact for spread
Verrucae and warts	None	Verrucae should be covered in swimming pools, gymnasiums and changing rooms
Whooping cough (pertussis)	Five days from starting antibiotic treatment, or 21 days from onset of illness if no antibiotic treatment	Preventable by vaccination. After treatment, non-infectious coughing may continue for many weeks. Your local PHE centre will organise any contact tracing necessary