



## **READING SCHOOL**

### **POLICY ON INFECTION CONTROL**

#### **Introduction:**

Infections can be caused by exposure to harmful micro-organisms such as bacteria, fungi, viruses and internal parasites and can be spread by a variety of different means. The close proximity that staff and pupils work in mean a school environment provides an effective site for the spread of infection. It is important that there are procedures in place to reduce this spread as much as possible; these routine procedures are known as standard precautions. By following these standard precautions, the chain of infection can be broken and a safe working environment can be maintained.

#### **Aims and Objectives:**

At Reading School it is our aim to ensure that the risk of infection to all staff and pupils is kept to a minimum by using the standard precautions and ensuring that staff and parents are aware of these.

We will comply with:

The Health and Social Care Act 2008;

The Public Health Regulations;

The reporting of incidents, Diseases and Dangerous Occurrences Regulations 1995 (RIDDOR);

Health and Safety at Work Act 1974;

The control of Substances Hazardous to Health Regulations (COSHH);

The Environmental Protection Act;

Hazardous Waste Regulations.

In compiling this policy we have used Public Health England document Guidance on infection control in schools and other childcare settings (Sept 2014) as a major resource.

#### **Principles**

Reading School recognises that infections are not a new threat. No-one knows exactly when the school will be faced with having to deal with a potentially contagious illness amongst its community. We recognise the need to be prepared.

We recognise that there are everyday infections eg colds, flu, gastroenteritis which we have been exposed to since the school first opened and which may occur in outbreaks. There are also threats from newly evolved forms of these that may present as pandemics and from infections that have only been described in recent years – eg HIV and Ebola.

Infections can spread particularly rapidly in schools and as pupils may have no acquired immunity from previous infection, they could be amongst the groups worst affected.

We also recognise the risks to staff, particularly those women of childbearing age.

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.

Effective pastoral care includes promoting healthy living. We recognise the need to give positive messages regarding health and well-being in lessons and through presentations.

### **Planning and Preparation**

The majority of infectious diseases that staff and pupils may catch are minor, self-limiting and short-lived. In the event of Reading School becoming aware that a pupil or member of staff has a more serious infectious illness, we are able to take advice from the Health Protection Agency. Alternatively, they may contact the school to advise us that a pupil or member of staff has sought medical attention and has been diagnosed as having an infectious illness.

During an outbreak of an infectious illness such as influenza, Reading School will seek to operate as normally as possible but will plan for higher levels of staff absence. The decision on whether Reading School should remain open or close will be based on medical evidence. This will be discussed with the Health Protection Agency if necessary.

It is likely that the school will remain open but we recognise the fact that the illness itself will impact staff absence levels. The school will close, at least to non-examination classes, if lessons cannot be staffed or there is not adequate supervision for pupils. Pupils will be set work to complete at home by Sharepoint and other electronic means.

### **Routes of Infection:**

There are a number of routes of infection which may be prevalent in schools where children and adults are in close proximity.

- Air-borne transmission: Micro-organisms are spread through the air, for example, through coughing or sneezing.
- Direct contact: Micro-organisms are spread from person to person or indirectly with an inanimate object that has been previously contaminated.
- Faecal-oral transmission: spread from hand to mouth through inadequate hand washing after a toilet visit.
- Blood and body fluid transmission: Through an injury which results in broken skin and bleeding.

### **Standard Precautions in Infection Control:**

#### 1. Handwashing

Handwashing 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. Hands should always be washed after using the toilet, before eating or handling food, and after handling animals.

#### 2. Coughing and sneezing

Coughing and sneezing easily spread infections. Children and adults should be encouraged to cover their mouth and nose with a tissue. Hands should be washed after using or disposing of tissues. Spitting is regarded as an unacceptable behaviour.

#### 3. Personal protective equipment (PPE)

Disposable non-powdered vinyl or latex-free CE-marked 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. Correct PPE should be used when handling cleaning chemicals.

#### 4. Cleaning of the environment

Cleaning of the environment, should be frequent, thorough and follow national guidance. For example, use colour-coded equipment, COSHH and correct decontamination of cleaning equipment. Cleaning contracts should be monitored and it should be ensured that cleaners are appropriately trained and have access to PPE.

#### 5. Cleaning of blood and body fluid spillages

All spillages of blood, faeces, saliva, vomit, nasal and eye discharges should be cleaned up immediately (always wear PPE). When spillages occur, cleaning should use a product that combines both a detergent and a disinfectant. These should be used as per manufacturer's instructions and

should be effective against bacteria and viruses and suitable for use on the affected surface. Mops should not be used for cleaning up blood and body fluid spillages – disposable paper towels should be used and clinical waste discarded as described below. A spillage kit should be available for blood spills.

All cuts and abrasions should be covered with waterproof dressings.

#### 6. Laundry

Laundry should be dealt with in a separate dedicated facility. Soiled linen should be washed separately at the hottest wash the fabric will tolerate. PPE should be worn when handling soiled linen. Children's soiled clothing should be bagged to go home, never rinsed by hand.

#### 7. Clinical waste

Domestic and clinical waste should be segregated in accordance with local policy. Used gloves, aprons and soiled dressings should be stored in correct clinical waste bags in foot-operated bins. All clinical waste must be removed by a registered waste contractor. All clinical waste bags should be less than two-thirds full and stored in a dedicated, secure area while awaiting collection.

#### 8. Sharps disposal

Sharps should be discarded straight into a sharps bin conforming to BS 7320 and UN 3291 standards. Sharps bins must be kept off the floor (preferably wall-mounted) and out of reach of children. A sharps bin for diabetics is kept in the Medical Centre and will be returned to the diabetic Nurse at the Royal Berkshire Hospital for disposal.

Unused and expired Epipens will be returned to parents for disposal. Used Epipens will be given to Ambulance crew for recording of batches and safety.

#### 9. Sharps injuries and bites

If skin is broken, the wound should be allowed to bleed and washed thoroughly using soap and water. Contact with the School Nurse, occupational health or A and E where appropriate. Ensure local policy is in place for staff to follow.

#### 10. Animals

Animals (alive or dead) may carry infections, so hands must be washed after handling any animals. Health and Safety Executive (HSE) guidelines for protecting the health and safety of children should be followed.

### **Medical Conditions:**

Parents are asked to inform us of any pre-existing medical conditions when their child enters the school. They are also asked to provide a list of their child's immunisations. We keep a register of medical conditions and these are shared with the teaching staff but never shared with outside agencies unless prior consent is gained from parents. Where appropriate an Individual Health Plan will be agreed between the parent, the pupil and the school.

Some children with chronic conditions – eg conditions involving immunosuppression as part of the condition or part of the treatment – may be at increased risk of infection.

There are a number of childhood illnesses that are notifiable, this is generally done by a child's GP and the HPA may contact us in response to a notification affecting one of our pupils

### **Female staff – pregnancy**

If a pregnant staff member develops a rash or is in direct contact with someone with a potentially infectious rash, this should be investigated according to PHE guidelines by a doctor. The greatest risk to pregnant women from such infections comes from their own child/children, rather than the workplace. Some specific risks are:

1. Chickenpox can affect the pregnancy if a woman has not already had the infection. Report exposure to midwife and GP at any stage of exposure. The GP and antenatal carer will arrange a blood test to check for immunity.
2. Shingles is caused by the same virus as chickenpox, so anyone who has not had chickenpox is potentially vulnerable to the infection if they have close contact with a case of shingles
3. German measles (rubella). If a pregnant woman comes into contact with German measles she should inform her GP and antenatal carer immediately to ensure investigation. The infection may affect the developing baby if the woman is not immune and is exposed in early pregnancy

4. Slapped cheek disease (parvovirus B19) can occasionally affect an unborn child. If exposed early in pregnancy (before 20 weeks), inform whoever is giving antenatal care as this must be investigated promptly.

#### **Catering staff**

Catering staff will be trained in appropriate infection control measures as part of their safety in food-handling role. While responsibility for training and monitoring this lies with the catering company, the school also has responsibility for monitoring in this area.

#### **Implementation, Monitoring and Review:**

The Headmaster has overall responsibility for the implementation of this policy and will ensure that the staff have the correct resources to deal with any perceived infection.

***Approved By Governing Body: 9 March 2015***  
***Date for next review January 2018***

## Appendix 1

### Specific guidance on infectious conditions.

#### 1. Rashes and skin infections

| Infection or complaint                      | Recommended period to be kept away from school  | Comments   |
|---|---|--|
| Athlete's foot                              | None  | Athlete's foot is not a serious condition. Treatment is recommended  |
| Chickenpox                                  | Until all vesicles have crusted over  |  |
| 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 immunisation (MMR x2 doses).  |
| Hand, foot and mouth                        | None  | Contact your local HPT if a large number of children are affected. Exclusion may be considered in some circumstances   |
| Impetigo                                    | Until lesions are crusted and healed, or 48 hours after starting antibiotic treatment | Antibiotic treatment speeds healing and reduces the infectious period  |
| Measles*                                    | Four days from onset of rash  | Preventable by vaccination (MMR x2).   |
| Molluscumcontagiosum                        | None  | A self-limiting condition  |
| Ringworm                                    | Exclusion not usually required  | Treatment is required  |
| Roseola (infantum)                          | None  | None   |
| Scabies                                     | Child can return after first treatment  | Household and close contacts require treatment   |
| Scarlet fever*                              | Child can return 24 hours after starting appropriate antibiotic treatment             | Antibiotic treatment is recommended for the affected child   |
| Slapped cheek/fifth disease. Parvovirus B19 | None (once rash has developed)  |  |
| Shingles                                    | Exclude only if rash is weeping and cannot be covered                                 | Can cause chickenpox in those who are not immune, ie have not had chickenpox. It is spread by very close contact and touch. If further information is required, contact your local PHE centre. |
| Warts and verrucae                          | None  | Verrucae should be covered in swimming pools, gymnasiums and changing rooms  |

## 2. Diarrhoea and vomiting illnesses

| Infection or complaint   | Recommended period to be kept away from school   | Comments  |
|--|--|---|
| Diarrhoea and vomiting   | 48 hours from last episode of diarrhoea or vomiting  |   |
| <i>E. coli</i> O157 VTEC Typhoid* [and paratyphoid*] (enteric fever)<br>Shigella (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 |
| Cryptosporidiosis  | Exclude for 48 hours from the last episode of diarrhoea  | Exclusion from swimming is advisable for two weeks after the diarrhoea has settled  |

## 3. Respiratory infections

| Infection or complaint      | Recommended period to be kept away from school  | Comments  |
|-----------------------------|---|---|
| Flu (influenza)             | Until recovered   |   |
| Tuberculosis*               | Always consult your local PHE centre  | Requires prolonged close contact for spread   |
| 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 |

## 4. Other infections

| Infection or complaint                 | Recommended period to be kept away from school  | Comments   |
|--|---|--|
| Conjunctivitis                         | None  | If an outbreak/cluster occurs, consult your local PHE centre   |
| Diphtheria *                           | Exclusion is essential. Always consult with your local HPT  | 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   |
| Glandular fever                        | None  | Time off determined by severity of symptoms  |
| Head lice                              | 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   |
| 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 see: <i>Good Hygiene Practice</i>   |
| Meningococcal meningitis*/septicaemia* | Until recovered   | Meningitis C is preventable by vaccination<br>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  |
| Meningitis viral*                      | None  | Milder illness. There is no reason to exclude siblings and other close contacts of a case. Contact tracing is not required   |
| 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 five days after onset of swelling   | Preventable by vaccination (MMR x2 doses)  |
| Threadworms                            | None  | Treatment is recommended for the child and household contacts  |

