

## The Good Shepherd Trust Infection Control Policy

Date adopted:		Last reviewed:	22/04/2022
Review cycle:	Every year	Is this policy statutory?	No
Approval:	Chief Operating Officer	Author:	Head of Buildings and Estates
Local approval:	NA	Local author:	NA
Relevant Legislation	<a href="#">The Health and Safety at Work etc. Act 1974</a> , <a href="#">The Management of Health and Safety at Work Regulations 1992</a> <a href="#">The Management of Health and Safety at Work Regulations 1999</a> <a href="#">The Control of Substances Hazardous to Health Regulations 2002</a> <a href="#">The Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR) 2013</a>		

### Revision record

Minor revisions should be recorded here when the policy is amended in light of changes to legislation or to correct errors. Significant changes or at the point of review should be recorded below and approved at the level indicated above.

School local additions to this policy must receive approval from the Trust prior to local distribution.

Revision No.	Date	Revised by	Approved date	Comments
1	22/04/2022	M.Philpott	n/a	Document revised based on latest Childcare Facilities <a href="https://www.gov.uk/government/publications/health-protection-in-schools-and-other-childcare-facilities/chapter-2-infection-prevention-and-control">https://www.gov.uk/government/publications/health-protection-in-schools-and-other-childcare-facilities/chapter-2-infection-prevention-and-control</a>

## Contents

1	Scope.....	3
2	Introduction .....	3
2.1	Infection in childcare settings .....	3
2.2	How infection spreads .....	3
2.3	Prevention and control .....	4
2.4	Bites.....	5
2.5	Managing needle stick injuries .....	6
2.6	Cleaning blood and body fluid spills .....	6
2.7	Sanitary facilities .....	6
2.8	Children with continence aids.....	6
2.9	Dealing with contaminated clothing.....	6
2.10	When to report .....	6
2.11	How to report.....	7
2.12	Immunisation .....	7
2.13	Cleaning the environment .....	7
2.14	Cleaning contract .....	7
2.15	Cleaning blood and body fluid spills .....	8
2.16	Toys and equipment .....	8
2.17	Enhanced cleaning during an outbreak of infection.....	8
2.18	Staff welfare.....	8
3	Appendices.....	11

## **1 Scope**

This policy incorporates Public Health England guidance Health protection in schools and other childcare facilities and Department for Education guidance for infectious diseases.

## **2 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.

### **2.1 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.

### **2.2 How infection spreads**

Infections are spread in many different ways:

Respiratory spread:

Contact with cough or other secretions from an infected person, like influenza or Covid-19. 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 respiratory diseases 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 respiratory disease involves preventing:

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

### **2.3 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
- Bringing fresh air into a room by opening a door or a window, even for a few minutes at a time, helps remove older stale air that could contain virus particles and reduces the chance of spreading infections.
- Children with mild symptoms such as a runny nose, sore throat, or mild cough, who are otherwise well, can continue to attend their education or childcare setting.

- Children and young people who are unwell and have a high temperature should stay at home and where possible avoid contact with other people. They can go back to education or childcare setting when they no longer have a high temperature and they are well enough.
- If a child or young person has a positive COVID-19 test result they should try to stay at home and where possible avoid contact with other people for 3 days after the day, they took the test. The risk of passing the infection on to others is much lower after 3 days, if they feel well and do not have a high temperature.

## **2.4 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

## **2.5 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

## **2.6 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.

## **2.7 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).

## **2.8 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.

## **2.9 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 pre-wash cycle, on the hottest temperature that the clothes will tolerate.

## **2.10 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

If you suspect cases of infectious illness including coronavirus at your school but are unsure if it is an outbreak, please call your local HPT.

### **2.11 How to report**

The school is to telephone their local HPT as soon as possible to report any serious or unusual illness particularly for:

- E.coli 0157 or E coli STEC infection
- food poisoning
- hepatitis
- measles, mumps, rubella (rubella is also called German measles)
- meningococcal meningitis or septicemia
- scarlet fever (if an outbreak or co-circulating chicken pox)
- tuberculosis (TB)
- typhoid
- whooping cough (also called pertussis)

### **2.12 Immunisation**

Immunisations is checked at school entry and at the time of any vaccination. Parents are encouraged to have their child immunised.

### **2.13 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.

### **2.14 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 (red for toilets and wash rooms; yellow for hand wash basins and

sinks; blue for general areas and green 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.

### **2.15 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.

### **2.16 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.

### **2.17 Enhanced cleaning during an outbreak of infection**

In the event of an outbreak of infection at your 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.

### **2.18 Staff welfare**

#### **New Employees**



All new employees are subject to a pre-employment health check as part of their conditional offer.

### **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

### 3 Appendices

#### Diarrhoea and vomiting outbreak – school action checklist

Date Completed:			
Check list completed by (print name):			
Name and Tel No of Institution:			
Name of Head Teacher/Manager:			
	<b>Yes</b>	<b>No</b>	<b>Comments</b>
Deploy 48-hour exclusion rule for ill children and staff			
Liquid soap and paper hand towels available			
Staff to check/encourage/supervise hand washing in children			
Check that deep cleaning, i.e. twice daily (min) cleaning and follow through with bleach/Milton/appropriate disinfectant is being carried out, (especially toilets, frequently touched surfaces e.g. handles and taps and including any special equipment and play areas). Ensure that all staff/contractors involved in cleaning are aware of, and are following, the guidance.			
Disposable protective clothing available (i.e. non-powdered latex/synthetic vinyl gloves & aprons)			
Appropriate waste disposal systems in place for infectious waste			
Advice given on cleaning of vomit (including steam cleaning carpets/furniture or machine hot washing of soft furnishings)			
Clean and disinfect hard toys daily (with detergent and water followed by bleach/Milton). Limit and stock rotate toys			
Suspend use of soft toys plus water/sand play and cookery activities during outbreak			
Segregate infection linen (and use dissolvable laundry bags where possible)			
Visitors restricted. Essential visitors informed of outbreak and advised on hand washing			
New children joining institution suspended			

Keep staff working in dedicated areas (restrict food handling if possible). Inform HPT on any affected food handlers			
Check if staff work elsewhere (restrict) and that all staff are well (including agency). Exclude if unwell (see above 48-hour rule)			
HPT informed of any planned events in the institution			
Inform School Nurse and discuss about informing OFSTED, if applicable			

### **List of notifiable diseases**

Diseases notifiable (to Local Authority Proper Officers) under the Health Protection (Notification) Regulations 2010:

- acute encephalitis
- acute meningitis
- acute poliomyelitis
- acute infectious hepatitis
- anthrax
- botulism
- brucellosis
- cholera
- diphtheria
- enteric fever (typhoid or paratyphoid fever)
- food poisoning
- haemolytic uraemic syndrome (HUS)
- infectious bloody diarrhoea
- invasive group A streptococcal disease and scarlet fever
- legionnaires' disease
- leprosy
- malaria
- measles
- meningococcal septicaemia
- mumps
- plague
- rabies
- rubella
- SARS
- smallpox
- tetanus
- tuberculosis
- typhus
- viral haemorrhagic fever (VHF)
- whooping cough
- yellow fever

### **Local health protection contact information**

Get support from your local health protection team (HPT) to prevent and reduce the effect of diseases and chemical and radiation hazards. HPTs provide support to health professionals, including:

- local disease surveillance
- alert systems
- investigating and managing health protection incidents
- national and local action plans for infectious diseases

If you need to send information that might reveal someone's identity, put it in an encrypted email.  
Do not put personal information in the subject line.

**PHE Surrey and Sussex Health Protection Team (South East),**

Email [ICC.SurreySussex@phe.gov.uk](mailto:ICC.SurreySussex@phe.gov.uk)

Telephone 0344 225 3861

Out of hours urgent enquiries 0844 967 0069

Email for PII [phe.sshpu@nhs.net](mailto:phe.sshpu@nhs.net)

**Hampshire and Isle of Wight HPT (South East)**

Email: [ICC.HIOW@phe.gov.uk](mailto:ICC.HIOW@phe.gov.uk)

Telephone 0344 225 3861 (option 1 to 4 depending on area)

Out of hours advice 0844 967 0082

**Useful links**

Health protection in education and childcare settings

<https://www.gov.uk/government/publications/health-protection-in-schools-and-other-childcare-facilities>

Public Health England advice on specific diseases and infections:

<https://www.gov.uk/government/publications/health-protection-in-schools-and-otherchildcare-facilities/chapter-9-managing-specific-infectious-diseases>

NHS Immunisation information:

<https://www.nhs.uk/conditions/vaccinations/>

Children and Family Health Surrey school nursing

<https://childrenshealthsurrey.nhs.uk/services/school-nursing-general>