

# Infection Control Guidance

This policy was developed in conjunction with:

**Public Health England (September 2017) Health protection in schools and other childcare facilities A** practical guide for staff on managing cases of infectious diseases in schools and other childcare settings.

Wendy Bull – School Nurse  
January 2020

Addendum updated September 2020 Coronavirus (COVID-19) Pandemic

## Infection Control Guidance

When people live or work closely together, they are more at risk from spreading disease. When a person has an infectious illness, strict precautions will be observed.

### **Introduction:**

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 confined space.
- Through direct contact with an infected person, by shaking or holding their hand, and then touching your mouth, nose or eyes without first washing your hands.
- By touching objects: door handles and light switches that have been previously touched by an infected person, then touching your own mouth, nose or eyes without washing your hands.

Viruses in particular can live for several days on hard surfaces. Therefore, environmental hygiene and staff/student advice on how to reduce the risk of passing on infection is given as follows:

- Wash your hands regularly, particularly after coughing or sneezing, blowing your nose, after using the toilet and before eating.
- Cover your nose and mouth when sneezing.
- Do not attend school if you think you have an infectious illness/disease.

If a pupil feels ill during the school day they must go to surgery, or Pre-Prep pupils may be assessed by the First Aider who may refer the pupil to surgery or contact the pupil's parents directly. Day pupils' parents will be contacted once assessed by the School Nurse/Matrons. Boarders will be assessed by the School Nurse/Matron. Parents will be contacted, or the pupil may be transferred to the care of the boarding house staff.

### **Aims of this Policy:**

- To minimise the risk of spreading disease within the school environment.
- To train and inform staff so they are aware of any risks and the precautions to be taken to prevent the spread of infection.
- Promotion of good hygiene habits within school.
- Provide preventative measures such as procedure, training and personal protective equipment.
- Record all incidents of infection.
- Report notifiable infections to the local enforcing authority.

### **Procedures if Infectious Disease is suspected:**

- Inform the School Sister if an infectious disease is suspected.
- Boarding pupils suspected of being infectious should be isolated in the Boy's San or Girl's San in the main house. Their parents/carers to be contacted and to be sent home where possible.
- Day pupils suspected of being infectious should not be allowed to come to school. If found to be unwell part way through the school day to be isolated from other pupils and parents/carers contacted to collect.
- Domestic staff to be made aware to ensure appropriate cleaning schedule is prepared
- Contaminated clothing/bedding will be placed in alginate bags in a washing machine and washed at a minimum temperature of 60C or the hottest wash the fabric will tolerate.
- Staff are to wear disposable portable protective equipment (PPE), available in surgery.
- Infected staff should not return to work until at least 48 hours if vomiting and diarrhoea has occurred, or unless cleared by a GP.
- Any cases of food poisoning or other related infections will be reported to the local Environmental Health Officer and records will be kept.
- Any notifiable diseases will be reported to the local Health Protection Agency and relevant records kept.
- The use of Anti-viral Hand gel prior to eating by staff and pupils during a potential diarrhoea and vomiting outbreak.

### **Notifications of Infectious Diseases**

The School Nurse will contact the local Health Protection Team and inform the head teacher if they become aware of any infectious diseases in the school that are notifiable (as per Public Health England Guidance 2017). Childcare settings are asked 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)

Further details of notifiable diseases can be found through the following link:

[www.gov.uk/guidance/notifiable-diseases-and-causative-organisms-how-to-report#list-of-notifiable-diseases](http://www.gov.uk/guidance/notifiable-diseases-and-causative-organisms-how-to-report#list-of-notifiable-diseases)

If there is an outbreak of an infectious disease such as norovirus or scarlet fever, the School Nurse will contact the local Health Protection Team for advice and inform the head teacher. An outbreak or incident may be defined as:

- an incident in which two 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

The local Health Protection Team for Winchester House School is:

PHE East Midlands Health Protection Team,  
Public Health England, Seaton House City Link,  
Nottingham,  
NG2 4LA

**East Midlands Area - 0344 2254 524**

## **Medical Exclusions**

Winchester House School follows the exclusion guidance from the Public Health England Guidance (September 2017) *Health protection in schools and other childcare facilities A practical guide for staff on managing cases of infectious diseases in schools and other childcare settings*.

[www.gov.uk/government/publications/health-protection-in-schools-and-other-childcare-facilities](http://www.gov.uk/government/publications/health-protection-in-schools-and-other-childcare-facilities)

Parents are requested not to send their children to school when they are ill. Formal exclusion of pupils from school on medical grounds is enforceable by the head teacher, acting on behalf of the Governors.

## **Staff Pregnancy**

If a pregnant woman develops a rash or is in direct contact with someone with a potentially infectious rash, it is recommended they seek advice from their GP or Midwife. Specifically, medical advice should be sought if a pregnant woman comes into contact with chicken pox (if she has not had the infection), German measles (Rubella), slapped cheek (Parvovirus B19) or measles.

See Chapter 7 of the Public Health England Guidance (2017).

## **Vulnerable Groups**

Some medical conditions make children vulnerable to infections that would rarely be serious in most children, these include: those being treated for leukaemia or other cancers, those on high doses of steroids by mouth and those with conditions that

reduce immunity. The staff will normally have been made aware of any children in School with these conditions. These children will be particularly vulnerable to chicken pox or measles and if a vulnerable child is exposed to either, the staff will inform the parent/guardian promptly and will be advised to consult their own doctor/consultant. See Chapter 3 of the Public Health England Guidance (2017).

### **General Cleaning Information**

Overall, premises should be clean and well ventilated. All areas should be cleaned regularly as part of a cleaning schedule. Toilets to be cleaned at least once a day and especially when visibly dirty. Frequent hand contact sites such as doorknobs are likely to be contaminated with germs and have a high risk of transferring infection. It is therefore essential to clean and disinfect these sites weekly, and daily in peak infection times. Surfaces such as floors, walls and furniture generally offer a low risk of contamination and germ transfer. These surfaces should be cleaned daily, kept dry and well maintained.

Carpeted areas will be vacuumed regularly as well as shampooed or steam cleaned as required.

Where there is a known blood/body fluid contamination, the spill should be treated with spill granules, (which are stored in the surgery and in every building within school), cleaned up with the scoop which is provided and disinfectant/hypochlorite applied depending on surface to be applied to. All equipment used should be placed in a clinical waste bag (yellow bag) and disposed of in the appropriate bin provided in surgery or Pre-Prep.

Fogging machine can be used to disinfect and sanitise areas as required.

General purpose utility rubber gloves should be used for general environmental cleaning tasks. These should be changed when there is evidence of peeling cracking and tears. Hands should be washed after removing gloves.

Environmental cleaning cloths are made from a non-shredding fibre and used with the colour-coded system:

- Red - toilets and toilet floors
- Yellow - washbasins and washroom surfaces,
- blue - general areas
- green - kitchens

If reusable cloths are used, they must be routinely replaced. Cloths will be placed in a disinfectant solution.

Cloths/mops used to clean the toilet floor are not used in any other areas of the school. All mops/mop handles are colour coded, with heads that can be removed. They are cleaned and rinsed with disinfectant, wrung as dry as possible and then

dried quickly, preferably at high temperatures and stored with the mop head facing upwards (inverted) or hanging.

## **Chemicals**

All chemicals should be handled and stored in accordance with manufacturer's instructions and product safety data sheets should be available. These can be obtained free from product manufactures. Any staff who handle chemical cleaners should be given instructions on their safe use. These instructions should include the first aid measures required in the event of accidental ingestion, inhalation or contact with skin or eyes.

Contractors should be aware of the requirements of Control of Substances Hazardous to Health (COSHH) Regulations.

All chemicals on the premises should be stored in an identified cool, dry, and well-ventilated store that is lockable; out of reach of the children/visitors/the public; in their original containers. Expiry dates should be routinely checked.

It is important that the correct type of cleaning agent, in the correct concentration, is used for the type of decontamination/cleaning required, as per manufacturer's instructions. Manufactured detergent/disinfectant product containers with spray nozzles should be ideally purchased for easy use.

In the event of a number of cases of diarrhoea & vomiting, believed to be due to norovirus then it is essential for environmental cleaning to be undertaken. During an outbreak there should be twice daily cleaning to include all communal items regularly touched by service users such as hand rails & door knobs. These should be wiped with a solution of hypochlorite 1,000 parts per million (ppm). Routine/usual cleaning products should not be used; a hypochlorite solution is the only effective product that will kill the virus. Recommended hypochlorite solutions should be at a concentration of 1,000 ppm. Winchester House School uses "Presept" tablets dissolved in cold water in accordance with the instructions. Equivalent products can be used.

## **Body Spills**

Blood borne viruses such as hepatitis B (HBV), hepatitis C (HCV) and Human Immunodeficiency Virus (HIV), can be transmitted from an infected person, to a non-infected person if the blood or other body fluid of the donor, which may contain virus particles, penetrates into the bloodstream. This can occur through breaks in the skin, such as cuts, abrasions or puncture wounds, or via splashing of blood or body fluids into mucous membranes, mouth or eyes. Such occurrences can be classed as exposure prone incidents.

The following action should be taken as soon as possible after exposure prone incidents:

- Inform line manager
- Complete accident form
- Inform the school sister
- Seek advice from your GP

### **Dealing with Contaminated Sharps and Splash Injuries**

When an incident involves a skin puncture (sharps injury), the relevant area should be encouraged to bleed by squeezing the area and thoroughly washed under running tap water. The puncture wound should not be sucked. The affected area should then be covered with a waterproof dressing.

Where the incident involves splashes of blood or body fluid on to the broken skin or mucous membranes, eyes or mouth of another, the contaminated area should be quickly washed with copious amounts of tap water, soap and water if appropriate:

- Staff members or helpers must immediately report all such incidents to the School Nurse
- Affected staff or pupils will be referred by the School Nurse for appropriate medical follow up and treatment
- All incidents should be recorded in writing for legal purposes, including details of the event and any action and subsequent action taken.

### **Managing Cuts, Nosebleeds and Bites**

When dealing with cuts and nosebleeds staff should follow the school's first aid procedure and record the incident in the accident book. It is good practice for staff to wear disposable gloves when dealing with all bleeding wounds. Pupils or staff who are known to be HIV positive or hepatitis B positive do not need to be treated any differently from those whose status is not known. Intact skin provides a good barrier to infection and staff should always wear waterproof dressings on any fresh cuts or abrasions on their hands. Staff should always wash their hands after dealing with other people's blood, even if they have been wearing gloves or they cannot see any blood on their hands. Disposable gloves should be disposed of immediately after use, even if they look clean. Staff with chronic skin conditions should not administer first aid if their broken skin is exposed.

When dealing with bites, please see the "Policy for Management of Human Bites"

### **Blood/Body Spills**

Spillages of blood and body fluids in the school setting may contain infectious viruses so they should be cleaned up carefully and promptly. Other students must be kept away from the spillage.

A blood spill kit is available from surgery for the cleaning up of blood/body spills, and should be disposed of in a yellow clinical waste bag, and put in the clinical waste bin situated in the surgery or in Pre Prep. A number of single use Blood Spill Kits are available within the housekeeping stores.

Ensure that any cuts or abrasions on the hands are covered with an occlusive waterproof dressing.

Disposable Personal Protective Equipment (PPE) including disposable gloves and a disposable plastic apron must be worn and are available from surgery.

### **Cleaning Blood and Body Fluid Spills on Soft Surfaces**

- Spillages on carpets or upholstery should be initially cleaned up using disposable absorbent paper towels.
- The area should then be washed with detergent and hot water and dried thoroughly.
- Spills on clothing should be sponged with lukewarm soapy water and washed as soon as possible in the hottest wash the fabric will withstand. Heat from tumble drying will also help to eradicate pathogens from fabric, as will ironing.
- All PPE and disposable paper towels and cleaning cloths, should be placed into a yellow clinical waste bag which should then be sealed and then disposed of in the clinical waste bin situated in surgery or Pre-Prep.
- On completion of the cleaning procedure, and after disposal of waste and PPE, hands must be thoroughly washed.
- consider the use of fogging machines to disinfect.

### **Cleaning Blood and Body Fluid Spills on Hard Surfaces**

Spillages should be covered using disposable absorbent paper towels and a hypochlorite-based product 1 - 100 ppm should be applied.

The area should be left for 10 minutes, then the absorbent paper towels should be removed, and the area washed with detergent and warm water.

The area should be well ventilated to avoid fumes from the hypochlorite solution.

All PPE and waste generated when mopping up body fluid spills must be placed into a yellow clinical waste bag which should then be disposed of in the clinical waste bin in surgery or Pre-Prep.

Consider the use of fogging machines to disinfect once the area has been cleaned.

On completion of the cleaning procedure, and after disposal of waste and PPE, hands must be thoroughly washed.

### **Disposal of Waste**

Most waste produced in schools is non-hazardous and can be disposed of in normal black bags for landfill.

Special precautions are required when waste is infectious or hazardous. In such circumstances, advice should be sought from the school nurse, infection prevention and control nurse or environmental health officer.

There is a monthly collection of hazardous waste (yellow bags).

### **Safe Disposal of Sharps**

Pupils requiring injections within the school day will have a care plan produced in conjunction with the school nurse and parents. It will detail the safe use and disposal of sharps such as blood glucose lancets, diabetic needles, syringes.

The School Nurse will ensure that sharps boxes are not overfilled and are securely closed when not in use and kept in a designated safe place.

Used EpiPens (AAIs) should be given to the ambulance to staff to remove.

## **Infection Control and School Activities**

### **Water Based Activities**

- Exclude pupils with open wounds, skin or ear infections or conjunctivitis from water based activities including the swimming pool, unless advised otherwise by their family doctor.
- Water for play should be fresh, not stored from the previous day.
- Swimming pools should also be maintained according to established guidance.
- Contact your Local Authority environmental health department for advice.

### **Outdoor/Garden Activity**

- Encourage hand washing after gardening activities.
- Wash all grazes and cuts immediately.
- If a deep wound is acquired a student may need an additional tetanus injection, particularly if the wound is contaminated with soil. Parents should be informed and asked to seek advice from their GP.

### **Toys**

- Clean hard toys and therapy equipment in the holidays with hot soapy water.

### **Sand Play**

- Sand boxes kept outside should be covered.
- Hands should be washed where possible, after sand playtimes.

### **Cooking Activities**

- Cooking in schools provides an ideal opportunity to teach students about hand and food hygiene.
- Students with weeping or flaking skin conditions, such as weeping eczema or active psoriasis, should wear protective gloves.
- Cuts and abrasions on the hands should be covered.
- Students with gastroenteritis should be excluded from cooking and general school attendance until free of symptoms for 48 hours minimum. For some specific infections the CCDC or environmental health officer might advise exclusion from cookery for a more extended period.
- Cooking ingredients brought from home should be appropriately stored as soon as possible until ready to be used, with refrigeration if necessary.
- Start the activity with all students washing their hands.
- Do not allow students to eat raw egg mixtures and do not serve undercooked egg dishes.
- Pre-Prep staff are trained in food hygiene.

## **Infection Control Guidance Addendum**

### **Coronavirus (COVID-19) Pandemic September 2020**

This addendum was developed in conjunction with:

**GOV.UK (updated August 2020) Guidance for full opening: schools**

**GOV.UK (updated July 2020) COVID-19: cleaning in non-healthcare settings outside the home**

#### **Vulnerable Groups**

During the current coronavirus (COVID-19) pandemic, there are particular risk groups identified. They are split into 2 groups:

- clinically vulnerable (moderate risk)
- clinically extremely vulnerable (high risk)

The guidance has recently changed, and shielding has now been paused. See the following guidance:

<https://www.gov.uk/government/publications/guidance-on-shielding-and-protecting-extremely-vulnerable-persons-from-covid-19/guidance-on-shielding-and-protecting-extremely-vulnerable-persons-from-covid-19>

**Clinically extremely vulnerable** people may include:

- solid organ transplant recipients
- people with specific cancers:
  - people with cancer who are undergoing active chemotherapy
  - people with lung cancer who are undergoing radical radiotherapy
  - people with cancers of the blood or bone marrow such as leukaemia, lymphoma or myeloma who are at any stage of treatment
  - people having immunotherapy or other continuing antibody treatments for cancer
  - people having other targeted cancer treatments that can affect the immune system, such as protein kinase inhibitors or PARP inhibitors

- people who have had bone marrow or stem cell transplants in the last 6 months or who are still taking immunosuppression drugs
- people with severe respiratory conditions including all cystic fibrosis, severe asthma and severe chronic obstructive pulmonary disease (COPD)
- people with rare diseases that significantly increase the risk of infections (such as severe combined immunodeficiency (SCID), homozygous sickle cell)
- people on immunosuppression therapies sufficient to significantly increase risk of infection
- women who are pregnant with significant heart disease, congenital or acquired
- other people who have also been classed as clinically extremely vulnerable, based on clinical judgement and an assessment of their needs. GPs and hospital clinicians have been provided with guidance to support these decisions

The guidance suggests that you can go to work as long as the workplace is Covid-secure, but should carry on working from home wherever possible.

### **People at moderate risk (Clinically vulnerable)**

Patients are at moderate risk of developing complications from coronavirus (COVID-19) where:

- they meet the criteria that make them eligible for the annual flu vaccination (except those aged 65 to 69 year old inclusive who have no other qualifying conditions)
- and they do not meet the CMO criteria for the high risk group for COVID-19

This includes the following patient groups:

- aged 70 or older (regardless of medical conditions)
- under 70 with an underlying health condition listed below (for adults this is usually anyone instructed to get a flu jab as an adult each year on medical grounds):
- chronic (long-term) respiratory diseases, such as asthma, chronic obstructive pulmonary disease (COPD), emphysema or bronchitis
- chronic heart disease, such as heart failure
- chronic kidney disease
- chronic liver disease, such as hepatitis
- chronic neurological conditions, such as Parkinson's disease, motor neurone disease, multiple sclerosis (MS), a learning disability or cerebral palsy
- diabetes
- those with a weakened immune system caused by a medical condition or medications such as steroid tablets or chemotherapy
- being seriously overweight (a BMI of 40 or above)
- those who are pregnant.

As a member of staff, you may need to have further risk assessments made regarding your role in school and you may wish to seek the advice of your GP.

Parents of children in this risk category may wish to take advice from their GP before agreeing that their child returns to school.

### **General Cleaning Information**

The environment used by staff and children at school will be thoroughly cleaned regularly every day and fogged using an antiviral mist daily. A disinfectant and/or an antiviral detergent will be used paying particular attention to frequently touched areas such as:

- Bathroom surfaces
- Switches
- Door handles
- Handrails
- Desktops

If a child or adult has developed coronavirus symptoms, then any area that they have visited must be thoroughly cleaned. Housekeeping staff will need to wear level 1 PPE whilst undertaking this clean. Used PPE and cloths must be disposed of in double bags. These must be labelled and stored in an isolation area for 72 hours. They can then go into general waste for disposal.

Bins and tissues will be provided throughout the classrooms. Children are to be encouraged to cough and sneeze into tissues and immediately in the lavatory or bin. The bins need to be emptied at least twice a day and the contents must be double bagged, labelled and stored for 72 hours before entering the general waste.

If carpets are contaminated with bodily fluids eg vomit & phlegm, then the carpets must be steam cleaned before children and staff can access them again.

Most soft furnishings and difficult to clean items will be removed from the classrooms.

The use of “Fogging Machines” for thorough disinfecting of areas to be used routinely and following the identification of a staff member or child with potential coronavirus symptoms. Any environment used by the person with suspected coronavirus must be thoroughly disinfected and “fogged”.

### **Disposal of Waste**

Items used to clean following a potential coronavirus sufferer leaving the school premises must be put in 2 bags (double bagged). They must then be labelled with the day of the week (3 days ahead) that the bags can be placed in the general rubbish. During that 72-hour period the bags must be stored away from children and separate to the general waste.

Bins containing used tissues in the classrooms must also be double bagged, labelled and isolated for 72 hours. Then can be placed in the general rubbish.

### **Toys & Activities**

Toys that are difficult to clean will be removed.

Sand and playdough will not be available during the coronavirus pandemic.

Books will not be permitted to go home with the children. Within school the books will be used by one child at a time and once finished with, the books will be removed from use for 72hours, before re-circulating them again.

Each child will have their own pencil case and contents in an attempt to prevent contamination by the sharing of equipment.

### **Staff Uniform & Clothing**

Staff may wish to change into different clothes and shoes whilst at work.

It is safe to wash your work clothes with other items of laundry. Wash clothes on the hottest wash in accordance with the manufacturer's instructions.

### **Children's Clothing**

Parents are asked that their children have freshly laundered clothing every day.

### **Handwashing & Hygiene**

All staff and children will be advised to wash their hands on arrival/departure of school. Frequent handwashing and sanitising will be encouraged throughout the days.

Additional sinks (hygiene stations) have been provided along with wall mounted "no-touch" alcohol gel dispensers.

Coughing and sneezing will be encouraged into sleeves or ideally, in tissues. This can be immediately disposed of down the lavatory or in bins and hands washed.

### **Personal Protective Equipment (PPE)**

Level 1 PPE will be available in the medical rooms (including the SANs & Seymour Dormitory) and in identified storage areas around school and the boarding houses (to be agreed). Level 1 PPE comprises of:

- Plastic apron
- Gloves
- Facemask (Fluid Repellent 2R)

- Goggles/face visor if required

PPE will be required for staff working directly with a child or adult with Covid-19 symptoms.

PPE will be required for housekeeping staff when cleaning a space/environment that a child or adult with Covid-19 symptoms has been using.

Staff will be given training by Sister Wendy regarding the use of PPE, when and how to use it. The safe disposal of PPE.

Other staff within school will be offered the option to wear a face visor and or a disposable mask when carrying out their role and dependent upon vulnerabilities.

**Please use in conjunction with the First Aid Policy**