HOE VALLEY SCHOOL

INFECTION CONTROL POLICY

Person Responsible:	Board of Governors
Date Adopted:	May 2020
Date of last review:	Summer 2026
Date of next review:	Summer 2028

1. OVERVIEW

Schools 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, 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 students and staff
- good hand washing

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.

This policy provides information for managing a range of common and important childhood infections. It includes the principles of infection prevention and control to enable safe working during the coronavirus (COVID-19) outbreak.

2. HOW INFECTIONS ARE SPREAD

Infections are spread in many different ways:

2.1 Respiratory spread

Contact with cough or other secretions from an infected person, like influenza. This can happen by being near the infected person when they cough and then breathe in the organism; or by picking up the organism from an infected item, for example, a used tissue or on an object in the environment and then touching your nose or mouth.

2.2 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.

2.3 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).

2.4 Blood borne virus spread:

By contact with infected blood or body fluids, for example, while attending to a bleeding person or injury with a used needle (hepatitis B). Human mouths are inhabited by a wide variety of organisms, some of which can be transmitted by bites. Human bites resulting in puncture or breaking of the skin are potential sources of exposure to blood borne infections, therefore, it is essential that they are managed promptly.

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

In all education, childcare and children's social care settings, preventing the spread of coronavirus involves preventing:

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

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 students are advised to wash their hands after using the toilet, before eating or handling food and after touching animals.
- Cuts and abrasions should be covered with a waterproof dressing.
- Staff, students and visitors are encouraged to cover their mouth and nose with a disposable tissue and wash hands after using or disposing of tissues.
- PPE will be available if there is a risk of splashing or contamination with blood or body fluids during an activity.

4. BITES

If a bite does not break the skin: a member of staff will clean with soap and water or suitable wound cleaning wipe. There is no need for any further action. If a bite breaks the skin: a member of staff will clean immediately with soap and running water. It will be recorded on the treatment log and phone call made to home to recommend seeking medical advice as soon as possible to treat any potential infection.

5. MANAGING NEEDLE STICK INJURIES

Should students or staff injure themselves with discarded used hypodermic needles which they have found. The following will apply:

- The needle will immediately be disposed of safely by contacting the local authority or school nurse. the wound will be washed thoroughly with soap and water or suitable wound cleaning wipe and covered with a waterproof dressing
- the incident will be recorded
- A call will be made home to advise immediate medical attention

6. CLEANING BLOOD AND BODY FLUID SPILLS

All spillages of blood, faeces, saliva, vomit, nasal and eye discharges will be cleaned up immediately, wearing PPE. Spillages should be cleaned using a product which combines detergent and disinfectant (and ensure it is effective against both bacteria and viruses) always following the manufacturer's instructions. Any used disposable paper towels or cloths to clean up blood and body fluid spills must be disposed of appropriately after use. A spillage kit should be available for bodily fluids like blood, vomit and urine.

7. SANITARY FACILITIES

- Handwashing facilities are provided with warm running water along with mild liquid soap
- Toilet paper is available in each cubicle.
- Adequate sanitary disposal facilities are available in all toilets

8. STUDENTS WITH CONTINENCE AIDS

Students who use continence aids (like continence pads, catheters) are encouraged to be as independent as possible. The principles of basic hygiene should be applied by both students and staff involved in the management of these aids.

Continence pads are changed in a designated area. Disposable powder-free non-sterile latex-free gloves and a disposable plastic apron are available to staff if required. Gloves and aprons will be changed and disposed of after every student. Hand washing facilities are readily available.

9. DEALING WITH CONTAMINATED CLOTHING

Clothing of either a student or the first aider may become contaminated with blood or body fluids. If this is the case clothing should be removed as soon as possible and placed in a plastic bag. In the case of a student the bag should be sent home with the student together 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.

10. COVID-19 PREVENTION AND CONTROL

- The school will continue to follow any new guidance that is given surrounding Covid 19.

11. WHAT TO DO IF YOU SUSPECT AN OUTBREAK OF INFECTION

An outbreak or incident may be defined as:

- an incident in which 2 or more people experiencing a similar illness are linked in time or place
- a greater than expected rate of infection compared with the usual background rate for the place and time where the outbreak has occurred

11.1. When to report

The Head Teacher or a nominated member of staff will contact the local health protection team (HPT) as soon as they suspect an outbreak and will provide them with the following information.

- total numbers affected (staff and children)
- symptoms
- date(s) when symptoms started
- number of classes affected

HVS and the local HPT will agree what if any actions are needed. If HVS are in any doubt as to whether there has been an outbreak of an infectious illness including coronavirus a call to the HPT will be made.

11.2 How to report

HVS will telephone the 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)
- COVID-19

Please see appendix 4 for a full list of notifiable diseases.

HVS will then take advice from the local HPT in connection with letters and factsheets for students, parents/carers and staff to ensure the most up to date information in given.

12. IMMUNISATION

Immunisations are checked at school entry. Parents are encouraged to have their child immunised. HVS fully support the National Immunisation Programme for secondary schools.

13. CLEANING BLOOD AND BODY FLUID SPILLS

All spillages of blood, faeces, saliva and vomit will be cleaned up immediately, wearing personal protective equipment and using a product which combines detergent and disinfectant (which is effective against both bacteria and viruses.). A spillage kit is available for blood spills.

14 STAFF WELFARE

14.1 Exclusion

Staff at HVS have the same rules regarding exclusion applied to them as are applied to the students. They may return to work when they are no longer infectious, provided they feel well enough to do so.

14.2 Pregnant staff

If a pregnant woman develops a rash or is in direct contact with someone with a rash who is potentially infectious, they should consult their doctor or midwife.

Chickenpox can affect the pregnancy if you have not already had the infection. Your 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.

Slapped cheek disease (Parvovirus B19) can occasionally affect an unborn child if exposed early in pregnancy. If you are pregnant, you should inform your midwife promptly.

APPENDIX 1:

USEFUL LINKS

Managing specific diseases and infections

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

Pets and animal contact

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

https://www.gov.uk/government/publications/health-protection-in-schools-and-other-childcare facilities/chapter-8-pets-and-animal-contact

Exclusion

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/789369/Exclusion_table.pdf

Public Health England advice on specific dieses and infections:

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

NHS Immunisation information:

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

Health protection in schools and other childcare facilities information:

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

Children and Family Heath Surrey school nursing

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

Public Health England School Zone- e-Bug stop germs spreading with fun e-Bug resources https://campaignresources.phe.gov.uk/schools

APPENDIX 2:

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

HPTs will be contacted so HVS can obtain support for any of the following

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

Information sent to the HPT may involve revealing an individual's identity, in the event of this the information will be send securely in an encrypted email.

PHE Surrey and Sussex Health Protection Team (South East), County Hall, Chart Way,

Horsham,

RH12 1XA

PHE.sshpu@nhs.net Phone: 0344 225 3861 (option 1 to 4 depending on area) Out of hours for health professionals only: please phone 0844 967 0069