



Reddam House Berkshire

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Whole School (Inc. EYFS) Infection Control Policy

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1. INTRODUCTION

The health and wellbeing of staff, pupils and visitors at Reddam House Berkshire is paramount. All school staff should take appropriate precautions to avoid infection and must understand and follow basic hygiene procedures.

This document had been written in conjunction with Public Health England: Guidance on infection control in schools and other childcare settings (2014).

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/353953/Guidance_on_infection_control_in_schools_11_Sept.pdf

2. GOOD HYGIENE PRACTICE

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. Always wash hands after using the toilet, before eating or handling food, and after handling animals. Cover all cuts and abrasions with waterproof dressings.

Coughing and sneezing

Coughing and sneezing easily spread infections. Children and adults should be encouraged to cover their mouth and nose with a tissue. Wash hands after using or disposing of tissues. Spitting should be discouraged.

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 (for example, nappy or pad changing). 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.

Cleaning of the environment

Cleaning of the environment, including toys and equipment, should be frequent, thorough and follow national guidance. For example, use colour-coded equipment, COSHH and correct decontamination of cleaning equipment. Monitor cleaning contracts and ensure cleaners are appropriately trained with access to PPE.

Cleaning of blood and body fluid spillages

As part of our on-going consideration to the health and welfare of the children in our care and our staff it is important that you give consideration to the following guidelines when clearing away following on from any vomiting incident or spillage of bodily fluids such as blood, urine, faeces, mucus. If this process is carried out effectively it will have a considerable impact on the containment of the viruses that cause vomiting and diarrhoea.

It is important that you first give consideration to the child that is unwell – and ensure that they are being cared for effectively. If appropriate, clear the area of other children and staff to ensure that their welfare is being considered.

Procedure

You should then:

- Prepare yourself – using disposable aprons & gloves from the bodily fluid pack
- Prepare the environment – open the windows and doors
- Using disposable paper towels/roll and the absorbent crystals within the kit, gather the bodily fluid into an area – soaking up the liquid using the paper towels and crystals.
- Place all into a clinical waste bag – ‘yellow bag’
- Watch out for soft furnishings that may have been contaminated. These must be sent to the laundry for a high temperature wash
- Dispose of the aprons, gloves by placing in a yellow bag and firmly tying the top

- Mark the affected area with chairs/signs and call a member of the housekeeping team to deep clean the area
- Leave the clinical waste bag in the marked off area (without contaminating it) for disposal by the housekeeping team
- Wash your hands/arms thoroughly using an anti-bactericide soap or soap followed by hand gel to eliminate any possibility of cross infection

Clinical waste

Always segregate domestic and clinical waste, in accordance with local policy. Used nappies/pads, 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.

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.

Sharps injuries and bites

If skin is broken, encourage the wound to bleed/ wash thoroughly using soap and water. Contact the School Nurse, or go to A&E immediately.

Vulnerable children

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, on high doses of steroids and with conditions that seriously reduce immunity. Reddam House School Nurse will be aware of these children. These children are particularly vulnerable to chickenpox, measles or

parvovirus B19 and, if exposed to either of these, the parent/carer should be informed promptly and further medical advice sought.

3. RASHES, SKIN INFECTIONS

Children with rashes should be considered infectious and assessed by their doctor Infection or complaint	Recommended period to be kept away from school, nursery	Comments
Athlete's foot	None	Athlete's foot is not a serious condition. Treatment is recommended
Chickenpox	Until all vesicles have crusted over	<i>See: Vulnerable Children and Female Staff – Pregnancy</i>
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 (as per "Green Book")	Preventable by immunisation (MMR x2 doses). <i>See: Female Staff – Pregnancy</i>
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). <i>See: Vulnerable Children and Female Staff – Pregnancy</i>
Molluscum contagiosum	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)	<i>See: Vulnerable Children and Female Staff – Pregnancy</i>

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. See: Vulnerable Children and Female Staff – Pregnancy
Warts and verrucae	None	Verrucae should be covered in swimming pools, gymnasiums and changing rooms

4. DIARRHOEA AND VOMITING

Infection or complaint	Recommended period to be kept away from school, nursery or childminders	Comments
Diarrhoea and/or vomiting	48 hours from last episode of diarrhoea or vomiting	
<i>E. coli</i> O157 VTEC Typhoid* [and paratyphoid*] (enteric fever) 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

5. RESPIRATORY INFECTIONS

Infection or complaint	Recommended period to be kept away from school, nursery or childminders	Comments
Flu (influenza)	Until recovered	See: <i>Vulnerable Children</i>
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
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6. IMMUNISATION

The immunisation status of pupils is checked on admission by the school nurse. Parents should be encouraged to have their child immunised and any immunisation missed or further catch-up doses organised through the child's GP.

7. ANIMALS

Animals 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.

8. ANIMALS IN SCHOOL (permanent or visiting)

Ensure animals' living quarters are kept clean and away from food areas. Waste should be disposed of regularly, and litter boxes not accessible to children. Children should not play with animals unsupervised. Veterinary advice should be sought on animal welfare and animal health issues and the suitability of the animal as a pet. Reptiles are not suitable as pets in schools and nurseries, as all species carry salmonella.

9. FEMALE STAFF – PREGNANCY

If a pregnant woman 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

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