

INFECTION CONTROL

# GUIDANCE FOR SCHOOLS



## LEGISLATION

* Health and Safety at Work etc. Act 1974
* Management of Health and Safety at Work Regulations 1999
* Control of Substances Hazardous to Health Regulations 2002
* The Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013
* Health and Safety (First-Aid) Regulations 1981

## WHAT YOU NEED TO DO

* Have in place a policy on the control of infections at school
* Identify work-related infection risks through risk assessments
* Develop and implement strategies to prevent or reduce infection risks
* Ensure that staff and pupils receive adequate education and training on infection control
* Provide appropriate equipment for staff in the event of any infection risk occurring
* Record any incidents of infection or potential infection that may occur

## INTRODUCTION

Infectious diseases can be a major cause of illness among children, and can affect a child’s schooling by causing absenteeism. They may, in turn affect other children and staff.

This document is intended to be a practical guide to the management of cases of infectious disease in schools and other educational establishments. It is not intended to act as a guide to diagnosis. This should only be undertaken by an appropriately qualified health professional.

Whenever there is any doubt about the management of a particular illness advice should be sought from an appropriate source. This will include:

* Public Health England
* Local Authority Environmental Health Officers
* School Nurse

## HOW INFECTIONS SPREAD

For infections to spread there needs to be a source, a form of transmission and a host. The cycle of infection requires micro-organisms to encounter and adhere to a host, to multiply within that host and to be dispersed to encounter other hosts. To become infected, the micro-organism has to get from the source into the host by some means. This can include:

* Putting contaminated hands and fingers (or inanimate objects such as pens etc) into the mouth, nose or eyes
* Breathing in infectious aerosols/droplets from the air (i.e. respiratory discharges such as coughs and sneezes, contaminated dust etc)
* Splashes of blood and other body fluids into the eye and other mucous membranes, such as the nose and the mouth
* Broken skin if it comes into direct contact with the micro-organism (or something contaminated by micro-organisms)
* A skin-penetrating injury (i.e. via a contaminated needle or other sharp object or through a bite by an infected animal or insect)

Once in the host, infection will then depend upon the micro-organisms ability to overcome the natural defence system, this being the immune system. Whether or not an infection occurs depends on the outcome of a contest between the micro-organism and the immune system.

## BASIC GOOD HYGIENE

Standards of basic good hygiene must always be maintained. Basic good hygiene comprises the following:

* Thorough washing and drying of hands after using the toilet, before handling any food, after handling animals and after dealing with any blood or body fluid excretions or secretions
* Ensuring basic hygiene is included in the relevant part of the curriculum
* Knowing how to deal appropriately with spillages of blood or body fluids and sharps or splash injuries
* Covering any cuts, open lesions or abraded skin on exposed areas of the body with a waterproof plaster prior to the start of the school day
* Encouraging children to use a handkerchief or tissue when they cough or sneeze
* The tissue should be disposed of appropriately and hands should be washed as soon as is practicable after nose blowing
* Ensuring adequate ventilation of school and nursery classrooms.
* Ensuring that children who are unwell are sent home with the recommendation that they go to their GP if appropriate
* Ensuring staff report and take appropriate precautions (including exclusion) with their own potentially transmissible infections

## HAND WASHING

One of the most important methods for controlling the spread of infection is hand washing. Children must be encouraged to wash their hands:

* After every visit to the toilet
* Prior to eating
* After contact with pets

Staff must be encouraged to wash their hands:

* Before preparing/serving meals or eating
* After going to the toilet or dealing with any potentially infectious situation (e.g. cleaning body fluids, handling soiled clothing etc)

There should be adequate and conveniently located hand washing facilities for both staff and pupils consisting of:

* A wash hand basin with warm running water
* A mild liquid soap preferably in a wall mounted liquid soap dispenser
* A means of drying hands (hand towels, roller towels, electric hand dryers)

## CUTS AND NOSEBLEEDS

When dealing with cuts and nosebleeds, staff should follow the school/nursery first aid procedure. The normal first-aid response is to wash any wound sustained and apply a suitable dressing, with pressure pad if necessary.

Staff should wear disposable gloves when dealing with all wounds. Disposable gloves should be discarded immediately after use, even if they look clean.

Intact skin provides a good barrier to infection and staff should wear waterproof dressings on any fresh cuts (less than 24 hours old) or abrasions on their hands.

Staff should always wash their hands using soap and warm water and dry them thoroughly after dealing with other people’s blood.

## BODY FLUIDS

All body fluid spillages should be cleaned up immediately. The following precautions should be followed:

* Before contact with blood or body fluids, any skin lesions, particularly cuts and abrasions, should be covered with a waterproof dressing or disposable gloves
* Splashes of blood or body fluid onto the skin should be washed off immediately with soap and water

The following cleaning procedures should be followed:

* Wear disposable gloves and apron and ensure adequate ventilation (open a door or window)
* Never use mops to clear up body fluid spills that may be contaminated with blood
* Absorb spillage with disposable paper towels
* Carefully clean the area with bleach solution using a disposable cloth (one part household bleach to nine parts water)\*
* If the school or nursery does not have a clinical waste contract, the waste should be double bagged and securely sealed prior to sending it for normal waste disposal
* Where carpets and soft furnishings are present, steam cleaning is recommended immediately following spills. Bleach can be used but may discolour the carpet or soft furnishings

**\*Please note that bleach should never be applied directly to spillages of urine or vomit. Clean the area thoroughly with warm water and detergent using a disposable cloth.**

### Spillage Kit

It is recommended that a dedicated spillage kit is utilised for clearing body fluids. Kits are commercially available and should be kept together in a designated and secure place to which all staff have access. The contents of a spillage kit should include:

* Disposable plastic aprons
* Disposable gloves
* Yellow plastic clinical waste bags
* Detergent
* Household bleach
* Disposable paper towels
* Plastic bucket/bowl

## HUMAN BITES

Human bites may occur in a school environment.

* If a bite does **not** break the skin, clean the area with soap and water
* If a bite breaks the skin, the wound should be allowed to bleed gently, then cleaned immediately with soap and water

Where there are concerns as to the spread of infection from a bite that has broken the skin, the person involved should be advised to seek medical advice from their GP:

* To treat infection and check the persons tetanus immunisation status
* For risk assessment for blood-borne viruses

## CONTAMINATED CLOTHING

Where a person has suffered bleeding or loss of body fluids, clothing of either the patient or the person treating them may become contaminated.

Clothing should be removed as soon as possible, placed in a plastic bag and taken/sent home and in the case of a child, with advice to parents on laundering.

Where on-site laundering is available and contaminated clothing is to be dealt with, staff should ensure that:

* Sluicing of clothes is not carried out by hand. Soiled articles of clothing should be rinsed through in the washing machine pre-wash cycle, prior to washing
* Gloves and aprons are worn when handling soiled linen or clothing
* Hands are thoroughly washed after removing gloves

## SHARPS

Needles and syringes are sometimes discarded thoughtlessly on playgrounds, fields and other areas of an establishment. They may be found by themselves, in tubes or plastic boxes, but they may also turn up in other containers such as cardboard boxes or carrier bags.

Children must not be permitted to enter any area where syringes or needles have been regularly found unless that area has been carefully checked immediately prior to the children being permitted to use the area. If needles or syringes are regularly found in the same place the police should be informed.

**All discarded needles and syringes must be regarded as potentially infectious and treated accordingly**

Where there is an identifiable risk of sharps being found, establishments should have a disposal kit (available from many first aid suppliers or safety supplies specialists).

Those responsible for removing sharps should follow the procedure outlined in the kit. Sharps should only be disposed of using a clinical sharps box.

Where an injury occurs involving a sharp:

* Encourage bleeding of the injury
* Squeeze the wound and make it bleed and then run under warm water
* Wash the site as soon as possible with soap and warm running water
* Cover the wound with a waterproof dressing
* Seek medical advice as soon as possible

## HANDLING OR TOUCHING OF ANIMALS

Animals in Schools

* All animal quarters should be kept clean and waste disposed of regularly
* Any litter boxes should be inaccessible to children
* Children should not be allowed to eat or drink whilst handling animals or cleaning quarters
* Children should he told not to place their mouths close to the animals
* After handling animals or cleaning quarters all children should be told to thoroughly wash their hands
* There should be no eating or drinking in the vicinity of animal quarters

### **Farm Visits**

* Check that the farm is well managed and that the grounds and public areas are as clean as possible.
* Check that the farm has hand-washing facilities, which are adequate and accessible for the age of the children visiting.
* Explain to children that they cannot be allowed to eat or drink anything, including crisps, sweets, chewing gum etc, while touring the farm, or put their fingers in the mouth, because of the risk of infection.
* If children feed or touch farm animals, warn them not to place their faces against the animals, or to taste the animal feed.
* Ensure all individuals wash and dry their hands thoroughly after contact with animals, and particularly before eating and drinking.
* Meal-breaks or snacks should be taken well away from areas where animals are kept, and children warned not to eat anything that may have fallen to the ground.
* Ensure all individuals wash their hands thoroughly before departure and ensure that footwear is as free as possible from faecal material.

## CONTINENCE AIDS

Where possible, pupils who use continence aids (e.g. continence pads, catheters) should be encouraged to be as independent as possible. The principles of basic hygiene previously outlined should be applied by both pupils and staff involved in the management of these aids.

There should be a designated area for changing continence aids. This area should not be used for other purposes.

## INFECTIOUS DISEASES

There are numerous infectious diseases that may be contracted by staff and pupils. Public Health England have produced a poster summarizing good hygiene practice that schools should follow. This is available from:

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

Also available on this website is guidance giving further details on diseases and the control measures that should be adhered to.

**CONTAMINATED WASTE MATERIALS**

Clinical waste is any waste, which consists wholly or partly of human or animal tissue, blood or bodily fluids, excretions, drugs or other pharmaceuticals products, swabs or dressings, syringes, needles or other sharp instruments, which unless rendered safe may prove hazardous.

Very small quantities of tissue paper or biodegradable paper, contaminated with urine, faeces or blood can be disposed of via the toilet, so long as there is no risk of blockages occurring.

Large quantities of waste contaminated with faeces or urine (e.g. nappies or incontinence pads) should be placed into a yellow plastic bag and disposed of via a clinical waste collection contractor.

Large quantities of waste contaminated with blood or bodily fluids should, if there is no clinical waste contract, be placed in an appropriate sized plastic bag and sealed before putting into a black household rubbish bag for sending into normal waste collection.

Note: where the premises generate more than one standard bag or container of human hygiene waste over the usual collection interval, it is considered appropriate to package it separately from other waste streams.

## IMMUNISATION OF STAFF

Although immunisation can give valuable additional protection against infection it should never be considered the primary defence against infection because:

* Immunisation can be partial with some subjects not receiving adequate protection
* There is often a risk of side effects and there may be medical contraindications against immunisation
* Not all infections can be protected against by immunisation

It may be advisable, if considering vaccination as a control measure, to seek appropriate medical advice (e.g. from the occupational health unit) when completing the risk assessment so as to determine the balance of possible side effects of immunisation against the risks of not being immunised.

## INFECTION CONTROL AND PREGNANCY

Some infections, if caught by a pregnant woman, can pose a danger to her unborn baby. There is no evidence that illness acquired in the workplace will be more severe than if acquired in the community.

Disease is as prevalent in the community as in the classroom; indeed if sick children are excluded from schools (as they ordinarily should be) then it may be expected that exposure is lower in the classroom than in everyday life.

In the context of pregnant teachers, the emphasis should be on ensuring that symptomatic persons are identified, isolated and sent home.

## OUTBREAK SURVEILLANCE

If two or more cases of an infection (other than colds) occur in a school or nursery over a short period of time this may be an indication of an outbreak of infection. Early telephone reporting of possible outbreaks is recommended, so that advice on control measures can be given.

Reports should be made to Public Health England or to the Environmental Health Department if the disease could be food-borne.

## EXCLUSION FROM SCHOOL

Exclusion of persons with certain communicable diseases is sometimes necessary from schools and other educational establishments. This applies not only to children but also to all persons employed in or visiting the school or establishment.

Advice on these exclusion periods can be found on the HPS poster on infection control in schools.