



Ramsden Hall Academy

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Infection Control Policy

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Contents

Aims & Objectives	3
Principles	3
Planning & Preparing	3
Infection Control	3
Personal Protective Equipment (PPE)	3
Cleaning of Environment	4
Cleaning of Blood & Bodily Fluids	4
Vulnerable Children	4
Minimising Contact with Individuals Unwell	4
Residential Specific Considerations	4
Pregnancy	4
Appendix 1 – Guidance on infection control in schools and other childcare settings	6

This policy has been written with guidance from:

Department of Education Safe working in education, childcare and children’s social care settings, including the use of PPE:

<https://www.gov.uk/government/publications/safe-working-in-education-childcare-and-childrens-social-care/safe-working-in-education-childcare-and-childrens-social-care-settings-including-the-use-of-personal-protective-equipment-ppe>

Residential Provision: children’s homes, residential schools registered as children’s homes, and foster care – Keeping residential settings safe from Coronavirus (COVID – 19):

<https://www.gov.uk/government/publications/coronavirus-covid-19-guidance-for-childrens-social-care-services/coronavirus-covid-19-guidance-for-local-authorities-on-childrens-social-care>

Guidance on infection control in schools and other childcare settings:

https://www.publichealth.hscni.net/sites/default/files/Guidance_on_infection_control_in%20schools_poster.pdf

Infection prevention and control self-assessment tool for care homes preparing for Covid – 19 and flu:

<https://www.england.nhs.uk/south/wp-content/uploads/sites/6/2020/09/CareHomePreparednessChecklistForC19AndFlu.V0.03-1.pdf>

Aims and objectives

This policy aims to provide the school and residential community with guidance when preparing for, and in the event of, an outbreak of an infection such as Covid 19, pandemic influenza or any contagious illness.

Principles

The school recognises that infections including influenza pandemics are not new and we do not know exactly when, or if, the school will be faced with having to deal with a potentially contagious illness amongst its community.

We recognise the need to be prepared. Infections are likely to spread particularly rapidly in schools/residential schools and as pupils, staff and the general public may have no immunity or little, we must consider that they will be amongst those affected. We recognise that closing the school may be necessary in exceptional circumstances in order to control an infection. However, we will strive to remain fully or partially open unless advised otherwise. Good pastoral care includes promoting healthy living and good hand hygiene. School staff act as positive role models, plus will give pupils positive messages about health and well-being through lessons and through 1-1 conversations with pupils.

Planning and preparing

In the event of the school becoming aware that a pupil or member of staff has an infectious illness we would direct the parent/carer of staff member to report to their GP and inform the local Public Health England (PHE) centre or for Covid-19, track and trace.

During an outbreak of an infectious illness such as pandemic influenza/Covid - 19 the school will seek to operate as normally as possible, subject to government advice and direction, but will plan for higher levels of staff absence. The decision on whether school should remain open, part open or close will be based on medical evidence and Trust/government direction. This will be discussed with the Department of Education and local health authority and the Trust. It is likely that school will remain open but we recognise the fact that both the illness itself and the caring responsibilities of staff will impact staff absence levels. The school will close, or reduce attendance, if we cannot provide safe supervision for the pupils.

Infection control

Infections are usually spread: -

- from person to person by close contact (within 2 metres)
- not washing hands frequently enough
- touching infected surfaces.
- In addition, it may also be appropriate to use face masks to further reduce the likelihood of spreading infections, particularly since the covid-19 pandemic.

The school will also promote good respiratory hygiene by promoting the 'catch it, bin it, kill it' approach.

Personal protective equipment (PPE)

Disposable non-powdered vinyl or latex-free CE-marked gloves are available to use, particularly when clearing blood/body fluids.

Face masks may be used to limit the possibility of respiratory spread.

Face shields may also be worn if appropriate to the situation.

Disposable plastic aprons are worn where there is a risk of splashing or contamination with blood/body fluids.

Staff training in the use of PPE

Cleaning of the environment

Cleaning throughout the school/residential area is frequent and thorough. Additional touch point cleaning using antibacterial cleaner to be in place for all raised risks. Cleaning contracts are monitored regularly and ensure cleaners have access to PPE and specialist grade cleaning products.

Cleaning of blood and body fluid spillages

All spillages of blood, faeces, saliva, vomit, nasal and eye discharges are cleaned up immediately by staff /contractors wearing appropriate PPE. When spillages occur, they are cleaned using a product that combines both a detergent and a disinfectant to be effective against bacteria and viruses and suitable for the surfaces used on.

Vulnerable children

Some medical conditions may make pupils and staff particularly vulnerable to infections, these may include asthma, COPD, diabetes, obesity or those being treated for cancers and other conditions that seriously reduce immunity.

The school are aware of such pupils, and staff must inform their line manager and the Headteacher.

Risk assessments are in place for pupils and staff with health issues that may be effected by a current infectious disease.

Minimise contact with individuals that are unwell

Any person that is showing signs of an infection should be isolated where possible. If appropriate pupils, staff and visitors should be asked to self-isolate for the required period set by the department for health. Register in the NHS track and trace process and respond rapidly to any confirmed Covid-19 cases. With all other contagious infections follow the recommended guidance and direction as per appendix 1.

Residential specific considerations.

Residential settings in which no one is showing symptoms should operate like any other domestic household. However, it is important that soft toys are not shared between residential pupils. In the case of an individual infection it may be appropriate for the pupil not to board until the infection is no longer contagious. Due to infections such as Covid-19 pupils will need to stay at home for the government directed time period. The completion of risk assessments has shown that pupils will not be able to share dormitory bedrooms and only one pupil will use each bedroom on a nightly basis. Deep cleaning will take place between each night. Bathrooms/toilets to be cleaned between each use by care staff. Should a residential boarder develop symptoms during boarding hours it will be facilitated for him to go home to their parents to enable them to book a test and if positive they must self-isolate.

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. Some specific risks are: exposure to midwife and GP at any stage of exposure due to shingles which is caused by the same virus as chickenpox, so anyone who has not had chickenpox is potentially vulnerable to the infection if they have close contact with a case of shingles she should inform her GP and antenatal carer immediately to ensure investigation. If a pregnant woman is exposed she should immediately inform whoever is giving antenatal care to ensure investigation.

Guidance on infection control in schools and other childcare settings



March 2017

Prevent the spread of infections by ensuring routine immunisation, high standards of personal hygiene and practice, particularly handwashing, and maintaining a clean environment. Please contact the Public Health Agency Health Protection Duty Room (Duty Room) on 0300 555 0119 or

visit www.publichealth.hscni.net or www.gov.uk/government/organisations/Public-health-england if you would like any further advice or information, including the latest guidance. Children with rashes should be considered infectious and assessed by their doctor.

Rashes and skin infections	Recommended period to be kept away from school, nursery or childminders	Comments
Athlete's foot	None	Athlete's foot is not a serious condition. Treatment is recommended.
Chickenpox*	Until all vesicles have crusted over	See Vulnerable children and female staff – pregnancy
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 x 2 doses). See Female staff – pregnancy
Hand, foot and mouth	None	Contact the Duty Room 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 commencing antibiotic treatment	Antibiotic treatment speeds healing and reduces the infectious period
Measles*	Four days from onset of rash	Preventable by vaccination (MMR x 2). See Vulnerable children and female staff – pregnancy
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 commencing appropriate antibiotic treatment	Antibiotic treatment recommended for the affected child. If more than one child has scarlet fever contact PHA Duty Room for further advice
Stapped cheek (fifth disease or parvovirus B19)	None once rash has developed	See Vulnerable children and female staff – pregnancy
Shingles	Exclude only if rash is weeping and cannot be covered	Can cause chickenpox in those who are not immune i.e. have not had chickenpox. It is spread by very close contact and touch. If further information is required, contact the Duty Room. SEE Vulnerable Children and Female Staff – Pregnancy
Warts and verrucae	None	Verrucae should be covered in swimming pools, gymnasiums and changing rooms

Diarrhoea and vomiting illness	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	
E. coli O157/ VTEC*	Should be excluded for 48 hours from the last episode of diarrhoea	Further exclusion is required for young children under five and those who have difficulty in adhering to hygiene practices
Typhoid* [and paratyphoid*] (enteric fever)	Further exclusion may be required for some children until they are no longer excreting	Children in these categories should be excluded until there is evidence of microbiological clearance. This guidance may also apply to some contacts of cases who may require microbiological clearance
Shigella* (dysentery)		Please consult the Duty Room 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

Respiratory infections	Recommended period to be kept away from school, nursery or childminders	Comments
Flu (influenza)	Until recovered	See Vulnerable children
Tuberculosis*	Always consult the Duty Room	Requires prolonged close contact for spread
Whooping cough* (pertussis)	48 hours from commencing 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. The Duty Room will organise any contact tracing necessary

Other infections	Recommended period to be kept away from school, nursery or childminders	Comments
Conjunctivitis	None	If an outbreak/cluster occurs, consult the Duty Room
Diphtheria *	Exclusion is essential. Always consult with the Duty Room	Family contacts must be excluded until cleared to return by the Duty Room. Preventable by vaccination. The Duty Room will organise any contact tracing necessary
Glandular fever	None	
Head lice	None	Treatment is recommended only in cases where live lice have been seen
Hepatitis A*	Exclude until seven days after onset of jaundice (or seven days after symptom onset if no jaundice)	The duty room will advise on any vaccination or other control measure that are needed for close contacts of a single case of hepatitis A and for suspected outbreaks.
Hepatitis B*, C, HIV/AIDS	None	Hepatitis B and C and HIV are bloodborne viruses that are not infectious through casual contact. For cleaning of body fluid spills. SEE: Good Hygiene Practice
Meningococcal meningitis*/ septicaemia*	Until recovered	Some forms of meningococcal disease are preventable by vaccination (see immunisation schedule). There is no reason to exclude siblings or other close contacts of a case. In case of an outbreak, it may be necessary to provide antibiotics with or without meningococcal vaccination to close contacts. The Duty Room will advise on any action needed.
Meningitis* due to other bacteria	Until recovered	Hib and pneumococcal meningitis are preventable by vaccination. There is no reason to exclude siblings or other close contacts of a case. The Duty Room will give advice on any action needed
Meningitis viral*	None	Milder illness. There is no reason to exclude siblings and other close contacts of a case. Contact tracing is not required
MRSA	None	Good hygiene, in particular handwashing and environmental cleaning, are important to minimise any danger of spread. If further information is required, contact the Duty Room
Mumps*	Exclude child for five days after onset of swelling	Preventable by vaccination (MMR x 2 doses)
Threadworms	None	Treatment is recommended for the child and household contacts
Tonsillitis	None	There are many causes, but most cases are due to viruses and do not need an antibiotic

* denotes a notifiable disease. It is a statutory requirement that doctors report a notifiable disease to the Director of Public Health via the Duty Room.
 Outbreaks: if a school, nursery or childminder suspects an outbreak of infectious disease, they should inform the Duty Room.

Good hygiene practice
 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 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, including toys and equipment, should be frequent, thorough and follow national guidance. For example, use colour-coded equipment, follow Control of Substances Hazardous to Health (COSHH) regulations 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. All spillages of blood, faeces, saliva, vomit, nasal and eye discharges should be cleaned up immediately (always wear PPE) when spillages occur: clean using a product that combines both a detergent and a disinfectant. Use as per manufacturer's instructions and ensure it is effective against bacteria and viruses and suitable for use on the affected surface. Never use mops for cleaning up blood and body fluid spillages – use disposable paper towels and discard clinical waste as described below. A spillage kit should be available for blood spills.

Laundry should be dealt with in a separate dedicated facility. Soiled linen should be washed separately at the hottest wash the fabric will tolerate. Wear PPE when handling soiled linen. Children's soiled clothing should be bagged to go home, never rinsed by hand.

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, eg needles, 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 as a result of a used needle injury or bite, encourage the wound to bleed/wash thoroughly using soap and water. Contact GP or occupational health or go to A&E immediately. Ensure local policy is in place for staff to follow. Contact the Duty Room for advice, if unsure.

Animals
 Animals may carry infections, so wash hands after handling animals. Health and safety Executive for Northern Ireland (HSENI) guidelines for protecting the health and safety of children should be followed.

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. Hand-hygiene should be supervised after contact with animals and the area where visiting animals have been kept should be thoroughly cleaned after use. 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.

Visits to farms. For more information see <https://www.hse-ni.gov.uk/publications/preventing-or-controlling-ill-health-animal-contact-visitor-attractions>

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. Schools and nurseries and childminders will normally have been made aware of such children. These children are particularly vulnerable to chickenpox, measles and parvovirus B19 and, if exposed to either of these, the parent/carer should be informed promptly and further medical advice sought. It may be advisable for these children to have additional immunisations, for example pneumococcal and influenza. This guidance is designed to give general advice to schools and childcare settings. Some vulnerable children may need further precautions to be taken, which should be discussed with the parent or carer in conjunction with their medical team and school health.

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 by a doctor who can contact the duty room for further advice. The greatest risk to pregnant women from such infections comes from their own child/children, rather than the workplace.

- Chickenpox can affect the pregnancy if a woman has not already had the infection. Report exposure to midwife and GP at any stage of pregnancy. The GP and antenatal carer will arrange a blood test to check for immunity. Shingles is caused by the same virus as chickenpox, so anyone who has not had chickenpox is potentially vulnerable to the infection if they have close contact with a case of shingles.
- German measles (rubella). If a pregnant woman comes into contact with german measles she should inform her GP and antenatal carer immediately to ensure investigation. The infection may affect the developing baby if the woman is not immune and is exposed in early pregnancy.
- Stapped cheek disease (fifth disease or parvovirus B19) can occasionally affect an unborn child. If exposed early in pregnancy (before 20 weeks), inform whoever is giving antenatal care as this must be investigated promptly.
- Measles during pregnancy can result in early delivery or even loss of the baby. If a pregnant woman is exposed she should immediately inform whoever is giving antenatal care to ensure investigation.

* All female staff born after 1970 working with young children are advised to ensure they have had two doses of MMR vaccine.

*The above advice also applies to pregnant students.

Immunisations
 Immunisation status should always be checked at school entry and at the time of any vaccination. Parents should be encouraged to have their child immunised and any immunisation missed or further catch-up doses organised through the child's GP.

For the most up-to-date immunisation advice and current schedule visit www.publichealth.hscni.net or the school health service can advise on the latest national immunisation schedule.

When to immunise	Diseases vaccine protects against	How it is given
2 months old*	Diphtheria, tetanus, pertussis (whooping cough), polio and Hib	One injection
	Pneumococcal Infection	One injection
	Rotavirus	Orally
3 months old	Meningococcal B Infection	One injection
	Diphtheria, tetanus, pertussis, polio and Hib	One injection
4 months old	Rotavirus	Orally
	Diphtheria, tetanus, pertussis, polio and Hib	One injection
Just after the first birthday	Pneumococcal Infection	One injection
	Hib and meningococcal C Infection	One injection
	Meningococcal B Infection	One injection
Every year from 2 years old up to 7*	Influenza	Nasal spray or injection
3 years and 4 months old	Diphtheria, tetanus, pertussis and polio	One injection
	Measles, mumps and rubella	One injection
Girls 12 to 13 years old	Cervical cancer caused by human papillomavirus types 16 and 18 and genital warts caused by types 6 and 11	Two injections over six months
	Tetanus, diphtheria and polio	One injection
14 to 18 years old	Meningococcal infection ACWY	One injection

This is the Immunisation Schedule as of July 2016. Children who present with certain risk factors may require additional immunisations. Always consult the most updated version of the "Green Book" for the latest immunisation schedule on www.gov.uk/government/collections/immunisation-against-infectious-disease-the-green-book-the-green-book

From October 2017 children will receive hepatitis B vaccine at 2, 3, and 4 months of age in combination with the diphtheria, tetanus, pertussis, polio and Hib vaccine.

Staff immunisations. All staff should undergo a full occupational health check prior to employment; this includes ensuring they are up to date with immunisations, including two doses of MMR.

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