



## HORNSBY HOUSE SCHOOL

### INFECTION CONTROL POLICY 2020

1. **Aim.** The aim of this document is to provide guidance on what to do to limit the spread of infections within Hornsby House school and detail procedures to be undertaken in the event of an outbreak. Infectious diseases are caused by pathogenic microorganisms, such as bacteria, viruses, parasites or fungi; the diseases can be spread, directly or indirectly, from one person to another. This policy allows for two types of situations:

- A non-widespread disease that is, nevertheless, infectious and dangerous – e.g. meningitis or norovirus.
- A widespread disease that is infectious and dangerous either in the form of an Epidemic ( a widespread occurrence of an infectious disease in a community at a particular time) or a Pandemic (a disease that is prevalent over the whole country or the world,) e.g swine flu, influenza or coronavirus (Covid 19)

2. **Limiting the Spread of Infection.** The best way to prevent infections within the school is through the following:

#### 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 and warm water for at least 20 seconds. Always wash hands after using the toilet, before eating or handling food, and after handling animals. Drying the hands with paper towels or hand dryer thoroughly is equally important. This should be taught to the children and they should be regularly reminded. Cover all cuts and abrasions with waterproof dressings.

#### 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 or face shields and masks should also be available for use if there is a risk of splashes to the face when looking after a person with suspected wide spread disease e.g. coronavirus. Correct PPE should be used when handling cleaning chemicals. (see section below on face masks for correct usage).

#### Cleaning of the environment

Cleaning of the environment, including 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. (see below for coronavirus specific cleaning requirements).

## Cleaning of blood and body fluid spillages

All spillages of blood, faeces, saliva, vomit and nasal discharges should be cleaned up immediately (always wear appropriate 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.

## Immunisations

The nurses ensure that the pupils' immunisations are up to date, as appropriate, and organise for additional immunisations as required.

**3. Vulnerable children and staff.** Some medical conditions make children or staff vulnerable to infections that would rarely be serious in most cases, these include those being treated for leukaemia or other cancers, on high doses of steroids and with conditions that seriously reduce immunity, some respiratory conditions like asthma or COPD, heart diseases and diabetes. The school will be made aware of this through a Medical Questionnaire and the nurses will write an appropriate medical plan with the assistance of the child's parents and any specialist required and staff will be assessed and treated on an individual basis. These children are particularly vulnerable to chickenpox, measles or parvovirus B19 (slapped cheek or 5<sup>th</sup> disease) and, if exposed to any 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.

**4. Female staff – pregnancy.** If a pregnant member of staff develops a rash or is in direct contact with someone with a potentially infectious rash, this should be investigated according to PHE guidelines by the member of staff's own doctor. The greatest risk to pregnant women from such infections comes from their own child/children, rather than the workplace. Some specific risks are:

- chickenpox can affect the pregnancy if a woman has not already had the infection. Report exposure to midwife and GP at any stage of exposure. 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 member of staff 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.
- slapped cheek disease (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.
- Coronavirus. Pregnant women should not be in the school environment if there is a risk of this being present.

## WHAT IS AN OUTBREAK?

5. **An outbreak.** A disease outbreak is the occurrence of disease cases in excess of normal expectancy. The number of cases varies according to the disease-causing agent, and the size and type of previous and existing exposure to the agent. Disease outbreaks are usually caused by infection, transmitted through person to person contact, animal to person contact or from an environment or other media.

A potential outbreak occurs when susceptible individuals are exposed, or are at risk of being exposed, to a potentially communicable disease.

## OUTBREAK CONTROL

6. **Minor outbreak/incident.** A minor outbreak/incident is when the school's medical team can deal with the incident using their existing resources, drawing attention to greater hygiene controls, potentially alerting parents etc (see paragraph 8 below).

7. **Major outbreak.** A major outbreak is where action requires resources greater than are routinely available to the school's medical team, where action is likely to seriously disrupt the running of the school or where the outbreak has serious consequences outside the school (see section on Coronavirus).

## ACTION IN THE EVENT OF AN OUTBREAK

8. The School nurses will raise the alarm to the Headmaster and Bursar if they believe that the spread of an infection is either serious or widespread enough to warrant action within the school. The nurses and the Headmaster and Bursar will need to decide on what actions need to take place but may include:

- Seeking advice from PHE on further steps

<https://www.gov.uk/government/organisations/public-health-england>. The local health protection advice for SW12 is [ppe.slhpt@nhs.net](mailto:ppe.slhpt@nhs.net). Phone 0344 326 2052.

- Notifying parents/staff by letter/email/text that a serious infection case is confirmed or that an infection is widespread across the school.
- If the advice is that the school remains open, children or staff showing symptoms will be excluded for a period of time which will need to be determined. (see section on coronavirus)
- Establishing stricter procedures, potentially, for the disposal of clinical waste. All clinical waste will be removed by a registered waste contractor if appropriate, organised by the caretakers. All clinical waste bags should be less than two-thirds full and stored in a dedicated, secure area while awaiting collection. (see section on coronavirus).
- Ensuring that any additional immunisations required are offered and given in a timely and appropriate manner to the school community.
- Ensuring that any additional requirements for cleaning, including deep cleans, are executed.
- Ensuring that the school's website is updated with the latest information.

## **CORONAVIRUS (COVID 19)**

COVID-19 is a new illness that can affect lungs and airways. It's caused by a coronavirus called severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) and was first discovered in November 2019. Since emerging in China at the end of 2019 it has become a pandemic and has affected millions of people in most countries around the world causing many hospital admissions and deaths.

### **SYMPTOMS OF COVID 19.**

Covid 19 is a new virus and the symptoms are still being understood. The main symptoms, at time of publication of this policy, are a new persistent cough, temperature above 37.8 degrees Celsius, shortness of breath and loss of sense of taste and smell (anosmia). For a current check of symptoms, please refer to <https://www.nhs.uk/conditions/coronavirus-covid-19/check-if-you-have-coronavirus-symptoms/> However, it is a very new virus and other symptoms are being reported

- headaches
- loss of appetite
- nausea and vomiting
- diarrhoea
- anxiety
- fatigue
- muscle aches and pains.

Covid 19 can be transmitted either directly (when in close contact with those infected who are coughing and sneezing) or indirectly (via touching contaminated surfaces). A range of approaches and actions should be employed to prevent the spread of infection.

## **ACTIONS FOR THE SCHOOL TO IMPLEMENT DURING CORONAVIRUS PANDEMIC**

### **WAYS TO HELP REDUCE THE RISK OF COVID IN THE SCHOOL ENVIRONMENT**

1. **GOOD HAND AND RESPIRATORY HYGIENE.** Staff, pupils and visitors must wash their hands with warm running water and soap for a minimum of 20 seconds with good technique, rinsed and dried thoroughly. This should be done regularly throughout the day and always after outside play, using play equipment, computers or using toys and books and before mealtimes. Hand sanitiser (minimum 60% alcohol based) is available around the school for extra protection but this should not be used instead of hand washing. Pupils will be encouraged to blow their noses with tissues, bin them and wash hands, to sneeze into a tissue or their elbow and wash hands. Hand washing and respiratory hygiene technique is regularly taught, and reminders given to children by staff. Staff and children should be encouraged not to touch their faces.
2. **WASHING OF CLOTHING** should be encouraged daily for both staff and pupils. There should be no need for anything other than normal personal hygiene and washing of clothes.
3. **SOCIAL DISTANCING** should be encouraged and carried out as much as possible throughout the school. This will include the following:
  - No child, member of staff, parent, contractor or visitor must attend the school if they are displaying any possible symptoms of Covid 19.
  - Bubbles (groups) of children are kept separated from others as much as possible. Preferably in class sizes and maximum of one year group, and the staff member should remain within

that class or year group where possible. These groups and their classrooms should be consistent where possible and that group stays away from other people and other groups.

- Staggered drop off and collection times and procedures.
- Staggered mealtimes and play times.
- Staggered times to wash hands and go to the toilet.
- Adopting one-way systems in corridors and on stairs.

4. **IF A MEMBER OR STAFF, VISITOR, CONTRACTOR OR PUPIL DISPLAY COVID SYMPTOMS WHILE AT SCHOOL** they will be removed from the classroom or area which they have been working and stay in isolation in the medical room until they are able to go home. If a child is awaiting collection, depending on the age of the child they will need appropriate adult supervision. Ideally, a window should be opened in the room for ventilation. The person presenting symptoms should also be given a face mask to wear, to restrict the possibility of infection. If it is not possible to isolate them, move them to an area which is at least 2 metres away from other people. If they need to go to the bathroom while waiting to be collected, they should use a separate bathroom if possible (the office one). The bathroom should be cleaned and disinfected using standard cleaning products before being used by anyone else. PPE should be worn by staff caring for the child while they await collection if a distance of 2 metres cannot be maintained (such as for a very young child or a child with complex needs).

In an emergency, call 999 if they are seriously ill or injured or their life is at risk. Do not visit the GP, pharmacy, urgent care centre or a hospital. If a member of staff has helped someone with symptoms, they do not need to go home unless they develop symptoms themselves (and in which case, a test is available) or the child subsequently tests positive. (SEE POINT 5). They should wash their hands thoroughly for 20 seconds after any contact with someone who is unwell. A thorough cleaning of the affected area and other places that the symptomatic child or staff member has been ie dining hall, minibus after the person with symptoms has left. This will reduce the risk of passing the infection on to other people (see 7).

The staff, visitors, contractors or pupils displaying symptoms will be asked to perform a Covid test as soon as possible (see 5). They will then have to self- isolate along with all other members of their household '[stay at home: guidance for households with possible or confirmed coronavirus \(COVID-19\) infection](#)'.

Where the child or staff member tests negative and feels well with no symptoms they can return to their setting and the fellow household members can end their self-isolation.

All staff will be alerted to anyone in the school community displaying possible symptoms whether while they are at home or at school and the school nurse will keep a record of this.

#### 5. **WHAT HAPPENS IF THERE IS A CONFIRMED CASE OF COVID 19 IN THE SCHOOL SETTING?**

When a child, staff member, contractor or visitor develops symptoms compatible with Covid 19, they should be sent home and advised to self-isolate for 10 days or longer if they still have symptoms. Their fellow household members should also isolate for 10 days. Anyone within the school who develops these symptoms must get tested in this scenario. They should be advised to ring 119 or signposted to the following [www.gov.uk](http://www.gov.uk) and follow instructions to 'get a coronavirus test'. Or on [www.nhs.uk](http://www.nhs.uk) and follow links to 'testing and tracing.'

The school nurse will liaise with the Department of Education help line 0800 046 8687 and get advice regarding the rest of the pupils or staff members within that bubble having to self- isolate. Also, advice regarding the visitor or contractor.

The health protection team will carry out a rapid risk assessment to confirm who has been in close contact with the person during the period that they were infectious, and ensure they are asked to self-isolate.

The health protection team will work with the school in this situation to guide us through the actions we need to take. Based on the advice from the health protection team, we must send home those people who have been in close contact with the person who has tested positive, advising them to self-isolate for 10 days since they were last in close contact with that person when they were infectious. Close contact means:

- direct close contacts - face to face contact with an infected individual for any length of time, within 1 metre, including being coughed on, a face to face conversation, or unprotected physical contact (skin-to-skin)
- proximity contacts - extended close contact (within 1 to 2 metres for more than 15 minutes) with an infected individual
- travelling in a small vehicle, like a car, with an infected person

The Department of Education Covid team will provide definitive advice on who must be sent home. To support them in doing so, we are recommended to keep a record of pupils and staff in each group, and any close contact that takes place between children and staff in different groups. This should be a proportionate recording process. We do not need to ask pupils to record everyone they have spent time with each day or ask staff to keep definitive records in a way that is overly burdensome.

Household members of those contacts who are sent home do not need to self-isolate themselves unless the child, young person or staff member who is self-isolating subsequently develops symptoms. If someone in a class or group that has been asked to self-isolate develops symptoms themselves within their 10-day isolation period they should follow '[stay at home: guidance for households with possible or confirmed coronavirus \(COVID-19\) infection](#)'. They should get a test, and:

- if the test delivers a negative result, they must remain in isolation for the remainder of the 10-day isolation period. This is because they could still develop the coronavirus (COVID-19) within the remaining days.
- if the test result is positive, they should inform their setting immediately, and should isolate for at least 10 days from the onset of their symptoms (which could mean the self-isolation ends before or after the original 10-day isolation period). Their household should self-isolate for at least 10 days from when the symptomatic person first had symptoms, following '[stay at home: guidance for households with possible or confirmed coronavirus \(COVID-19\) infection](#)'

Schools should not request evidence of negative test results or other medical evidence before admitting children or welcoming them back after a period of self-isolation.

6. **ENGAGING WITH THE NHS TEST AND TRACE PROCESS.** The nurse will ensure that staff members/ parents understand that they will need to be ready and willing to engage in this process by:

- [book a test](#) if they or their child are displaying symptoms. Staff and pupils must not come into the school if they have symptoms and must be sent home to self-isolate if they develop them in school. All children can be tested, including children under 5, but children aged 11 and under will need to be helped by their parents/carers if using a home testing kit
- provide details of anyone they or their child have been in close contact with if they were to test positive for coronavirus (COVID-19) or if asked by NHS Test and Trace

- self-isolate if they have been in close contact with someone who tests positive for coronavirus (COVID-19), or if anyone in their household develops symptoms of coronavirus (COVID-19).

All staff will be alerted to anyone in the school community who tests positive to Covid 19 and the school nurse will keep a record of this.

In the case of a positive case of Covid 19 in the school, PHE should be informed (see above). The Department of Education have a help line for Covid 19 enquiries: 0800 046 8687.

7. **CLEANING OF THE SCHOOL** will be carried out on a regular basis by a team of cleaners and staff using gloves and aprons. <https://www.gov.uk/government/publications/covid-19-decontamination-in-non-healthcare-settings/covid-19-decontamination-in-non-healthcare-settings>. Removal of waste from a person suspected of having Covid 19 should be double bagged, safely stored and then removed from the site in the usual way after 72 hours. Classroom bins are emptied regularly of tissues.
8. **REMOVAL OF SOFT TOYS** and keeping other essential toys, books and equipment to the same classroom and group of children. All will be cleaned by staff using paper roll and appropriate disinfectant or antiviral wipes.
9. **CLINICALLY EXTREMELY VULNERABLE STAFF AND CHILDREN** should be shielded and should not work outside their home where possible. **CLINICALLY VULNERABLE STAFF AND CHILDREN** should be particularly rigid with hand washing, social distancing and wearing a face mask when appropriate.
10. **CONTAIN ANY OUTBREAK BY FOLLOWING LOCAL HEALTH PROTECTION TEAM ADVICE** If Hornsby House has two or more confirmed cases within 14 days, or an overall rise in sickness absence where coronavirus (COVID-19) is suspected, we may have an outbreak, and must continue to work with our local health protection team who will be able to advise if additional action is required.
11. **REGULAR LATERAL FLOW TESTING** is carried out by all members of staff at Hornsby House. This is done twice a week and any positive results are followed up with a PCR test and that staff member and household will remain isolating until that result is known. The school nurse will trace all contacts of that staff member and along with the advice from the DfE will isolate those who have been in close contact at school.

In some cases, health protection teams may recommend that a larger number of other pupils self-isolate at home as a precautionary measure – perhaps the whole site or year group. If we as a school are implementing controls from this list, addressing the risks we have identified and therefore reducing transmission risks, whole school closure based on cases within the school will not generally be necessary, and should not be considered except on the advice of health protection teams.

In consultation with the local Director of Public Health, where an outbreak in the school is confirmed, a mobile testing unit may be dispatched to test others who may have been in contact with the person who has tested positive. Testing will first focus on the person's class, followed by their year group, then the whole school if necessary, in line with routine public health outbreak control practice.

## FACE MASKS

Face masks may be beneficial for short periods indoors where there is a risk of close social contact with people you do not usually meet and where social distancing and other measures cannot be maintained, for example on public transport or in shops. This does not apply to schools or other education settings. Schools and other education or childcare settings should therefore not require staff and children to wear face coverings. Social distancing, cleaning and good hand and respiratory hygiene are effective measures in controlling the spread of the virus. Face coverings (or any form of medical mask where instructed to be used for specific clinical reasons) should not be worn in any circumstance by those who may not be able to handle them as directed (for example, young children, or those with special educational needs or disabilities) as it may inadvertently increase the risk of transmission.

For the staff who would like to wear face masks to school and/or at school the correct methods of usage are given by the school nurses and it follows Public Health guidelines. This advice includes the correct process for removing face masks when staff arrive at school and either disposing of them or placing them in a sealed plastic bag. A clean face mask should be used while in the school setting.

If pupils wish to wear face masks to school, they must remove them when they arrive. They must wash their hands immediately on arrival (as is the case for all pupils), dispose of temporary face coverings in a covered bin or place reusable face coverings in a sealed plastic bag they can take home with them, or give them to parents at the drop off and then wash their hands again before heading to their classroom. The following link will show how to use the face mask correctly.

<https://www.who.int/emergencies/diseases/novel-coronavirus-2019/advice-for-public/when-and-how-to-use-masks>.

Hornsby House has adopted a rule that Face masks should be worn by all staff when in public spaces like corridors, dinning hall and staff room.

The majority of staff in education settings will not require PPE beyond even if they are not always able to maintain a distance of 2 metres from others. PPE is only needed in a very small number of cases including:

- children whose care routinely already involves the use of PPE due to their intimate care needs should continue to receive their care in the same way
- if a child, staff member, contractor or visitor becomes unwell with symptoms of Covid 19 while in their setting and needs direct personal care until they can return home. A fluid-resistant surgical face mask (IIR or FF2/FF3) should be worn by the supervising member of staff if a distance of 2 metres cannot be maintained. This mask must be fitted correctly. If contact with the person displaying symptoms is necessary, then disposable gloves and a disposable apron should also be worn by the member of staff. If a risk assessment determines that there is a risk of splashing to the eyes, for example from coughing, spitting, or vomiting, then eye protection should also be worn in the form of a face shield. The PPE must be removed into a double bagged sealed bin and removed as advised. (see 7).
- Staff travelling in the minibus should wear face masks and be advised by the school nurses how to use them safely and effectively. <https://www.who.int/emergencies/diseases/novel-coronavirus-2019/advice-for-public/when-and-how-to-use-masks>. They must also store them when not in use in a sealed plastic bag or dispose of the correctly in a covered bin.



## **FIRST AID TRAINING**

Dealing with suspected cases of Covid 19 will be covered in the annual First Aid training by a qualified instructor and this will include signs and symptoms of Covid 19, treatment including initial assessment, correct use of PPE, contacting the local Health Protection Team and ensuring that the correct cleaning procedures are carried out.

The school nurses will continually reassess the situation and give appropriate training to First Aiders as required.