



HORNSBY HOUSE SCHOOL

INFECTION CONTROL POLICY 2021

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 eg 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 5th 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 be extra cautious with social distancing, wearing masks when SD is not possible and working in a well ventilated room

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. 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.

COROVAVIRUS (COVID 19)

COVID-19 is a relatively 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.

Because Covid 19 is still relatively new 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. **REGULAR WASHING OF CLOTHING** should be encouraged 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. Where this is not possible masks should be considered.
 - No child, member of staff, parent, contractor or visitor must attend the school if they are displaying any possible symptoms of Covid 19.
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 recommended). 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, minibuses 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 and isolate until the test result is known. (see 5). [Stay at home: guidance for households with possible or confirmed coronavirus \(COVID-19\) infection - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/publications/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 school.

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. They will be asked to book a test on www.nhs.uk and follow links to 'testing and trace'.

Possible contacts will be informed by the school nurse and test and trace.

If 5 or more staff/pupils test positive in 10 days who are likely to have mixed with one another or 10% of staff/pupils who are likely to have mixed with one another. Then the school will follow a contingency plan. This will include reinstating the use of face masks, stricter social distancing, reinstating 'bubbles' of classes and year groups and keeping parents and visitors off site.

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

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.

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. **CONTAIN ANY OUTBREAK BY FOLLOWING GOVERNMENT CONTINGENCY PLANNING**

ADVICE If 5 or more staff/pupils test positive in 10 days who are likely to have mixed with one another or 10% of staff/pupils who are likely to have mixed with one another. Then the school will follow a contingency plan. This will include reinstating the use of face masks, stricter social distancing, reinstating 'bubbles' of classes and year groups and keeping parents and visitors off site.

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 will be asked to isolate until that result is known. The school nurse will trace all contacts of that staff member or pupil and along with test and trace will ask all possible close contacts to have a PCR test. They will not have to isolate while they are waiting for the results. The exception to this will be if a staff member has not had two vaccines and is older than 18 years and 6 months. In this case they will need to follow the guidance and self isolate for 10 days. [Stay at home: guidance for households with possible or confirmed coronavirus \(COVID-19\) infection - GOV.UK \(www.gov.uk\)](https://www.gov.uk/guidance/stay-at-home-guidance-for-households-with-possible-or-confirmed-coronavirus-covid-19-infection)

FACE MASKS

Face masks may be beneficial for short periods indoors where there is a risk of close social contact with people where social distancing and other measures cannot be maintained, for example on public transport or in enclosed spaces. Pupils are not required to wear a mask in these situations.

Social distancing, cleaning and good hand and respiratory hygiene are effective measures in controlling the spread of the virus.

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.

<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 where social distancing is not possible like queuing in the dining hall and if crowded in the staff room.

Masks and other PPE should be worn:

- 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).

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 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.

