



## HORNSBY HOUSE SCHOOL

### INFECTION CONTROL POLICY 2023

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 hands with paper towels or hand dryer thoroughly is equally important. The children should be taught this 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 widespread 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 and vomit. These are held with the nurse and caretaker. The spillage should be disposed of in a yellow clinical waste bag.

## Immunisations

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

1. **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 remain in the school but 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.

## 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.
- 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.

## COVID-19

The school continues to have a duty to manage the risk of serious illness from the spread of COVID and other infectious diseases. All staff should undertake a lateral flow test if they are displaying COVID like symptoms.

Control measures in place to mitigate the risk of contagion are:

- Hand hygiene; pupils and staff should continue to wash or sanitise hands regularly.
- Respiratory hygiene; the 'catch it, bin it, kill it' approach continues to be particularly important.
- Enhanced cleaning of communal areas.
- Keeping occupied spaces well ventilated. Opening external windows can improve natural ventilation, and in addition, opening internal doors can also assist with creating a throughput of air.
- Use of CO2 monitors in classrooms to monitor air quality.
- Staff adhere to advice and remain at home if covid 19 is confirmed for 5 days or until they are free from cold like symptoms and/or a temperature.