



# Infection Control Policy

Next Review Date: May 2021

Policy Owner: Paul McCready, Health & Safety Governor

## **Associated Policies and Documents:**

- Lyndhurst School Staff Code of Conduct
- Lyndhurst School Fire Safety Policy
- Lyndhurst School Safeguarding Policy
- Lyndhurst School First Aid Policy
- Lyndhurst School Administering Medicine Policy
- Lyndhurst School Personal Protective Equipment (PPE) Guidance
- Lyndhurst School Intimate Care Policy
- Lyndhurst School Positive Behaviour Policy
- Lyndhurst School Cleaning & Sanitizing Guidance
- Lyndhurst School Health and Safety Policy
- Lyndhurst School Protective Measures Covid19 Risk Assessment

Schools are common sites for transmission of infections. Children are particularly susceptible because:

- they have immature immune systems
- have close contact with other children
- sometimes have no or incomplete vaccinations
- have a poor understanding of hygiene practices

This policy provides information for staff on how to manage a range of common and important childhood infections in Lyndhurst School. It includes the principles of infection prevention and control to enable safe working during the coronavirus (COVID-19) outbreak.



## **Infection in Lyndhurst School**

The policy owner will maintain and update all information relating to the development of infections in response to the current advice from the Government, Local Authority and NHS. All staff and the community are responsible for following the Infection Control Policy and communicating with SLT with any issues or concerns.

Infections in children are common. This is because a child's immune system is immature. Added to this, young children often have close contact with their friends, for example through play, and lack good hygiene habits, making it easier for infections to be passed on. Many diseases can spread before the individual shows any symptoms at all (during the infectious period).

Infection prevention and control measures aim to interrupt the cycle of infection by promoting the routine use of good standards of hygiene so that transmission of infection is reduced overall. This is usually through:

- immunisation of children and staff
- good hand washing
- making sure the environment is kept clean

Where a case of infection is known, measures aim to reduce or eliminate the risk of spread through information and prompt exclusion of a case.

### **How infection spreads**

Infections are spread in many ways:

#### **Respiratory Spread**

Contact with cough or other secretions from an infected person, like influenza. This can happen by being near the infected person when they cough and then breathe in the organism; or by picking up the organism from an infected item, for example, a used tissue or on an object in the environment, and then touching your nose or mouth.

Transmission of coronavirus mainly occurs via respiratory droplets generated during breathing, talking, coughing and sneezing. These droplets can directly infect the respiratory tracts of other people if there is close contact. They also infect others indirectly. This happens when the droplets get onto and contaminate surfaces which are then touched and introduced into the mouth or eyes of an uninfected person. Another route of transmission is via aerosols (extremely small droplets), but this is only relevant to medical procedures for a very small number of children in education and social care settings.

#### **Direct Contact Spread**

By direct contact with the infecting organism, for example, contact with the skin during contact sports such as rugby and gymnastics, like impetigo or staphylococcal infections.

#### **Gastrointestinal Spread**

Resulting from contact with contaminated food or water (hepatitis A), contact with infected faeces or unwashed hands after using the toilet (typhoid fever).



## Blood Borne Virus Spread

By contact with infected blood or body fluids, for example, while attending to a bleeding person or injury with a used needle (hepatitis B). Human mouths are inhabited by a wide variety of organisms, some of which can be transmitted by bites. Human bites resulting in puncture or breaking of the skin are potential sources of exposure to blood borne infections, therefore, it is essential that they are managed promptly.

## Prevention and Control

Hand washing is one of the most important ways of controlling the spread of infections, especially those that cause diarrhoea and vomiting and respiratory disease. Liquid soap, warm water and paper towels are recommended.

- All staff and children are advised to wash their hands after using the toilet, before eating or handling food and after touching animals.
- Cover all cuts and abrasions with a waterproof dressing.
- Coughs and sneezes spread diseases. Children and Staff are encouraged to cover their mouth and nose with a disposable tissue and wash hands after using or disposing of tissues. Spitting should be discouraged.
- Wear disposable gloves and plastic aprons if there is a risk of splashing or contamination with blood or body fluids during an activity. Gloves used are disposable, non-powdered vinyl or latex-free and CE marked.
- Wear goggles/face masks if there is a risk of splashing to the face.

## Bites

- If a bite does not break the skin: clean with soap and water and no further action is needed.
- If a bite breaks the skin: clean immediately with soap and running water.
- Record the incident in by completing the accident form.
- Seek medical advice as soon as possible (on the same day) to treat potential infection, to protect against hepatitis B, for reassurance about HIV.

## Managing Needle Stick Injuries

On rare occasions children or staff may injure themselves with discarded used hypodermic needles which they may have found. Dispose of the needle safely to avoid the same thing happening to someone else. This can be done by contacting the local authority or local pharmacy. If someone pricks or scratches themselves with a used hypodermic needle:

- wash the wound thoroughly with soap and water
- cover it with a waterproof dressing
- Record the incident by completing the accident form
- seek immediate medical attention from the local Accident and Emergency Department

## Blood and Bodily Fluid Spills

All spillages of blood, faeces, saliva, vomit, nasal and eye discharges must be cleaned up immediately, wearing PPE.

- Clean spillages using a product which combines detergent and disinfectant (ensure it is effective against both bacteria and viruses). Always follow the manufacturer's instructions.
- Use disposable paper towels or cloths to clean up blood and bodily fluid spills
- Dispose of after use.

A spillage kit is available for bodily fluids like blood, vomit and urine, these can be found in the First Aid Room and in the Office in Little Lyndhurst.



## **Sanitary Facilities**

Good hygiene practices depend on adequate facilities:

- A hand wash basin with warm running water along with a wall mounted mild liquid soap.
- Hypo allergenic individual bar soap will only be used in exceptional circumstances when a child or staff member are allergic to the liquid soap, this is done with agreement of the school.
- Toilet paper in each cubicle.
- Suitable sanitary disposal facilities for female staff and children if required.

## **Children with Contenance Aids**

Lyndhurst School expects all children to be dry when commencing school and independent. If these aids are required after agreement with the school, the principles of basic hygiene should be applied by both children and staff involved in the management of these aids.

Contenance pads will be in the Little Lyndhurst designated area or the First Aid Room in the main building. Disposable powder-free non-sterile latex gloves and a disposable plastic apron should also be worn. Gloves and aprons should be changed after every child. Hand washing facilities should be readily available.

## **Dealing with Contaminated Clothing**

Clothing of either the child or the first aider may become contaminated with blood or bodily fluids. Clothing should be removed as soon as possible and placed in a plastic bag and sent home with the child with advice for the parent on how to launder the contaminated clothing. The clothing should be washed separately in a washing machine, using a pre-wash cycle, on the hottest temperature that the clothes will tolerate.

## **COVID-19 Prevention and Control**

A range of approaches and actions will be employed. These are a hierarchy of controls that, when implemented, creates an inherently safer system where the risk of transmission of infection is substantially reduced. These include:

- Minimise contact with individuals who are unwell
- Clean your hands often (hourly, on arrival into school)
- Respiratory hygiene (catch it, bin it, kill it)
- Clean surfaces that are touched frequently with antibacterial spray or wipes
- Minimise social contact and social mixing
- Personal protective equipment (PPE) (refer to PPE Guidance)
- Social distancing measures implemented
- Removal of soft furnishing, soft toys and toys
- Reduction of the use of shared resources
- Resources will only be shared within 'social bubbles'
- Air flow and ventilation is increased by opening windows
- Children spend more time outdoors

## **What to do if you suspect an outbreak of infection**

An outbreak or incident may be defined as:

- an incident in which 2 or more people experiencing a similar illness are linked in time or place
- a greater than expected rate of infection compared with the usual background rate for the place and time where the outbreak has occurred



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### **When to Report**

The Headmaster will contact the Local Surrey Health Protection Team (HPT) as soon as they suspect an outbreak to discuss the situation and agree if any actions are needed.

The following information below will be readily available before this discussion as it will help to inform the size and nature of the outbreak:

- total numbers affected (staff and children)
- symptoms
- date(s) when symptoms started
- number of classes affected

If you suspect cases of infectious illness including coronavirus the school will call the local HPT.

### **How to Report**

The school will telephone the local HPT as soon as possible to report any serious or unusual illness particularly for:

- Escherichia coli (VTEC) (also called E. coli 0157) or E coli VTEC infection
- Food poisoning
- Hepatitis
- Measles, Mumps, Rubella (rubella is also called German measles)
- Meningitis
- Tuberculosis
- Typhoid
- Whooping cough (also called pertussis)
- COVID-19

### **Immunisation**

A child's immunisation is checked at school entry and at the time of any vaccination such as flu. Parents are encouraged to have their child immunised.



## **Cleaning the School**

Cleaning of the school, including toys and equipment, is an important function for the control of infection at Lyndhurst School. Our cleaning schedules clearly describe the activities needed, the frequency and who will carry them out. Cleaning standards are monitored regularly by the school and all cleaning staff are appropriately trained and have access to personal protective equipment.

### **Cleaning Contract**

Essential elements of the comprehensive cleaning contract include daily, weekly and periodic cleaning schedules, based on national guidance. A proper colour coding system is operated as recommended by the Health and Safety Executive. This colour system at Lyndhurst School makes cleaning easy, efficient and in turn, increase general hygiene and cleanliness.

Colour-coded equipment is used in different areas with separate equipment for kitchen, toilet, classroom and office areas (red for toilets and washrooms; yellow for hand wash basins and sinks; blue for general areas and green for kitchens). Cloths are disposable (or if reusable, disinfected after use).

Cleaning solutions are stored in accordance with Control of Substances of Hazardous to Health (COSHH), and cleaning equipment changed and decontaminated regularly. Consideration is given to situations where additional cleaning is required including during term time (for example in the event of an outbreak) and how Lyndhurst School carry this out.

The School monitors cleaning standards and discusses any issues with the cleaning staff on a regular basis.

### **Cleaning blood and body fluid spills**

All spillages of blood, faeces, saliva and vomit are cleaned up immediately, wearing personal protective equipment. Spillages will be cleaned using a product which combines detergent and disinfectant, and ensure it is effective against both bacteria and viruses. The manufacturer's instructions will always be followed. Disposable paper towels or cloths will be used to clean up blood and bodily fluid spills and disposed of after use. A spillage kit is available for blood spills found in the First Aid Room and Little Lyndhurst School Office.

### **COVID-19 Cleaning Guidelines**

All objects which are visibly contaminated with bodily fluids will be cleaned using disposable cloths or paper roll and disposable mop heads.

To clean all hard surfaces, floors, chairs, door handles and sanitary fittings, we use either a combined detergent disinfectant solution at a dilution of 1,000 parts per million available chlorine or a household detergent followed by disinfection (1000 ppm av.cl.). All cloths and mop heads used are disposed of and should be put into waste bags as outlined below.

When items cannot be cleaned using detergents or laundered, for example, upholstered furniture and mattresses, steam cleaning is used. Any items that are heavily contaminated with bodily fluids and cannot be cleaned by washing will be disposed of.



### COVID-19 Disposal of Waste

Waste from possible cases and cleaning of areas where possible cases have been (including disposable cloths and tissues):

- Are put in a plastic rubbish bag and tied when full.
- The plastic bag is then be placed in a second bin bag and tied.
- It is then put in a suitable and secure place and marked for storage until the individual's test results are known.

Waste is stored safely and kept away from children. The waste is not be put in communal waste areas until negative test results are known, or the waste has been stored for at least 72 hours.

- If the individual tests negative, this can be put in with the normal waste
- If the individual tests positive, then store it for at least 72 hours and put in with the normal waste
- If storage for at least 72 hours is not appropriate, Lyndhurst School will arrange for collection as a Category B infectious waste by the local waste collection authority.

### COVID-19 Toys and Equipment Cleaning

Only hard toys will be made available because they can be wiped clean after play or washed in the dishwasher using net bags. SLT will monitor the process and any damaged item that cannot be cleaned or repaired will be discarded.

Soft modelling and play dough will be replaced daily and only used by small groups.

Sandpits are securely covered when not in use to protect from animals contaminating the sand. Sand is changed regularly; as soon as it becomes discoloured or malodorous for outdoor sandpits. Sand should be raked (outdoor) regularly to keep it clean. The tank is washed with detergent and water, and dried before refilling with sand.

Water play troughs or receptacles are emptied, washed with detergent and hot water and dried and stored inverted when not in use. The water is replenished either daily or twice daily when in use and it is always be covered when not in use.

Lyndhurst School has considered how play equipment is used ensuring it is appropriately cleaned between groups of children using it, and that multiple groups do not use it simultaneously. We remove unnecessary items from classrooms and other learning environments where there is space to store it elsewhere.

Soft furnishings, soft toys and hard to clean toys will be removed as they are hard to clean.



## **Enhanced Cleaning during an Outbreak of Infection**

In the event of an outbreak of infection Lyndhurst School will adhere to recommended enhanced or more frequent cleaning, to help reduce transmission. Plans have been developed for such an event on how Lyndhurst School carry this out which could also include during term time. Dedicated cleaning equipment is colour coded according to area of use.

### **COVID-19 Enhance Cleaning**

Areas where a symptomatic individual have passed through and spent minimal time, such as corridors which are not visibly contaminated with body fluids can be cleaned thoroughly as normal.

All surfaces that the symptomatic person has encounter must be cleaned and disinfected, including:

- objects which are visibly contaminated with body fluids
- all potentially contaminated high-contact areas such as bathrooms, door handles, telephones, grab-rails in corridors and stairwells

Disposable cloths or paper roll and disposable mop heads, will be used to clean all hard surfaces, floors, chairs, door handles and sanitary fittings, following one of the options below:

1. Use either a combined detergent disinfectant solution at a dilution of 1,000 parts per million available chlorine or a household detergent followed by disinfection (1000 ppm av.cl.) Avoid creating splashes and spray when cleaning. Any cloths and mop heads used must be disposed of and should be put into waste bags as outlined below.
2. When items cannot be cleaned using detergents or laundered, for example, upholstered furniture and mattresses, steam cleaning should be used. Any items that are heavily contaminated with body fluids and cannot be cleaned by washing should be disposed of.

## **Ventilation**

Appropriate ventilation will be maintained while considering the requirements for fire safety and containment.



## **Staff Welfare**

### **Exclusion**

Staff employed in school have the same rules regarding exclusion applied to them as are applied to the children when there is an infection. They may return to work when they are no longer infectious, provided they feel well enough to do so. This is reflected in the relevant risk assessment.

### **Pregnant staff**

If a pregnant woman develops a rash or is in direct contact with someone with a rash who is potentially infectious, she should consult her doctor or midwife.

Chickenpox can affect the pregnancy if a woman has not already had the infection. The GP and midwife should be informed promptly. Shingles is caused by the same virus as chickenpox therefore anyone who has not had chickenpox is potentially vulnerable to the infection if they have close contact with a case of shingles.

Measles during pregnancy can result in early delivery or even loss of the baby. If a pregnant woman is exposed, the midwife should be informed immediately. All female staff under the age of 25 years, working with young children, should have evidence of 2 doses of MMR vaccine or a positive history of measles. If a pregnant woman comes into contact with German measles she should inform her GP and midwife immediately. The infection may affect the developing baby if the woman is not immune and is exposed in early pregnancy.

All female staff under the age of 25 years, working with young children, should have evidence of 2 doses of MMR vaccine or a positive history of Rubella.

Slapped cheek disease (Parvovirus B19) can occasionally affect an unborn child if exposed early in pregnancy. The pregnant woman should inform their midwife promptly.

## **RIDDOR**

The school will make a report under RIDDOR (The Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013) when:

- an unintended incident at work has led to someone's possible or actual exposure to an infection defined by RIDDOR. This will be reported as a dangerous occurrence.
- a staff member has been diagnosed as having COVID 19 and there is reasonable evidence that it was caused by exposure at work. This will be reported as a case of disease.



## **Food Handling Staff**

Food handlers and catering staff may present a particular risk to the health of children and staff if they become infected or have close contact with diseases that can be transmitted to others via the medium of food or drink. These diseases commonly affect the gastrointestinal system (stomach and bowel) and usually cause diarrhoea or vomiting, or both.

Food handling staff suffering from such diseases must be excluded from all food handling activity in the school until advised by the local Environmental Health Officer that they are clear to return to work. There are legal powers for the formal exclusion of such cases, but usually voluntary exclusion will suffice with 'off work' certificates from the GP, as necessary.

Staff and volunteers should not be present at the school if they are currently suffering from diarrhoea or vomiting, or both. At the very least, persons suffering from gastro-intestinal diseases should not return to work until 48 hours post recovery (no further diarrhoea or vomiting).

Lyndhurst School or the Catering company will notify the local Environmental Health Department immediately upon being informed of a member of staff engaged in the handling of food and that member of staff has become aware that he or she is suffering from, or is the carrier of, any infection likely to cause food poisoning.

This policy has been shared with chef and the school catering company and along with the catering staff at the time of appointment. Food handlers are required by law to inform their employer immediately if they are suffering from:

- Typhoid fever
- Paratyphoid fever
- other Salmonella infections
- Dysentery
- Shigellosis
- Diarrhoea (cause of which has not been established)
- Infective jaundice
- Staphylococcal infections likely to cause food poisoning like impetigo, septic skin lesions, exposed infected wounds, boils
- E. coli VTEC infection



## **Managing Specific Diseases and Infections**

Please refer to [Public Health England advice on specific diseases and infections](#)

### **COVID-19**

Lyndhurst School follows advice from the [Department for Education and Public Health England](#):

A risk assessment is in place to assess the risk of COVID-19 and the control measures. This risk assessment will be reviewed on a regular basis and in light with any change in guidance.

In the event a member of staff or child has COVID-19, Lyndhurst School will follow Public Health England advice.

### **Pets and Animal Contact**

Lyndhurst School adhere to [Public Health England on pet and animal contact](#)

### **Notifiable Diseases**

Diseases notifiable (to Local Authority Proper Officers) under the Health Protection (Notification) Regulations 2010:

- acute encephalitis
- acute meningitis
- acute poliomyelitis
- acute infectious hepatitis
- anthrax
- botulism
- brucellosis
- cholera
- diphtheria
- enteric fever (typhoid or paratyphoid fever)
- food poisoning
- haemolytic uraemic syndrome (HUS)
- infectious bloody diarrhoea
- invasive group A streptococcal disease and scarlet fever
- legionnaires' disease
- leprosy
- malaria
- measles
- meningococcal septicaemia
- mumps
- plague
- rabies
- rubella
- SARS
- smallpox
- tetanus
- tuberculosis
- typhus
- viral haemorrhagic fever (VHF)



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- whooping cough
- yellow fever
- Covid-19