

RYDES HILL PREPARATORY SCHOOL & NURSERY

P58 – INFECTION CONTROL



RYDES HILL

PREPARATORY SCHOOL & NURSERY

MISSION STATEMENT

- ❖ Rydes Hill Preparatory School and Nursery is a Catholic school where children learn how to live in loving relationship with God and each other.
- ❖ Christian virtues of love and justice, faith and courage, hope and perseverance are fostered.
- ❖ Pupils and staff comprise individuals of different faiths and beliefs but the Rydes Hill community aspires to unity within the life of the school on shared moral values.
- ❖ The importance placed on the development of individual talents is at the heart of what school stands for and all are encouraged and challenged to be the best they can be.

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Revision History

Revision	Paragraph Number	Revision
June 2022		New Policy

Key Sources

Health protection in education and childcare settings

<https://www.gov.uk/government/publications/health-protection-in-schools-and-other-childcare-facilities/chapter-1-introduction-to-infections#transmission-based-precautions>

People with symptoms of a respiratory infection including COVID-19

<https://www.gov.uk/guidance/people-with-symptoms-of-a-respiratory-infection-including-covid-19#full-publication-update-history>

Living safely with respiratory infections, including COVID-19

<https://www.gov.uk/guidance/living-safely-with-respiratory-infections-including-covid-19>

All other school policies and guidance should be followed, and this document should be read in conjunction with other key policies: Health & Safety; Safeguarding, and First Aid.

Introduction

The purpose of this policy is to:

- A. Reduce transmission: To reduce the risk of transmission of the disease
- B. Reduce disruption: To reduce the risk of disruption through unmanageable levels of staff/pupil absence
- C. Inspire confidence: To enable the Rydes Hill community to have confidence that the school can operate normally while keeping pupils and staff safe
- D. Protect education: Enable the continuance of high-quality educational provision
- E. Safeguard: Ensure all pupils and staff are safeguarded and that their welfare and safety, including mental health needs are met.

Attending face to face education or childcare is hugely important for children and young people's health and their future. As we learn to live safely with coronavirus (COVID-19), the imperative remains to reduce disruption to children and young people's education.

Infections in education and childcare settings

1. Childhood infections are common and for most children and young people the risk of severe disease is low. Infections can be acquired at home or in the community and brought into School or acquired and spread within the setting.
2. Infections are caused by micro-organisms such as bacteria, viruses, fungi and parasites, otherwise known as germs. Germs are everywhere and most do not cause infection and

can even be beneficial. However, some germs can cause infections, when they get into the wrong place, which can result in symptoms such as fever and sickness¹

Management of COVID-19

3. Following the Government's move of 'Living with COVID-19' from 1st April 2022, the School will continue to promote the following control measures and regularly communicate with staff any relevant updates:
 - **Hand hygiene.** Frequent and thorough hand cleaning should now be regular practice. Staff should continue to ensure that pupils clean their hands regularly. This can be done with soap and water or hand sanitiser.
 - **Respiratory hygiene.** The 'catch it, bin it, kill it' approach continues to be very important.
 - **Maintain appropriate cleaning regimes, using standard products such as detergents.** Maintain an appropriate cleaning schedule. This should include regular cleaning of areas and equipment (for example, twice per day), with a particular focus on frequently touched surfaces.
 - **Keep occupied spaces well ventilated.** When School is in operation, it is important to ensure it is well ventilated and that a comfortable teaching environment is maintained. Staff should balance the need for increased ventilation while maintaining a comfortable temperature.
 - **Follow public health advice on testing, self-isolation and managing confirmed cases of COVID-19.** When an individual develops COVID-19 symptoms or has a positive test, Pupils, staff and other adults should follow public health advice on when to self-isolate and what to do.
 - **DfE Helpline.** Seek advice where necessary 0800 046 8687
4. Symptoms of COVID-19, flu and common respiratory infections include:
 - continuous cough
 - high temperature, fever or chills
 - loss of, or change in, your normal sense of taste or smell
 - shortness of breath
 - unexplained tiredness, lack of energy
 - muscle aches or pains that are not due to exercise
 - not wanting to eat or not feeling hungry
 - headache that is unusual or longer lasting than usual
 - sore throat, stuffy or runny nose

¹ <https://www.gov.uk/government/publications/health-protection-in-schools-and-other-childcare-facilities/chapter-1-introduction-to-infections#refone>

- diarrhoea, feeling sick or being sick
5. Any employee who has symptoms of respiratory infections, including COVID-19 or has tested positive for COVID 19 should try to stay at home and follow the government guideline. <https://www.gov.uk/guidance/people-with-symptoms-of-a-respiratory-infection-including-covid-19#full-publication-update-history>
 6. Any pupil who has symptoms of respiratory infections, including COVID-19 or has tested positive for COVID 19, should be asked to stay at home and follow the government guideline (see appendix A). <https://www.gov.uk/guidance/people-with-symptoms-of-a-respiratory-infection-including-covid-19#full-publication-update-history>

Infections in Education and Childcare Settings

How infections spread

7. It is important to understand how germs are spread and the actions that can be taken to break the chain of infection.
8. The mode of transmission is a term used to describe how germs are spread from person to person². There are different ways that this can happen.
9. There are 10 elements of Standard Infection Prevention and Control Precautions which when carried out effectively help reduce the risk of transmission of infections:
 - A. Environment or placement of someone who develops an infection
 - B. Hand hygiene
 - C. Respiratory and cough hygiene
 - D. Personal protective equipment
 - E. Safe management of the environment
 - F. Safe management of equipment
 - G. Safe management of linen or soft furnishings
 - H. Safe management of blood and body fluids
 - I. Safe disposal of waste (including sharps)

² <https://www.gov.uk/government/publications/health-protection-in-schools-and-other-childcare-facilities/chapter-1-introduction-to-infections#reftwo>

- J. Occupational safety or managing prevention of exposure to infection (including needlestick or sharps injuries, and bites)

Airborne spread

- 10. Respiratory infections can spread easily between people. Sneezing, coughing, singing and talking may spread respiratory droplets from an infected person to someone close by. Examples of infections that are spread in this way are the common cold, COVID-19, influenza, and whooping cough.
- 11. Droplets from the mouth or nose may also contaminate hands, cups, toys or other items and spread to those who may use or touch them, particularly if they then touch their nose or mouth.

Direct contact spread

- 12. Infections of the skin, mouth and eye may be spread by direct contact with the infected area to another person's body. Examples of infections spread in this way are scabies, headlice, ringworm and impetigo.
- 13. Gastro-intestinal infections can spread from person to person when infected faeces are transferred to the mouth either directly or from contaminated food, water or objects such as toys or toilet flush handles. Examples of infections spread in this way include hepatitis A and Shiga Toxin-producing Escherichia Coli (STEC).
- 14. Environmental surfaces such as door handles and tables may also be contaminated with infectious particles. This can occur with viral gastroenteritis (for example, norovirus) because vomit contains many infectious virus particles.
- 15. Blood borne viruses are viruses that some people carry in their blood and can be spread from one person to another by contact with infected blood or body fluids, for example, while attending to a bleeding person or injury with a used needle. Examples of infections spread in this way are hepatitis B and HIV.
- 16. 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.

Transmission based precautions

Types of precautions:

Contact precautions

17. Used to prevent and control infections that spread via direct contact with a person or indirectly from the persons immediate environment (including equipment). This is the most common route of cross-infection from one person to another (transmission of infection).

Droplet precautions

18. Measures used to prevent, and control infections spread over short distances (at least one metre) via droplets from the respiratory tract of one person directly onto the eyes, nose or inside the mouth (a mucosal surface or conjunctivae) of another person. Droplets then spread into the respiratory system.

Airborne precautions

19. Measures used to prevent, and control infection spread without necessarily having close contact with another person via small respiratory particles (aerosols) from the respiratory tract of one person directly into a mucosal surface or conjunctivae of another person. Aerosols can penetrate deep into the lungs (respiratory system).

Groups at higher risk from infection

20. For most children and young people, the risk from common infections is low and few will become seriously unwell.
21. Some children and young people have impaired immune defence mechanisms in their bodies either as a result of a medical condition or due to treatment they are receiving (known as immunosuppressed). People who are immunosuppressed may have a reduced ability to fight infections and other diseases.
22. Most children and young people in this group will be under the care of a hospital specialist and will have received advice on the risks to them and when to seek medical advice. Children and young people in this group should continue to attend School unless advised otherwise by their clinician.
23. Usually School will be aware of these children and young people and it is important this information is shared with the school nurse.
24. If a child who may be at higher risk due to their immune system is thought to have been exposed to an infection such as chickenpox or measles, the parents and carers should be informed immediately so that they can seek further medical advice from their GP or specialist, as appropriate.
25. Women who are pregnant should ensure they are up to date with the recommended vaccinations, including COVID-19 immunisation. Pregnant women should consult their midwife or GP immediately if they come into contact with positive cases of measles,

mumps, rubella, slapped cheek syndrome and chickenpox as contact with these illnesses can affect the pregnancy and/or development of the unborn baby.

26. They should also avoid contact with animal litter trays due to the risk of toxoplasmosis.

Infection Prevention and Control

27. This section provides general guidance for staff on the prevention and control of infections. A proactive and preventive approach is advised.

28. Germs are spread during the infectious period and for some diseases such as chicken pox and coronavirus (COVID-19) this can be before the person affected [shows any symptoms](#).

29. This guidance refers to public health exclusions to indicate the time period an individual should not attend a setting to reduce the risk of transmission during the infectious stage. This is different to 'exclusion' as used in an educational sense.

Environment or placement of someone who develops an infection

30. Prompt exclusion of children, young people and staff who are unwell with an infectious disease is essential to preventing the spread of infection in education and childhood settings.

31. Children with mild, respiratory symptoms such as a runny nose, sore throat, or slight cough, who are otherwise well, can continue to attend.

32. Further information can be found in P.31 – First Aid Policy

33. Children who are unwell and showing [the symptoms of an infectious disease](#) or a diagnostic result should be advised to stay away from School for the minimum period recommended.

34. Staff or students who are close contacts of people who are unwell with an infectious disease or an infection do not usually need to be excluded from School.

35. In most cases, parents and carers will agree that a child who is unwell and has symptoms of an infectious illness, such as a fever should not attend School, given the potential risk to others.

36. If a parent or carer insists on a child with symptoms attending School, where they have a confirmed or suspected case of an infectious illness, the School will take the decision to refuse the child if, in our reasonable judgement, it is necessary to protect other children and staff from possible infection. For some infections, individuals may be advised to remain away from School for a longer period of time. This will be advised by our HPT.

Hand hygiene

37. Hand washing is one of the most important ways of controlling the spread of infections, especially those that cause diarrhoea and/or vomiting and respiratory infections.
38. We will ensure that staff and students have access to liquid soap, warm water and paper towels. Bar soap will not be used.
39. All staff and pupils should be advised to [wash their hands](#) after using the toilet, before eating or handling food, after playtime and after touching animals.
40. All cuts and abrasions should be covered with a waterproof dressing.
41. Alcohol hand gel can be used if appropriate hand washing facilities are not available but should not replace washing hands particularly if hands are visibly soiled or where there are cases of gastroenteritis (diarrhoea and vomiting) in School. Alcohol hand gel is not effective against norovirus. Further information is available here [Choosing hand sanitisers and surface disinfectants to use during the COVID-19 pandemic \(hse.gov.uk\)](#).

Respiratory and cough hygiene

42. Coughs and sneezes spread diseases. Covering the nose and mouth during sneezing and coughing can reduce the spread of infections.
43. Spitting should be discouraged.
44. Anyone with [signs and symptoms of a respiratory infection](#), regardless of the cause, should follow [respiratory hygiene and cough etiquette](#), specifically:
 - cover nose and mouth with a tissue when coughing and sneezing, and dispose of used tissue in non-healthcare risk waste bin and perform hand hygiene
 - cough or sneeze into the inner elbow (upper sleeve) if no tissues are available, rather than into the hand
 - keep contaminated hands away from the mucous membranes of the eyes and nose
 - carry out hand hygiene after contact with respiratory secretions and contaminated objects and materials

Personal protective equipment

45. If there is a risk of splashing or contamination with blood or bodily fluids during an activity, then disposable gloves and plastic aprons should be worn.
46. Gloves and aprons should be disposable, non-powdered vinyl/nitrile or latex-free and CE marked. Wear disposable eye protection (or if reusable decontaminate prior to next use) if there is a risk of splashing to the face.

Cleaning

47. Cleaning with detergent and water is normally all that is needed as it removes the majority of germs that can cause disease.
48. Essential elements of a comprehensive cleaning contract include daily, weekly and periodic cleaning schedules.
49. The Head of Housekeeping will monitor cleaning standards and discuss any issues with cleaning staff, or contractors employed by the School.
50. Cleaning solutions should be stored in accordance with [Control of Substances of Hazardous to Health \(COSHH\)](#), and cleaning equipment changed and decontaminated regularly.
51. Effective cleaning and disinfection are critical in School, particularly when food preparation is taking place. Holroyd Howe, our catering contractors, have separate policies relating to this.
52. All areas or surfaces in contact with food, dirt or bodily fluids must be regularly cleaned and disinfected. Training will be provided for the use of any equipment and chemicals. Operation and maintenance of equipment should be according to the manufacturer's instructions and include regular dishwasher interior cleaning cycles.

Enhanced cleaning during an outbreak or incident

53. In the event of an outbreak of infection, the UKHSA HPT team may recommend enhanced or more frequent cleaning, to help reduce transmission.
54. Advice may be given to ensure twice daily cleaning of areas (with particular attention to door handles, toilet flushes and taps) and communal areas where surfaces can easily become contaminated such as handrails.

Sanitary facilities

55. Suitable sanitary disposal facilities are provided throughout the School.

Keep occupied spaces well ventilated

56. Ventilation is the process of introducing fresh air into indoor spaces while removing stale air. Letting fresh air into indoor spaces can help remove air that contains virus particles and prevent the spread of COVID-19 and other respiratory infections.
57. We aim to keep occupied spaces well ventilated to help reduce the amount of respiratory germs.

Safe management of linen and soft furnishings

Laundry

58. There is a designated area on site if there is a need for laundry facilities. This area is:

- separate from any food preparation areas
- equipped with appropriate hand washing facilities
- equipped with a washing machine with a sluice or pre-wash cycle

59. Staff involved with laundry services will ensure that:

- manual sluicing of clothing is not carried out as there is a risk of inhaling fine contaminated aerosol droplets; soiled articles of clothing should be rinsed through in the washing machine pre-wash cycle, prior to washing
- gloves and aprons should be worn when handling soiled linen or clothing
- hands should be thoroughly washed after removing the gloves and aprons

Dealing with contaminated clothing

60. Clothing may become contaminated with blood or bodily fluids. If this occurs, clothing should be removed as soon as possible and placed in a plastic bag. It should be sent home with the child with advice for the parent on how to launder the contaminated clothing.

61. Any contaminated clothing should be washed separately in a washing machine, using a pre-wash cycle, on the hottest temperature that the clothes will tolerate.

Managing nappies

62. Please see 'P15 Early Years Policy' appendix on intimate care

63. Children in nappies must have a designated changing area. This will:

- be away from play facilities and any area where food and/or drink is prepared or consumed
- have appropriate hand washing facilities available

64. Staff should wash and dry their hands after every nappy change, before handling another child or leaving the nappy changing room.

65. Staff involved in managing nappies should:

- wrap soiled nappies in a plastic bag before disposal in the general setting waste
- clean children's skin with a disposable wipe (flannels should not be used)

- label nappy creams and lotions with the child's name and do not share with others
- wipe changing mats with soapy water or a mild detergent wipe after each use
- clean mats thoroughly with hot soapy water if visibly soiled and at the end of each day
- check mats weekly for tears and discard if the cover is damaged

66. Hands should be washed using soap and warm water and dried after removing disposable gloves.

Safe management of blood and bodily fluids

Cleaning blood and body fluid spills

67. Any spillages of blood, faeces, saliva, vomit, nasal and eye discharges should be cleaned immediately, wearing PPE. Use gloves and an apron if anticipate splashing and risk assess the need for eye protection.

68. Spillages must be cleaned using a product which combines detergent and disinfectant that is effective against both bacteria and viruses. Manufacturer's guidance should always be followed.

69. Use disposable paper towels or cloths to clean up blood and body fluid spills. These should be disposed of immediately and safely after use. A spillage kit should be available for bodily fluids like blood, vomit and urine.

Managing cuts, bites, nose bleeds and bodily fluid spills

70. Standard precautions should be taken when dealing with any cuts/abrasions that involve a break in the skin or body fluid spills. This is because we do not always know if an individual has an infection or not.

71. Standard Infection Prevention and Control (SIPC) precautions should be used for everyone to reduce the risk of unknown (and known) disease transmission. [These include:](#)

- wearing gloves when in contact with any accident or injury (washing grazes, dressing wounds, cleaning up blood after an incident) and wearing a disposable plastic apron if possible
- carefully cleaning the wound under running water if possible or using a disposable container with water and wipes; carefully dab dry
- covering all exposed cuts and grazes with waterproof plasters
- keep the [dressing clean by changing it as often as is necessary](#)
- managing all [spillages of blood or body fluids](#)

72. If someone suffers a bite, scratch or puncture injury that may have introduced someone else's blood or experiences a splash of blood to the eye, area of broken skin or mouth, rinse well with water and seek medical advice.

Occupational safety and managing prevention of exposure to infection (including needlestick or sharps injuries, and bites)

73. Occasionally children, young people or staff may injure themselves with discarded used hypodermic needles which they have found. If this happens then dispose of the needle safely to avoid the same thing happening to someone else. This can be done by either contacting your local authority or school nurse. If someone pricks or scratches themselves with a used hypodermic needle or has a bite which breaks the skin:

- wash the wound thoroughly with soap and warm running water
- cover the wound with a waterproof dressing
- record it in the accident book and complete the accident form
- seek immediate medical attention or advice from your local accident and emergency department or occupational health provider

APPENDIX A – Exclusions Table

Source: <https://www.gov.uk/government/publications/health-protection-in-schools-and-other-childcare-facilities/exclusion-table>

This guidance refers to public health exclusions to indicate the time period an individual should not attend a setting to reduce the risk of transmission during the infectious stage. This is different to 'exclusion' as used in an educational sense.

Infection	Exclusion period	Comments
Athlete's foot	None	Children should not be barefoot at their setting (for example in changing areas) and should not share towels, socks or shoes with others.
Chickenpox	At least 5 days from onset of rash and until all blisters have crusted over	Pregnant staff contacts should consult with their GP or midwife
Cold sores (herpes simplex)	None	Avoid kissing and contact with the sores
Conjunctivitis	None	If an outbreak or cluster occurs, consult your local health protection team (HPT)

Infection	Exclusion period	Comments
Respiratory infections including coronavirus (COVID-19)	Children and young people should not attend if they have a high temperature and are unwell Children and young people who have a positive test result for COVID-19 should not attend the setting for 3 days after the day of the test	Children with mild symptoms such as runny nose, and headache who are otherwise well can continue to attend their setting.
Diarrhoea and vomiting	Staff and students can return 48 hours after diarrhoea and vomiting have stopped	If a particular cause of the diarrhoea and vomiting is identified there may be additional exclusion advice for example E. coli STEC and hep A For more information see chapter 3
Diphtheria*	Exclusion is essential. Always consult with your UKHSA HPT	Preventable by vaccination. Family contacts must be excluded until cleared to return by your local HPT
Flu (influenza) or influenza like illness	Until recovered	Report outbreaks to your local HPT For more information see chapter 3

Infection	Exclusion period	Comments
Glandular fever	None	
Hand foot and mouth	None	Contact your local HPT if a large number of children are affected. Exclusion may be considered in some circumstances
Head lice	None	
Hepatitis A	Exclude until 7 days after onset of jaundice (or 7 days after symptom onset if no jaundice)	In an outbreak of Hepatitis A, your local HPT will advise on control measures
Hepatitis B, C, HIV	None	Hepatitis B and C and HIV are blood borne viruses that are not infectious through casual contact. Contact your UKHSA HPT for more advice
Impetigo	Until lesions are crusted or healed, or 48 hours after starting antibiotic treatment	Antibiotic treatment speeds healing and reduces the infectious period

Infection	Exclusion period	Comments
Measles	4 days from onset of rash and well enough	Preventable by vaccination with 2 doses of MMR Promote MMR for all pupils and staff. Pregnant staff contacts should seek prompt advice from their GP or midwife
Meningococcal meningitis* or septicaemia*	Until recovered	Meningitis ACWY and B are preventable by vaccination. Your local HPT will advise on any action needed
Meningitis* due to other bacteria	Until recovered	Hib and pneumococcal meningitis are preventable by vaccination. Your UKHSA HPT will advise on any action needed
Meningitis viral	None	Milder illness than bacterial meningitis. Siblings and other close contacts of a case need not be excluded
MRSA	None	Good hygiene, in particular handwashing and environmental cleaning, are important to minimise spread.

Infection	Exclusion period	Comments
		Contact your UKHSA HPT for more
Mumps*	5 days after onset of swelling	Preventable by vaccination with 2 doses of MMR. Promote MMR for all pupils and staff
Ringworm	Not usually required	Treatment is needed
Rubella* (German measles)	5 days from onset of rash	Preventable by vaccination with 2 doses of MMR. Promote MMR for all pupils and staff. Pregnant staff contacts should seek prompt advice from their GP or midwife
Scabies	Can return after first treatment	Household and close contacts require treatment at the same time
Scarlet fever*	Exclude until 24 hours after starting antibiotic treatment	A person is infectious for 2 to 3 weeks if antibiotics are not administered. In the event of 2 or

Infection	Exclusion period	Comments
		more suspected cases, please contact your UKHSA HPT
Slapped cheek/Fifth disease/Parvovirus B19	None (once rash has developed)	Pregnant contacts of case should consult with their GP or midwife
Threadworms	None	Treatment recommended for child and household
Tonsillitis	None	There are many causes, but most cases are due to viruses and do not need or respond to an antibiotic treatment
Tuberculosis* (TB)	Until at least 2 weeks after the start of effective antibiotic treatment (if pulmonary TB Exclusion not required for non-pulmonary or latent TB infection Always consult your local HPT before disseminating information to staff, parents and carers	Only pulmonary (lung) TB is infectious to others, needs close, prolonged contact to spread Your local HPT will organise any contact tracing

Infection	Exclusion period	Comments
Warts and verrucae	None	Verrucae should be covered in swimming pools, gyms and changing rooms
Whooping cough (pertussis)*	2 days from starting antibiotic treatment, or 21 days from onset of symptoms if no antibiotics	Preventable by vaccination. After treatment, non- infectious coughing may continue for many weeks. Your local HPT will organise any contact tracing

*denotes a notifiable disease. Registered medical practitioners in England and Wales have a statutory duty to notify their local authority or UKHSA health protection team of suspected cases of certain infectious diseases.

All laboratories in England performing a primary diagnostic role must notify UKHSA when they confirm a notifiable organism.