St. Bede's Catholic Infant School
Communicable Diseases Policy
(Including Infection Control)

Adopted and adapted from HBC Policy

Agree by staff: **Autumn 2024**
Agree by Governors: **Autumn 2024**
Review Date: **Autumn 2025**

Signed by Chair of Governors: S. Howard **Date: 26.11.2024**

1 Introduction

The Health and Safety at Work etc. Act 1974, the COSHH Regulations 2002 and the Management of Health & Safety at Work Regulations 1999 require schools to assess and manage the risk of communicable diseases.

This policy provides an overview of the more common communicable diseases including their incubation period, routes of transmission and period of communicability.

In the event of an illness/incident, reference should also be made to Public Health England Guidance on Infection Control in Schools.

https://www.gov.uk/government/publications/guidance-to-educational-settings-about-covid-19/guidance-to-educational-settings-about-covid-19

2 Responsibilities

2.1 Headteacher

- Ensure this policy is communicated to staff.
- Ensure that occupational risk assessments identify whether or not a task or occupational group concerned is likely to be at risk from communicable diseases.
- Take action to protect employees by minimising the risk. Records of risk assessments must be kept and any actions identified should be shared with the relevant staff.

2.2 Employees

- Employees have a responsibility for their own health and safety and that of their colleagues. As such they should understand the local procedures designed to protect both themselves and their colleagues from the risk of contracting a communicable disease.

3 Common Communicable Diseases

3.1 Chickenpox

A viral infection which may be serious in adults. The disease may be hazardous to pregnant women. Pregnant staff coming into contact with chickenpox should take the following action:

1. If they are certain that they have had chickenpox previously - no action is necessary.
2. If they are certain that they have not had chickenpox or cannot recall having had the virus, they should seek advice from their general practitioner.

3.2 Gastro-Intestinal Infections

3.2.1 Bacterial Gastro Enteritis

Salmonella and campylobacter are the most common forms of food poisoning and are caused by bacteria infected food.

- General Public Health guidance is that children should not return to school until at least 48 hours after last symptoms. However some infections such as E'coli and Shigella (Dysentry) may require a longer period of exclusion and clearance before the child can return to school. More specific guidance on exclusion is available from Public Health England. A longer period of exclusion may also be appropriate in the following circumstances;
- Where personal hygiene standards are likely to be lessened e.g. younger infant school pupils, who cannot be supervised whilst washing their hands after using the toilet.
- Children with learning difficulties/faecal incontinence.

3.2.2 Viral Gastro Enteritis

Transmittable through the faecal-oral route or through droplets from the nose and mouth. Symptoms are acute diarrhoea and normally persist for 2 to 3 days. Infected children should be excluded from school for at least 2 days after the symptoms have settled.

3.2.3 Norovirus (NV)

Norovirus is an infection that causes vomiting and diarrhoea and one of the most common causes of gastroenteritis. It is most commonly spread person to person and also through the environment or via contaminated surfaces whether visibly contaminated or not. The virus is hardy, and has been reported to survive for up to 12 days in carpets if no attempt is made to remove it. For this reason it is particularly important that any vomit or diarrhoea is promptly cleaned up and that all hand contact surfaces are kept clean.

3.3 German Measles (Rubella)

German Measles is a mild disease but nonetheless highly infectious. The disease can carry a serious risk to the unborn child during the first few months of pregnancy. Female staff of child bearing age should check with their GP as to whether or not they are immune. Cases should be excluded for 4 days from the onset of the rash.

3.4 Hepatitis A and E

This disease results in inflammation of the liver. It is a viral infection which may result in jaundice. The main route of transmission is via contaminated faeces and urine. It can be spread person to person especially in young children and by contaminated food and water. The minimal period of exclusion is 7 days after the onset of jaundice (or onset of symptoms, if there is no jaundice). However the virus may persist for several weeks in stools. It is advised that parents seek advice from their GP before pupils return to school.

Particular care should be taken for those groups mentioned in Section 3.2.1 above. Hepatitis A is reportable under RIDDOR.

3.5 Hepatitis B and C

Hepatitis B is potentially more serious than Hepatitis A. Despite this, 90% of persons contracting Hepatitis B make a full recovery. Approximately 10% of infected persons become carriers. Infection may lead to chronic liver disease and, in the most serious cases, cancer of the liver.

The main routes of infection are:

1. The transmission of blood from an infected person into the bloodstream of another person e.g.

    - By sharing needles;
    - Accidental needle stick injuries
    - Ear piercing, tattooing with contaminated equipment
    - From an infected mother to an unborn child.

2. The entry of infected blood or saliva through broken skin or through the membranes of the eyes and mouth.

3. Through sexual intercourse with an infected person.

The minimal period of exclusion should be decided by the Consultant in Communicable Disease Control (CCDC). Good hygiene practices should be adopted for cleaning of blood spillages. Hepatitis B is reportable under RIDDOR.

3.6 HIV/AIDS

Refer to the Department of Education and Science publication "HIV and AIDS – A Guide for the Education Services" (November 1991).

The risk of acquiring the HIV virus in an occupational role is very low. Where children are known to be infected, strict infection control measures should be implemented.

3.7 Meningitis

Meningitis may be of a viral or bacterial origin.

3.7.1 Bacterial Meningitis

Meningococci bacteria cause meningitis and/ or septicaemia (blood poisoning) Septicaemia is the most serious form and is probably responsible for the majority of cases which make the news headlines. Public Health England will advise on any actions required in schools on identification of a case.

3.8 COVID19

Coronavirus disease (COVID-19) is an infectious disease caused by coronavirus.

Most people infected with the COVID-19 virus will experience mild to moderate respiratory illness and recover without requiring special treatment. Older people, and those with underlying medical problems like cardiovascular disease, diabetes, chronic respiratory disease, and cancer are more likely to develop serious illness.

The best way to prevent and slow down transmission is to be well informed about the COVID-19 virus, the disease it causes and how it spreads. Protect yourself and others from infection by washing your hands or using an alcohol based rub frequently and not touching your face.

The COVID-19 virus spreads primarily through droplets of saliva or discharge from the nose when an infected person coughs or sneezes, so it's important that you also practice respiratory etiquette (for example, by coughing into a flexed elbow).

4 Measures for the Control of Infection

Good hygiene practices are the key to minimising the spread of infection:

- Schools must ensure that the toilets and washbasin areas are kept clean.
- An adequate supply of toilet paper should be available.
- Where necessary facilities should be made available for the safe disposal of sanitary waste.

4.1 Personal Hygiene

Hand to mouth contact is one of the main routes for the spread of infections. As such, pupils should be instructed in the following practices:

Hands should be thoroughly cleaned with soap and warm water. Extra care should be taken to ensure that fingernails are cleansed prior to any food preparation activities. Hands should then be rinsed in clean running water and wiped dry with a disposable paper towel.

4.2 Washing Facilities

The following facilities must be available:

- Hot and cold running water
- Soap
- Disposable paper towels.
- Nailbrush (in food preparation areas).

5 Cleaning

5.1 Equipment

A ‘spill kit’ containing the following equipment should be available for anyone cleaning up and must be kept in a lockable cupboard:

- Waterproof protective gloves.
- Disposable aprons.
- Disposable foot covers.
- Dustbin bags in a distinctive colour.
- Soiled linen bags.
- Sick bags.
- Disinfectant agent.
- Multi-purpose detergent cleaner.
- Wet/dry vacuum cleaner (preferably a steam cleaner).
- Absorbent granules.
- Disposable cloths.
- Mop, bucket, dustpan and plastic scraper.

Note: the COSHH risk assessments will identify the need for further protective equipment such as goggles.

5.2 Cleaning Products

As a general rule when selecting any cleaning products check manufacturer’s guidelines to ensure that they are suitable for the intended use, dilution requirements are correct and once procured complete a COSHH risk assessment before use.

5.2.1 Detergents

Suitable detergents should be selected to remove dirt and debris from the item or surface being cleaned prior to disinfection.

5.2.2 Disinfectants

For disinfection of Norovirus, an agent delivering at least 1000 parts per million (ppm) or 0.1% of available chlorine is required.

For blood spillages, again a chlorine releasing agent is required but this needs to be of a strength that is known to contain sodium hypochlorite solution (1:10,000 ppm), such as sanitaire.

5.2.3 Fogging agents

Fogging with liquid disinfectants are not an alternative to effective conventional cleaning and disinfection, and has potential disadvantages.

5.3 Guidance for Cleaning

All staff cleaning a contaminated environment must use waterproof protective gloves, disposable plastic aprons and eye protection if required. All staff involved must receive a copy of this document. If there are visible bodily fluids a Type llR surgical mask must also be worn.

In order to clean areas including communal areas the following general actions are required:

- Put on disposable apron, gloves, foot covers, eye protection and mask if bodily fluids present.
- Take people away from contaminated area until cleaned up.
- Cordon off area with appropriate signage.
- Gross contamination of vomit and/or diarrhoea should be removed by:
    - treatment with absorbent granules, which are then removed for proper disposal.
    - using paper towels to soak up excess liquid then using disposable cloths.
- Place contaminated material directly into a waste bag.
- Wash immediate area with hot water and detergent using disposable cloths or using a wet vacuum containing a detergent solution depending on surface.
- Apply disinfectant directly to the contaminated area and its surrounds (at least 3 metres in all directions) after cleaning.
- Dispose of aprons, foot covers, gloves, eye protection, mask and cloths into the waste bag.
- Clean and disinfect non-disposable equipment after use.
- Wash hands thoroughly afterwards.
- After disinfection, surfaces should be rinsed and left to air dry.
- If COVID19 suspected, waste to be double bagged and left in secure area for 72 hours prior to normal disposal.
- All PPE to conform to current regulations (EU 2016/425)

5.3.1 Soft Furnishings

Initial cleaning should be followed by steam cleaning if the items are heat tolerant. If this is not possible, washing with a detergent solution should be considered or disposal of the item.

5.3.2 Carpets

The area to be cleaned should extend at least 3m around the contaminated area. Carpets should be steam cleaned using a steam cleaner which reaches a minimum of 70C, unless the floor covering is heat sensitive and fabric is bonded to the backing material with glue. If this is the case, clean with detergent and water solution, and thoroughly air the area until dry before allowing people back in.

5.3.3 Air-borne Contamination

Fogging with disinfectant has been applied in the control of some airborne infectious disease. However, specific evidence for efficacy in the control of norovirus infection is required before this method can be advocated.

5.3.4 Shared Toilet Facilities

- Clean and disinfect contaminated areas/objects.
- During an outbreak, check and clean shared toilet facilities at least hourly and after any incident of soiling or contamination.
- All hard surfaces must be cleaned and disinfected ensuring that separate disposable cloths are used for ‘dirty’ areas such as toilet bowls.

6 References

- The Control of Substances Hazardous to Health Regulations 2002 (COSHH)
- Guidance on Infection Control in Schools and other Childcare settings (Public Health England)

7 Review and Evaluation

In order to ensure that this policy continues to be effective and applicable, the program will be reviewed biennially by the Health & Safety Team and relevant stakeholders. This policy will be reviewed annually at St Bede's Catholic Infant School. Conditions which might warrant a review of the policy on a more frequent basis would include:

- Changes to legislation;
- Employee concern.

Following completion of any review, the program will be revised and/or updated in order to correct any deficiencies. Any changes to the program will be consulted through the relevant stakeholders. If any revisions or updates are received from HBC Health & Safety Team these will be added to policy.