



HERTFORDSHIRE COUNTY COUNCIL SCHOOL HEALTH & SAFETY GUIDANCE

DATE:	Jun 2018	VERSION:	5
REVIEW DATE:	Jun 2020		
SUBJECT:	INFECTION CONTROL AND COMMUNICABLE DISEASES		

Introduction

1. This document is intended to provide some basic guidance to assist schools in dealing with communicable disease and the control of infection.

Full information is provided in Public Health England's Health protection in schools and other childcare facilities.

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

Infectious Diseases

2. If you have any concerns about a child's health while they are in school you should consider contacting the parents with a view to sending them home. (Many illnesses are infectious before a diagnosis can be made).
3. Public Health England (PHE) provides full details on recommended exclusion periods for the more common communicable diseases in [Guidance on Infection control in Schools](#). The [exclusion table](#) was previously been distributed to all schools in a poster format following these exclusion periods is essential to preventing the spread of infection further.
4. If you require any further information or where an outbreak is suspected within the establishment i.e. 2 or more related cases of the same infectious disease within the same period, contact the local [PHE Centre](#) who will be able to advise you and discuss what medical information should be given to parents/staff.
5. Certain diseases must be formally notified to the PHE's Consultant in Communicable Disease Control (CCDC). These [notifiable diseases](#) are detailed in the PHE guidance. The statutory responsibility for notifying the CCDC of such diseases lies with medical professionals.

Animals and Communicable Disease

6. Advice on pets and animal contact is provided in [Chapter 8](#) of health protection in schools and other childcare facilities
7. The OEAP ([7G farm visits](#)) also provides advice on planning 'farm visits' including preventing and controlling the risk of infections from animals children may contact during the visit.

8. Advice on handling animals in schools is provided in separate guidance <http://www.thegrid.org.uk/info/healthandsafety/manual.shtml#A>

Good Hand Hygiene

9. Effective hand washing should be actively encouraged and is one of the most important ways of controlling the spread of infections, especially those that cause diarrhoea and vomiting.
10. It is recommended that warm water and antibacterial liquid soap be used and that hands are dried using disposable paper towels.
Advise all staff and pupils to wash their hands after using the toilet, before eating or handling food and after touching animals.
Cuts and abrasions should be covered with a waterproof dressing
11. Resources linked to global handwashing day (October 15th) can be found here <http://www.globalhandwashingday.org.uk/resources.html>

Management of Diarrhoea and Vomiting

12. In the case of an outbreak of vomiting and diarrhoea immediately contact your local PHE centre and Environmental Health Department¹ (EHD) and follow any specific advice on controlling the outbreak.
13. Generally with outbreaks of diarrhoea and/or vomiting the priority is the prevention of the spread of the disease & protection of unaffected pupils and staff.
14. Practically this will involve:
- The exclusion of affected pupils & staff
They should not return to the site for 48 hours from last episode of diarrhoea or vomiting.
15. Enhanced cleaning of the environment and equipment. It is very important that a robust cleaning regime is carried out. This should occur as directed by EHD / PHE during the outbreak and will generally involve the use of a hypochlorite solution e.g. Bleach / Milton on hard surfaces.
E.g. A concentration of 0.1% hypochlorite solution (1000ppm) will effectively destroy Norovirus. This can be achieved by the use of a dilute solution of household bleach (check label for concentrations) or as a safer alternative 'Milton' fluid (standard strength is 2%, dilute 1 part Milton in 19 parts water).

For areas of gross contamination a 1% hypochlorite solution (10,000ppm) should be used.

¹ Early signs of a viral gastrointestinal outbreak and food poisoning can be very similar and environmental Health officers may wish to check for any possible food links.

Cleaning and Washing

16. General cleaning should be frequent and thorough, colour coded equipment is recommended. Where non-disposable brushes and cloths are used, they should be thoroughly disinfected.
17. All spillages of blood, faeces and vomit should be cleared up as quickly as possible, wearing suitable (CE marked) PPE. Use products which combine detergent and disinfectant, and ensure it is effective against both bacteria and viruses.
18. Mops should **never** be used for blood and bodily fluid spillages, use disposable paper towels. Body fluid spillage kits and/or compounds should also be available.
19. Soiled (blood / bodily fluids) laundry should be washed separately in a washing machine using the pre-wash cycle on the hottest wash the fabric will tolerate. Protective gloves / clothing should be worn when handling soiled laundry. Soiled children's clothing should be bagged to go home, never rinsed by hand.

Waste Disposal

20. Protective gloves, and where appropriate protective clothing, should be worn when disposing of contaminated waste.
21. Where there are significant quantities of potentially offensive / hygiene waste e.g. incontinence pads, nappies, plastic gloves, aprons etc. this waste should be segregated from the normal waste stream and appropriate packaging used to alert those in the waste management chain of the contents.
22. Small quantities of such waste (up to one bag in any collection interval) can be safely disposed of via the usual 'black bag' refuse collection arrangements. Waste should be double bagged in plastic and sealed by knotting.
23. All clinical waste should be disposed of regularly, via a registered waste contractor, waste bags to be less than 2/3 full and stored in a dedicated, secure area while awaiting collection.
24. All sharps must be correctly and safely disposed of in a UN approved sharps container and collected by a dedicated collection service. Syringe / needle pick up kits and sharps bins are available through Herts Full stop.
25. No attempt should be made to re-sheath, bend or break needles. Used needles and syringes should be disposed of as one unit.

Personal Protective Equipment (PPE)

26. Disposable vinyl or powder free, low protein latex CE marked gloves and disposable plastic aprons should be worn for any activity where there is a risk of contamination with blood or bodily fluids. Wear goggles if there is a risk of splashing to the face. Hands should be washed immediately after removal of gloves.

27. PPE should be readily available in all areas and disposable items are single use only, to be discarded after the task is completed – they are not to be re-used.

Blood borne Viruses

28. Headteachers/managers should ensure that risk assessments are undertaken to ascertain where activities/events might place staff at significant risk of contamination.
29. Within a school environment then this is likely to be first aiders, staff in special schools and those providing direct care to high risk groups (severe learning difficulties / challenging behaviour).
30. If the skin is broken as a result of a sharp or bite, encourage the wound to bleed / wash thoroughly using soap and water. Seek immediate advice from the local A&E department.
31. Whilst blood borne viruses can be transmitted from human bites it is rare that transmission occurs via this route.
However where a child's behaviour is likely to give rise to potential exposure on a regular basis then it would be recommended to offer immunisation to staff for Hepatitis B. However it should be remembered that safe working practices are the first line of defence against blood borne viruses.
32. Individual staff who are identified as being at a significant risk of exposure to hepatitis B should be offered immunisation but this cannot be mandated, where individuals decide not to accept vaccination this should be documented by the school.
33. Hepatitis B vaccines may be available from the member of staff's GP and this should be explored in the first instance. However there is no obligation for a practice to provide occupational health services for their patients.
The cost for the course of vaccinations would have to be paid for by the school.
34. Headteachers/Managers are responsible for ensuring that appropriate personal, protective equipment (PPE), e.g. disposable gloves and aprons, are available for staff to use at all time.

First Aid Involving External Bleeding

35. In any situation requiring first-aid '**Universal Precautions**' must always be followed during treatment of bleeding wounds to reduce the risk of transmitting blood borne infections such as hepatitis and HIV.
36. This approach assumes that all blood products and bodily fluids are potentially infectious thus the following procedures should always be applied.
- Always cover any open wounds on your own hands with a waterproof adhesive dressing;
 - Disposable gloves (powder free latex or vinyl) to be worn when dealing with bleeding / cleaning up bodily fluids. (see PPE)

37. Normal first-aid procedures should be followed, which may include firm pressure being maintained over the wound for 5 to 10 minutes with a sufficient pad of clean, absorbent material. When bleeding has stopped, blood should be washed off surrounding skin and hair with copious amounts of soapy water without disturbing the wound.
38. Dressings, disposable gloves, etc should be disposed of safely ([refer to Waste disposal](#)).

Direct contact with blood / bodily fluids

39. If direct contact with another person's blood or other body fluids occurs the area should be washed as soon as possible with soap and water.
40. If contact is made with the lips, mouth, tongue, eyes or broken skin, these should be washed out thoroughly with clean cold tap water. Where running water is unavailable saline should be provided to wash out the eyes.
41. Hands should be washed using liquid soap, water and dried using paper towels.
42. If a cut or puncture wound is sustained breaking the skin (e.g. by hypodermic needle, bite etc.) then
 - the wound should be squeezed to encourage bleeding;
 - wash the wound with soap and water and cover with a waterproof dressing;
 - report using the HCC incident form;
 - seek immediate medical advice via the local A&E department;

Further Information

For further information and guidance you can contact:

- Your school nurse
- PHE East of England Team
Tel: 0300 303 8537

See find your local PHE team <https://www.gov.uk/health-protection-team>

- Education Health and Safety Team
Tel: 01992 556478
- Environmental Health Officer for your district