



TIMU ACADEMY TRUST

Policy Document for: Control of Infections

Approved: December 2020

Due for Review: December 2021

Statement of Intent

The Timu Academy Trust is committed to safeguarding the health, safety and welfare of staff, pupils and visitors so far as is reasonably practicable. Communicable disease can constitute a health and safety hazard to anyone entering the Timu Academy Trust and this policy aims to ensure that such risks are reduced wherever possible.

It is important that staff are aware of this policy and of statutory reporting procedures and of the outside agencies involved in dealing with outbreaks of disease. Staff should also be particularly aware of the practical procedures to control the spread of communicable diseases. Staff should also be aware of the Timu Academy Trust's **First Aid** and **Administration of Medicines** Policies which may also be relevant.

Following guidance on [Health protection in schools and other childcare facilities - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/531212/Health_protection_in_schools_and_other_childcare_facilities_-_GOV.UK_(www.gov.uk).pdf)

Responsibilities

Head of School Responsibilities

The Head of School shall ensure the following:-

- that staff are informed of any risk to their health from a communicable disease that might arise as a result of their work or working environment and advise them on the means of avoiding either becoming infected or infecting others,
- that infection control issues are considered when doing workplace assessments,
- that staff are instructed, monitored and up-dated in correct infection control procedures,
- that records are maintained of staff' Hepatitis B vaccination history in areas where a risk of the disease has been identified.
- that sharps injuries are reported and that staff follow the correct procedures
- That appropriate quantities of Personal Protective Equipment (PPE) – suitable vinyl, protective gloves, aprons and resuscitation face masks are available at all times.
- Reporting to the Health Protection Team – any incident in which 2 or more people experience a similar illness linked in time or place

[Chapter 4: what to do if you suspect an outbreak of infection - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/531212/Health_protection_in_schools_and_other_childcare_facilities_-_GOV.UK_(www.gov.uk).pdf)

All Teaching staff

Individual staff are responsible for ensuring that they are familiar with and follow the infection control procedures for their own area. If any member of staff is unwell he/she should not return to school until clear of symptoms for 48 hours.

Covid-19 update: Any member of staff testing positive for Covid-19 will remain absent from school for a period of least 10 days from the date the symptoms started, or where asymptomatic from the date of the positive test.

First Aiders

First aiders should ensure they are familiar with this policy. Individuals may be exposed to infectious substances such as blood and other bodily fluids and should take the following precautions to reduce the risk of infection:

- Cover any cuts or grazes on their skin with a waterproof dressing
- Wear suitable disposable gloves when dealing with blood or any bodily fluids
- Use suitable eye protection and a disposable plastic apron where splashing is possible
- Use resuscitation face masks if you have to give mouth to mouth resuscitation
- Wash your hands after each procedure.

See also the first aid Risk Assessment.

Site Manager

The Site Manager is responsible for ensuring that good standards of cleaning are maintained at all times. In the event of an outbreak of infection the Site manager will arrange for relevant areas to be deep cleaned.

Kitchen Manager and all catering staff

The two main pieces of legislation which address issues of infection control on the area of food preparation are **The Food Safety Act 1990 and The Food Hygiene (England) Regulations 2006.**

- All those with the responsibility for food preparation should be aware of their duties under this legislation and have received training applicable to their level of responsibility in the food preparation area. The Timu Academy Trust requires that the minimum training for all kitchen staff must be the Basic Food Hygiene Certificate. If the new staff do not hold this certificate when they join the Timu Academy Trust, arrangements should be made within a month for them to attend a course. New catering staff must be made aware of food hygiene arrangements.
- Any member of the catering staff who reports that they are suffering from diarrhoea and/or vomiting should be excluded from food preparation or serving until they are symptom free for 48 hours.
- Food handlers with skin problems especially on the hands and forearms should be excluded from food preparation until the skin is healed.
- Food handlers suffering from colds and coughs should not be working while still at the acute stage of the illness.
- All food handlers who consult their doctors about any infectious disease should make sure their doctor is aware of the work they do
- Food handlers who smoke should be reminded to wash their hands after smoking and before resuming their food preparation tasks.

Pregnant staff/visitors

Pregnant staff will need to be given special advice of certain infectious diseases such as German Measles (Rubella), Covid-19 and Chicken Pox (Varicella-Zosta). As staff might not be aware that they are pregnant everyone should be informed if there are cases of German Measles or Chicken Pox in the Trust.

Staff should be advised to ask their doctor for a test to establish their immunity to German Measles if they are planning to become pregnant. Previous vaccination in childhood does not guarantee immunity.

Pupils and parents

Pupils are expected to comply with any request from staff to leave the area if someone is unwell. They should also report any concerns they may have to a member of staff.

Any pupil who is unwell should stay away from the Timu Academy Trust in accordance with the guidance provided by the Department for Health. Parents are asked to ensure that this happens.

Prevention & Control

Risk Assessment

A general risk assessment of the Timu Academy Trust premises should consider the hazards that might be posed by infectious disease. In some areas there will be little or no risk identified over and above that which is encountered in everyday life. In some areas, however, where there exists a pupil or employee with known or probable health problems, further analysis will have to be made.

The care plans of individual students with special needs should indicate if they are suffering from an infectious disease that requires special precautions to be taken, especially if they require personal care. This would also apply to pupils who are unpredictable and violent. However, the confidentiality of the pupil's medical condition should be protected whenever possible.

Basic Hygiene Measures

In all areas of the Timu Academy Trust it is important to observe good basic hygiene procedures. Universal Infection Control Precautions is an approach to infection control that assumes anybody might be infectious, even if they do not fall into an obvious risk group. Therefore, when dealing with any fluids, it is necessary to employ infection control measures.

PPE

Wear disposable gloves and plastic aprons if there is a risk of splashing or contamination with blood or body fluids during an activity. Gloves should be disposable, non-powdered vinyl or latex-free and CE marked. Wear goggles or a face guard if there is a risk of splashing to the face.

Hand-washing

Effective hand washing is an important method of controlling the spread of infections, especially those causing diarrhoea and vomiting type illness. Therefore, always wash hands after using the toilet and before eating or handling food using the following technique:

- Use warm running water and a mild, preferably liquid, soap. If tablets of soap are used it is important that they are kept on a clean soap dish when not being used.
- Rub hands vigorously together until soapy lather develops and continue for at least 15 seconds ensuring that all surfaces of the hand are covered.
- Rinse hands under running water and dry hands with either a hand dryer or paper towels. Do not use cloth towels as they can harbour micro-organisms which can then be transferred from one person to person.
- Discard paper towels into a bin (pedal bins are preferable).
- It is important to ensure that hand basins are kept clean.

See the Covid-19 main risk assessment for additional information on hand washing during the pandemic.

Managing cuts, bits and nose bleeds

Staff should be aware of the school health and safety policy and manage situations such as cuts, bites and bleeds according to that policy. This includes the identification and training of nominated first aiders for the school.

If a bite does not break the skin:

- Clean with soap and water.
- No further action is needed.

If a bite breaks the skin:

- Clean immediately with soap and running water.
- Record incident in accident book.
- Seek medical advice as soon as possible (on the same day):
 - to treat potential infection
 - to protect against hepatitis B
 - for reassurance about HIV

Disposal of Sharps

Sharps may be found discarded on Timu Academy Trust premises. Sharps include needles or syringes, scalpel blades, and razor blades etc. Used sharps will inevitably have traces of blood on them. Therefore, it is important that they are not allowed to cut or penetrate the skin of another person after they have been used.

Sharps' boxes are available and should be used to dispose of used needles, razor blades etc. A sharps' box is available areas where there is a chance of discarded needles being discovered.

Cleaning-up body fluid spills

- Disposable gloves must be available and should be worn. These should be vinyl gloves not latex which is known to cause allergic reactions in some people. Plastic aprons should also be available and used where necessary.
- Any cuts on the hands or arms should be covered with waterproof plasters.
- Clean the pupil (or staff member) and remove them from the immediate area.
- Isolate the area with signs, chairs, cones etc.
- The spillage should be covered with paper towels and soaked with 1 in 10 diluted bleach or one of the proprietary clean-up packs, which can be purchased for these circumstances, can be used. The proprietary brands are generally safer to handle and more appropriate on carpets and upholstery.
- Leave for 10 minutes or follow the instructions enclosed with proprietary brand.
- Clean up spillage.
- This can be disposed of by flushing down the toilet.
- The area should then be cleaned thoroughly with detergent and hot water using disposable cloths, and then wiped over using standard hypochlorite solution (bleach, Milton) following the manufacturer's instructions.
- Then remove and dispose of PPE (gloves, apron) and wash hands thoroughly (as described in 2.3 above)

Covid-19 risk assessment for returning to school 2020 should also be consulted for Covid specific mitigations

Accidental Contamination with Body Fluids

- Blood borne viruses do not invade the body through intact skin; they can however penetrate through open wounds, mucous membrane (mouth), conjunctivae (eyes) and puncture wounds (so-called "sharp issues" injuries).
- In the event of an accident with body fluids that results in possible contamination the following procedures should be followed:

IMMEDIATE ACTION by the person involved, first aider and manager:

- 1) make the wound bleed for a few seconds, but do not suck the wound.
- 2) wash the wound with soap and warm running water, do not scrub
- 3) cover the wound
- 4) conjunctivae (eyes), mucous membrane (mouth) should be washed well under running water.
- 5) Report the incident to the Head of School and ask them to complete, with your help, an accident form as soon as possible. The accident form should note: whether the injury is deep, if there was visible blood on the device causing the injury, or if there is known HIV related illness.

AS SOON AS POSSIBLE (WITHIN THE HOUR)

- 1) Report the matter to your GP or the local A&E department.
- 2) Take the accident form with you to the GP.
- 3) If you have had Hepatitis B vaccination in the past you should remind your GP of the fact.
- 4) However, if you have not had a vaccine within the last six months the doctor will probably decide to give a booster.
- 5) Blood should be taken and tested for Hepatitis B.
- 6) The Consultant for Communicable Disease Control (CCDC) should be informed of the incident by the Head of School. If the person whose bodily fluids are involved is known, their details should be given to the CCDC.
- 7) The Head of School should also report the occurrence to the HSE under RIDDOR (Form 2508A) and ensure that the above actions are carried out by the person involved in the accident.

The Consultant in Communicable Disease Control (CCDC)

The CCDC is responsible for dealing with outbreaks of communicable disease. The CCDC should be contacted (by phone initially) by the Timu Academy Trust when there is an outbreak of a serious infectious disease in their establishment. The level of reporting is when two or more individuals are reported with the same infectious disease. The CCDC will advise on all management aspects of the situation. This will include information to parents, students and staff, vaccination arrangements (if indicated), possible collection of samples for microbiological analysis and statements to the press. See the Covid-19 risk assessment for information about reporting of Covid-19 positive cases in the Trust.

For the list of reportable diseases see Appendix 1

When should children stay home from school?

Infection	Exclusion period	Comments
Athlete's foot	None	Athlete's foot is not a serious condition. Treatment is recommended.
Chicken pox	Five days from onset of rash and all the lesions have crusted over	
Cold sores (herpes simplex)	None	Avoid kissing and contact with the sores. Cold sores are generally mild and heal without treatment
Conjunctivitis	None	If an outbreak/cluster occurs, consult your local HPT
Diarrhoea and vomiting	Whilst symptomatic and 48 hours after the last symptoms.	See section in chapter 9
Diphtheria *	Exclusion is essential. Always consult with your local HPT	Preventable by vaccination. Family contacts must be excluded until cleared to return by your local HPT
Flu (influenza)	Until recovered	Report outbreaks to your local HPT.
Glandular fever	None	
Hand foot and mouth	None	Contact your local HPT if a large numbers of children are affected. Exclusion may be considered in some circumstances
Head lice	None	Treatment recommended only when live lice seen
Hepatitis A*	Exclude until seven 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 local HPT for more advice
Impetigo	Until lesions are crusted /healed or 48 hours after starting antibiotic treatment	Antibiotic treatment speeds healing and reduces the infectious period.
Measles*	Four days from onset of rash and recovered	Preventable by vaccination (2 doses of MMR). Promote MMR for all pupils and staff. Pregnant staff contacts should seek prompt advice from their GP or
Meningococcal meningitis*/ septicaemia*	Until recovered	Meningitis ACWY and B are preventable by vaccination (see national schedule @ www.nhs.uk). Your local HPT will advise on any action needed
Meningitis* due to other bacteria	Until recovered	Hib and pneumococcal meningitis are preventable by vaccination (see national schedule @ www.nhs.uk) Your local 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. Contact your local HPT for more information.
Mumps*	Five days after onset of swelling	Preventable by vaccination with 2 doses of MMR (see national schedule @ www.nhs.uk). Promote MMR for all pupils and staff.

Infection	Exclusion period	Comments
Ringworm	Not usually required.	Treatment is needed.
Rubella (German measles)	Five days from onset of rash	Preventable by vaccination with 2 doses of MMR (see national schedule @ www.nhs.uk). Promote MMR for all pupils and staff. Pregnant staff contacts should seek prompt advice from their GP or midwife
Scarlet fever	Exclude until 24hrs of appropriate antibiotic treatment completed	A person is infectious for 2-3 weeks if antibiotics are not administered. In the event of two or more suspected cases, please contact local health
Scabies	Can return after first treatment	Household and close contacts require treatment at the same time.
Slapped cheek /Fifth disease/Parvo virus B19	None (once rash has developed)	Pregnant contacts of case should consult with their GP or midwife.
Threadworms	None	Treatment recommended for child & household
Tonsillitis	None	There are many causes, but most cases are due to viruses and do not need an antibiotic treatment
Tuberculosis (TB)	Always consult your local HPT BEFORE disseminating information to staff/parents/carers	Only pulmonary (lung) TB is infectious to others. Needs close, prolonged contact to spread
Warts and verrucae	None	Verrucae should be covered in swimming pools, gyms and changing rooms
Whooping cough (pertussis)*	Two 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. It is a statutory requirement that doctors report a notifiable disease to the proper officer of the local authority (usually a consultant in communicable disease control).**

Health Protection Agency (2010) Guidance on Infection Control in Schools and other Child Care Settings. HPA: London.

Taken from: [Health Protection for schools: exclusion Table \(publishing.service.gov.uk\)](http://publishing.service.gov.uk)

Training

Training should be delivered to staff where there is an identified risk. Appropriate training will need to be identified for the different categories of infection risk that staff encounters in their particular jobs. Staff working entirely in the office are unlikely to require training. Cleaners, facilities staff and staff supporting pupils with special needs will require specific instruction in this area.

Food handlers must attain the appropriate Food Hygiene Certificates as soon as possible after they are employed if they do not already hold these qualifications.

See also [Chapter 9: managing specific infectious diseases - GOV.UK \(www.gov.uk\)](http://www.gov.uk)

First Aid

First Aid is an area that might expose individuals to infectious substances such as blood and other bodily fluids. Within the training for an Occupational First Aider there is an element of infection control based on Universal Infection Control Precautions.

Staff responsible for purchasing first aid materials should supply first aiders with suitable vinyl protective gloves, aprons and resuscitation face masks in addition to the basic requirements of the first aid box (see Universal Infection Control Procedures for further details). See First Aid risk assessment for more information, as well as Covid-19 risk assessment for specific PPE use in PPE situations.

Contact with Animals

Farm visits pose a potential risk of infection to students and adults. Generally, farms that are open for visits are plentifully supplied with wash hand basins. Pupils should be instructed to wash their hands thoroughly after touching animals, especially before eating.

Pond Dipping and Canoeing are activities that might bring students into contact with leptospirosis (Weil's Disease). This is a disease caused by contact with the urine of infected rats. The organism can penetrate skin, especially broken skin. Therefore cover any abrasion with waterproof plasters and wash thoroughly after contact with pond or river water. Symptoms develop about ten days after contact and can include severe headache, severe muscle aches and tenderness, redness of the eyes, loss of appetite, vomiting and sometimes a skin rash. Anyone who has been in contact with pond or river water and subsequently develops any of these symptoms in the time period should mention the contact to their doctor. Early treatment with antibiotics is usually effective. Symptoms can seem similar to influenza illness.

A risk assessment is completed ahead of such any planned trips. The template for these is held on SharePoint.

See also [Chapter 8: pets and animal contact - GOV.UK \(www.gov.uk\)](http://www.gov.uk)

CONCLUSION

Basic good hygiene practice is the key to infection control in our Schools and in areas of food preparation.

The inclusion of infection control issues in risk assessment, as well as training staff on induction and at suitable intervals thereafter will reduce the likelihood of infections being spread unnecessarily.

Appendix 1: List of Notifiable Diseases

- 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)
- whooping cough
- yellow fever

List from [Appendices - GOV.UK \(www.gov.uk\)](http://www.gov.uk)

The patient's physician would report the above diseases to the Consultant in Communicable Disease Control (CCDC)

The CCDC will advise the school of any action necessary.

If you require advice on any communicable disease, please contact the Consultant in Communicable Disease Control.

Appendix 2 Diarrhoea and vomiting outbreak checklist

Date Completed:			
Checklist Completed By (Print Name):			
Name & Tel No of Institution:			
Name of Head Teacher/Manager:			
	Yes	No	Comments:
Deploy 48 hour exclusion rule for ill children and staff			
Liquid soap and paper hand towels available			
Staff to check/encourage/supervise hand washing in children			
Check that deep cleaning, ie twice daily (min) cleaning and follow through with bleach/Milton/ appropriate disinfectant is being carried out, (especially toilets, frequently touched surfaces eg handles and taps and including any special equipment and play areas). Ensure that all staff/contractors involved in cleaning are aware of, and are following, the guidance			
Disposable protective clothing available (ie non-powdered latex/synthetic vinyl gloves & aprons)			
Appropriate waste disposal systems in place for infectious waste			
Advice given on cleaning of vomit (including steam cleaning carpets/furniture or machine hot washing of soft furnishings)			
Clean and disinfect hard toys daily (with detergent and water followed by bleach/Milton). Limit and stock rotate toys			
Suspend use of soft toys plus water/sand play and cookery activities during outbreak			
Segregate infected linen (and use dissolvable laundry bags where possible)			
Visitors restricted. Essential visitors informed of outbreak and advised on hand washing			
New children joining institution suspended			
Keep staff working in dedicated areas (restrict food handling if possible). Inform HPT of any affected food handlers.			
Check if staff work elsewhere (restrict) and that all staff are well (including agency). Exclude if unwell (see above re 48 hour rule)			
HPT informed of any planned events at the institution			
Inform School Nurse and discuss about informing OFSTED, if applicable.			

Taken from [Appendix 3.pdf \(publishing.service.gov.uk\)](#)