



Regency High School Infection Control Policy

**Written by: Sara Harding, Headteacher
Agreed by: Governors**

**Date: January 2017
Review Date: January 2020**

Signed by:(Chair of Governors)

Date:

Table of Contents

1. Introduction	3
2. Rashes and Skin Infections	3
3. Diarrhoea and Vomiting Illness	4
4. Respiratory Infections	5
6. Good Hygiene Practice	6
7. Vulnerable Children	9
8. Female Staff – Pregnancy	9

Regency High School Infection Control Policy

1. Introduction

Regency High School ensures that staff and pupils are protected from infectious diseases by adopting the guidance produced by Public Health England in May 2016. It is particularly important that the guidance is adhered to as many pupils receive support with personal care and we have a number of pupils vulnerable to illness on roll.

All staff do all they can to prevent the spread of infections by ensuring:

- high standards of personal hygiene and practice, particularly hand washing and encouraging pupils to do the same
- maintaining a clean environment

2. Rashes and Skin Infections

Children with rashes should be considered infectious and assessed by their doctor.

Infection or Complaint	Recommended Period to be Kept Away From School	Comments
Athlete's foot	None	Athlete's foot is not a serious condition. Treatment is recommended
Chickenpox	Until all vesicles have crusted over	<i>See: Vulnerable Children and Female Staff – Pregnancy</i>
Cold sores, (Herpes simplex)	None	Avoid contact with the sores. Cold sores are generally mild and self-limiting
German measles (rubella)*	Four days from onset of rash (as per "Green Book")	<i>See: Female Staff – Pregnancy</i>
Hand, foot and mouth	None	Contact your local HPT if a large number of children are affected. Exclusion may be considered in some circumstances
Impetigo	Until lesions are crusted and healed, or 48 hours after starting antibiotic treatment	Antibiotic treatment speeds healing and reduces the infectious period
Measles*	Four days from onset of rash	. <i>See: Vulnerable Children and Female Staff –</i>

		Pregnancy below
Molluscum contagiosum	None	A self-limiting condition
Ringworm	Exclusion not usually required	Treatment is required
Roseola (infantum)	None	None
Scabies	Child can return after first treatment	Household and close contacts require treatment
Scarlet fever*	Child can return 24 hours after starting appropriate antibiotic treatment	Antibiotic treatment is recommended for the affected child
Slapped cheek/fifth disease. Parvovirus B19	None (once rash has developed)	See: Vulnerable Children and Female Staff – Pregnancy
Shingles	Exclude only if rash is weeping and cannot be covered	Can cause chickenpox in those who are not immune, ie have not had chickenpox. It is spread by very close contact and touch. If further information is required, contact your local PHE centre. See: Vulnerable Children and Female Staff – Pregnancy
Warts and verrucae	None	Verrucae should be covered in swimming pools, gymnasiums and changing rooms

3. Diarrhoea and Vomiting Illness

Infection or Complaint	Recommended Period to be Kept Away From School	Comments
Diarrhoea and/or vomiting	48 hours from last episode of diarrhoea or vomiting	
E. coli O157 VTEC Typhoid* [and paratyphoid*] (enteric fever) Shigella (dysentery)	Should be excluded for 48 hours from the last episode of diarrhoea.	Further exclusion may be required for some children until they are no longer excreting. Further exclusion is required for children aged five years or younger and those who have difficulty in adhering to hygiene practices. Children in these categories should be

		excluded until there is evidence of microbiological clearance. This guidance may also apply to some contacts who may also require microbiological clearance.
Cryptosporidiosis	Exclude for 48 hours from the last episode of diarrhoea	Exclusion from swimming is advisable for two weeks after the diarrhoea has settled

4. Respiratory Infections

Infection or Complaint	Recommended Period to be Kept Away From School	Comments
Flu (influenza)	Until recovered	See: Vulnerable Children
Tuberculosis*	Always consult your local PHE centre	Requires prolonged close contact for spread
Whooping cough* (pertussis) Preventable by vaccination.	Five days from starting antibiotic treatment, or 21 days from onset of illness if no antibiotic treatment	After treatment, non-infectious coughing may continue for many weeks.

5. Other Infections

Infection or Complaint	Recommended Period to be Kept Away From School	Comments
Conjunctivitis	None	If an outbreak/cluster occurs, consult your local PHE centre
Diphtheria *	Exclusion is essential. Always consult with your local HPT Family contacts must be excluded until cleared to return by your local PHE centre. Preventable by vaccination.	
Glandular fever	None	
Head lice	None	Treatment is recommended only in cases where live lice have been seen
Hepatitis A*	Exclude until seven days after onset of jaundice (or	In an outbreak of hepatitis A, your local PHE centre

	seven days after symptom onset if no jaundice)	will advise on control measures
Hepatitis B*, C*, HIV/AIDS	None	Hepatitis B and C and HIV are bloodborne viruses that are not infectious through casual contact. For cleaning of body fluid spills see: Good Hygiene Practice
Meningococcal meningitis*/ septicaemia*	Until recovered Meningitis C is preventable by vaccination	There is no reason to exclude siblings or other close contacts of a case. In case of an outbreak, it may be necessary to provide antibiotics with or without meningococcal vaccination to close school contacts.
Meningitis* due to other bacteria	Until recovered	There is no reason to exclude siblings or other close contacts of a case.
Meningitis viral*	None	Milder illness. There is no reason to exclude siblings and other close contacts of a case.
MRSA	None	Good hygiene, in particular hand washing and environmental cleaning, are important to minimise any danger of spread.
Mumps*	Exclude child for five days after onset of swelling	
Threadworms	None	Treatment is recommended for the child and household contacts
Tonsillitis	None	There are many causes, but most cases are due to viruses and do not need an antibiotic

* 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).

6. Good Hygiene Practice

6.1 Hand Washing

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. The recommended method is the use of liquid soap, warm water and paper towels. Always wash hands after using the toilet, before eating or handling food, and after handling animals. Cover all cuts and abrasions with waterproof dressings.

6.2 Coughing and Sneezing

Coughing and sneezing easily spread infections. Children and adults should be encouraged to cover their mouth and nose with a tissue. Wash hands after using or disposing of tissues. Spitting should be discouraged.

6.3 Personal Protective Equipment (PPE)

Disposable non-powdered vinyl or latex-free CE-marked gloves and disposable plastic aprons must be worn where there is a risk of splashing or contamination with blood/body fluids (for example, nappy or pad changing). Goggles should also be available for use if there is a risk of splashing to the face. Correct PPE should be used when handling cleaning chemicals.

6.4 Cleaning of the Environment

Cleaning of the environment, including toys and equipment, should be frequent, thorough and follow national guidance. For example, use colour-coded equipment, COSHH and correct decontamination of cleaning equipment. Monitor cleaning contracts and ensure cleaners are appropriately trained with access to PPE.

6.5 Cleaning of Blood and Body Fluid Spillages

All spillages of blood, faeces, saliva, vomit, nasal and eye discharges should be cleaned up immediately (always wear PPE). When spillages occur, clean using a product that combines both a detergent and a disinfectant. Use as per manufacturer's instructions and ensure it is effective against bacteria and viruses and suitable for use on the affected surface. Never use mops for cleaning up blood and body fluid spillages – use disposable paper towels and discard clinical waste as described below. A spillage kit should be available for blood spills.

6.6 Laundry

Laundry should be dealt with in a separate dedicated facility. Soiled linen should be washed separately at the hottest wash the fabric will tolerate. Wear PPE when handling soiled linen. Children's soiled clothing should be bagged to go home, never rinsed by hand.

6.7 Clinical Waste

Always segregate domestic and clinical waste, in accordance with local policy. Used nappies/pads, gloves, aprons and soiled dressings should be stored in correct clinical waste bags in foot-operated bins. All clinical waste must be removed by a registered waste contractor. All clinical waste bags should be less than two-thirds full and stored in a dedicated, secure area while awaiting collection.

6.8 Sharps Disposal

Sharps should be discarded straight into a sharps bin conforming to BS 7320 and UN 3291 standards. Sharps bins must be kept off the floor (preferably wall-mounted) and out of reach of children.

6.9 Sharps Injuries and Bites

If skin is broken, encourage the wound to bleed/ wash thoroughly using soap and water. Contact GP or occupational health or go to A&E immediately. Ensure local policy is in place for staff to follow. Contact your local HPT for advice, if unsure.

6.10 Animals

Animals may carry infections, so hands must be washed after handling any animals. Health and Safety Executive (HSE) guidelines for protecting the health and safety of children should be followed.

6.11 Animals in School (permanent or visiting)

Ensure animals' living quarters are kept clean and away from food areas. Waste should be disposed of regularly, and litter boxes not accessible to children. Children should not play with animals unsupervised. Veterinary advice should be sought on animal welfare and animal health issues and the suitability of the animal as a pet. Reptiles are not suitable as pets in schools and nurseries, as all species carry salmonella.

6.12 Visits to Farms

Regency High School adopts the guidance set out in the Farm Industry Code of Practice regarding visits to farms:

<http://www.face-online.org.uk/resources/preventing-or-controlling-ill-health-from-animal-contact-at-visitor-attractions-industry-code-of-practice> which aims to reduce the possibilities of pupils and staff becoming ill as a result of a farm visit. This is summarised as follows:

Whilst the infections that may be found on farms pose a threat to health, the risk of infection in children can be readily controlled by simple everyday measures.

Before your visit, you should:

Read and understand the advice in the industry Code of Practice, and discuss arrangements for the visit with the management at the site.

Confirm that the control measures provided at the site match the recommendations in the industry Code of Practice.

All staff accompanying the visit must make sure that the children wash, or are helped to wash, their hands thoroughly after contacting animals and before eating or drinking.

Neither staff nor pupils on the visit must not eat, drink or chew anything (including sweets) outside the areas in which you are permitted to do so.

The visit leader should check that cuts, grazes etc on children's hands are covered with a waterproof dressing.

During and after the visit, make sure that the children:

- Are reminded of the rules/precautions to take upon arrival at the site.
- Do not kiss animals.
- Always wash their hands thoroughly before and after eating, after any contact with animals and again before leaving the site.

- Eat only food that they have brought with them or food for human consumption that they have bought on the premises, in designated areas.
- Never eat food that has fallen to the ground.
- Never taste animal foods.
- Do not suck fingers or put hands, pens, pencils or crayons etc. in mouths.
- Where practical and possible, clean or change their footwear before leaving.
- Wash their hands after changing their footwear.

Check that the children stay in their allocated groups during the visit, and that they:

- Do not use or pick up tools (e.g. spades and forks) or touch other work equipment unless permitted to do so by site staff.
- Listen carefully and follow the instructions and information given by the site staff.
- Do not wander off into unsupervised or prohibited areas e.g. manure heaps.
- Allow plenty of time for hand washing before eating or leaving the site so that the children do not have to rush.

If a member of your group shows signs of illness (e.g. sickness or diarrhoea) after a visit, advise them or their parent/guardian to visit the doctor and explain that they have had recent contact with animals. Please also contact the attraction you visited and inform them of the illness

7. Vulnerable Children

Some medical conditions make children vulnerable to infections that would rarely be serious in most children; these include those being treated for leukaemia or other cancers, on high doses of steroids and with conditions that seriously reduce immunity. These children are particularly vulnerable to chickenpox, measles or parvovirus B19 and, if exposed to either of these, the parent/carer should be informed promptly and further medical advice sought. It may be advisable for these children to have additional immunisations, for example pneumococcal and influenza.

8. Female Staff – Pregnancy

If a pregnant woman develops a rash or is in direct contact with someone with a potentially infectious rash, this should be investigated according to PHE guidelines by a doctor. The greatest risk to pregnant women from such infections comes from their own child/children, rather than the workplace. Some specific risks are:

- Chickenpox can affect the pregnancy if a woman has not already had the infection. Report exposure to midwife and GP at any stage of exposure. The GP and antenatal carer will arrange a blood test to check for immunity. Shingles is caused by the same virus as chickenpox, so anyone who has not had chickenpox is potentially vulnerable to the infection if they have close contact with a case of shingles
- German measles (rubella). If a pregnant woman comes into contact with German measles she should inform her GP and antenatal carer immediately to ensure investigation. The infection may affect the developing baby if the woman is not immune and is exposed in early pregnancy
- Slapped cheek disease (parvovirus B19) can occasionally affect an unborn child. If exposed early in pregnancy (before 20 weeks), inform whoever is giving antenatal care as this must be investigated promptly

- Measles during pregnancy can result in early delivery or even loss of the baby. If a pregnant woman is exposed she should immediately inform whoever is giving antenatal care to ensure investigation

This advice also applies to pregnant pupils

Further advice and guidance on issues relating to infection control can be sought from the School Nurses or from the local Public Health England centre at:

**West Midlands PHE Centre
6th Floor 5 St Philip's Place Birmingham B3 2PW
Tel: 0344 225 3560**