



Aldenham  
Foundation

# **Infection Prevention / Control Policy**

This policy applies to all pupils and staff of The Aldenham Foundation including EYFS.

**Revised February 2021  
by Jayne Carr RGN Foundation Nurse**

**Background.** Micro-organisms such as bacteria, viruses and fungi are everywhere and commonly do not cause infection (and can even be beneficial). However, some can cause infection resulting in symptoms such as fever and sickness.

Many diseases can spread before the individual shows any symptoms at all (during the infectious period). For example, a pupil with chickenpox is infectious to others 1 to 2 days before the rash appears.

Infection prevention and control measures aim to interrupt the cycle of infection by promoting the routine use of good standards of hygiene so that transmission of infection is reduced overall. This is usually through:

- Immunisation of pupils and staff
- Good hand washing
- Making sure the environment is kept clean.

Where a case of infection is known, measures aim to reduce or eliminate the risk of spread through information and prompt exclusion of a case.

## **Introduction**

Infectious diseases are common amongst children. These may be acquired at home or in the community and brought into school or acquired and spread within a school. Many of the more serious infections have been largely controlled by high rates of immunisation uptake. Some infections, however, cannot be prevented by immunisation and limiting their spread in the community is dependent on a combination of isolating the infectious source as well as improving personal hygiene practices, where appropriate.

Ensuring that infectious and ill children do not attend nursery or school is an important aspect of infection control. Whilst it is relatively easy to identify minimum non-attendance periods for selected infections, many short-lived infections are undiagnosed. As a general guideline, therefore, it is recommended that children stay at home for 48 hours if they are acutely ill – this will usually include any child with a fever, diarrhoea, vomiting, or rash.

Infectious disease can range from common illnesses to more serious diseases.

## **Spread of Infections and Diseases**

Infection can be spread in the following ways:

- Airborne transmission – through inhaling droplets of the infection
- Blood borne transmission – through direct contact with blood
- Direct contact transmission – body surface-to-body contact
- Insect borne transmission – for example mosquitoes
- Food borne transmission – through ingestion of contaminated food
- Water borne transmission – from contaminated water
- Sexual transmission - from any type of sexual contact

## **Notifiable Infections/ Diseases**

Some infections/diseases are required to be reported to the local Health Protection Team. e.g., Measles, Mumps, Rubella, food poisoning, severe acute respiratory syndrome (SARS), Coronavirus

(COVID-19) The school nurse will contact the pupil's parents in the first instance, along with their GP, school MO in the case of boarders and Local Health Protection Team if they become aware of any infectious diseases in the school.

### **Good Practice/Guidance to protect staff and pupils and prevent the spread of infections/diseases.**

#### **Hand Washing:**

- Hand washing is one of the most important ways of controlling the spread of infections, especially those that cause diarrhoea, 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 or changing a child's nappy, before eating or handling food, and after handling animals. Use of an alcohol-based hand gel if handwashing facilities are not available,
- Cover all cuts and abrasions with waterproof dressings.

#### **Coughing and Sneezing:**

- Children and adults should be encouraged to cough or sneeze into a tissue or their elbow if no tissues are available. Wash hands after using or disposing of tissues.
- Spitting should be discouraged.

#### **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 wound dressing, nappy changing).
- Eye protection 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.

#### **Cleaning of the environment**

- Cleaning of the environment, including toys and equipment, should be frequent, thorough and follow national guidance, for example, using colour-coded equipment, COSHH and correct decontamination of cleaning equipment.
- High traffic areas, grab rails, door handles, bathrooms/toilets are a potential area for the spread of infection, ensure cleaners are appropriately trained, along with access to PPE.

#### **Cleaning of blood and body fluid spillages. All must be regarded as potentially infective and dealt with in a safe and effective manner.**

- All spillages of blood, faeces, saliva, vomit, nasal and eye discharges should be cleaned up immediately (always wear PPE).
- The area should be made safe by the first member of staff attending and where appropriate the spillage covered with paper towels.
- When spillages occur, cleaning should involve 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.

## **Disposal of Waste**

- Most waste produced in schools is non-hazardous and can be disposed of in normal black bags for landfill.
- Always segregate domestic and clinical waste.
- Clinical waste is to be sealed in a yellow bag meeting British Standards which can be found in every first aid kit or from the Health Centre.
- Used nappies/pads, gloves, aprons and soiled dressings should be stored in correct waste bags in foot-operated bins or nappy 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.

## **Sharp's disposal**

- Sharps should be discarded straight into a sharps bin. Sharps bins must be kept off the floor (preferably wall-mounted) and out of reach of children.
- Sharps bins are collected and disposed of according to local guidelines.

## **Sharp's injuries and bites**

- If skin is broken, the wound should be encouraged to bleed and washed thoroughly using soap and water, the School Nurse should be contacted.

## **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.
- Strict hand washing and hygiene practices must always be observed.
- 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.

## **Vulnerable children**

Some pupils/staff members are more vulnerable to infections due to underlying health conditions. Any pupil/ member of staff with a chronic health problem such as cystic fibrosis, diabetes, being treated for leukaemia or other cancers, on high doses of steroids and with conditions that seriously reduce immunity, will be at increased risk of infection. (Parents are required to declare such conditions of the new entrant health form.)

These children are particularly vulnerable to chickenpox, measles and certain respiratory infections, if exposed to any 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.

## **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 their GP. The greatest risk to pregnant women from such infections comes from their own child/children, rather than the workplace. Some

specific risks are Chickenpox, German measles (Rubella), Slapped Cheek disease (parvovirus B19) and Measles.

## Contact

- Consult the School Nurse on 01923 851 617/ 672 or 07785303555 for medical queries.
- The Local Public Health England Health Protection Team

## **PHE East of England HPT**

Public Health England

Second Floor

Goodman House

Station Approach

Harlow

Essex

CM20 2ET

Email [EastofEnglandHPT@phe.gov.uk](mailto:EastofEnglandHPT@phe.gov.uk); [phe.EoEHPT@nhs.net](mailto:phe.EoEHPT@nhs.net)

Telephone 0300 303 8537

- Out of hours for health professionals only 01603 481 221

Please visit for further information:

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

[https://www.publichealth.hscni.net/sites/default/files/Guidance\\_on\\_infection\\_control\\_in%20schools\\_poster.pdf](https://www.publichealth.hscni.net/sites/default/files/Guidance_on_infection_control_in%20schools_poster.pdf)

List of notifiable diseases:

<https://www.gov.uk/guidance/notifiable-diseases-and-causative-organisms-how-to-report>