WEST HOVE INFANT SCHOOL

A family of friends

HOVE JUNIOR SCHOOL

HOVE LEARNING FEDEREATION INFECTIOUS (COMMUNICABLE) DISEASES POLICY

Amended: Spring 2022
Adopted by the Governing Body: Spring 2022
To be reviewed: Spring 2025

We are committed to safeguarding and ensuring the health, safety and well-being of all pupils in accordance with safeguarding procedures and guidance for staff outlined in the school's Health and Safety, Child Protection, Security and Safeguarding policies.

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Section 1 Summary of management responsibilities

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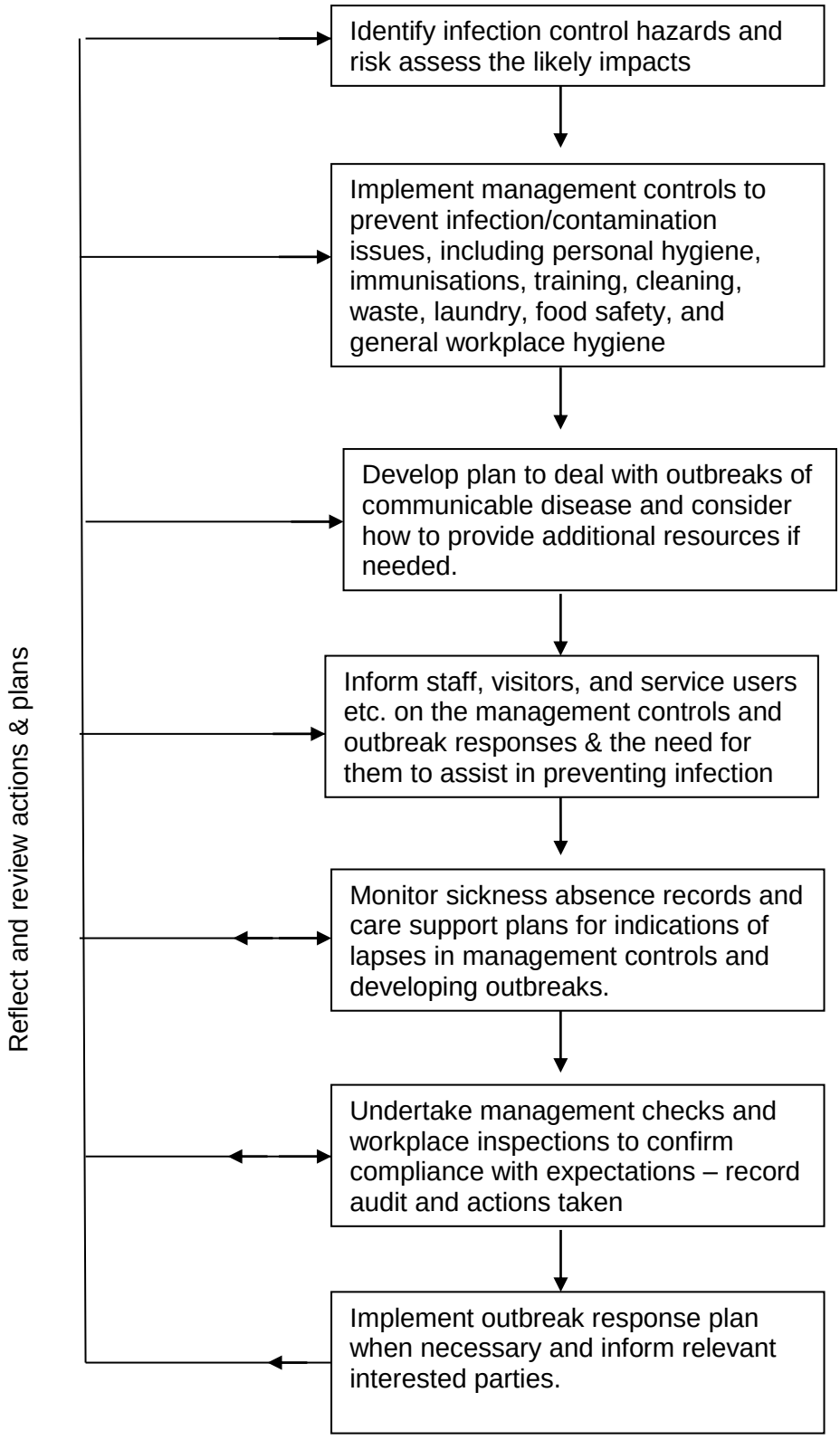
			All Managers	Care Settings	Special Schools	Animal handlers & Pest Controllers
To do	☐	S Have arrangements to deal with inoculation injuries				
	☐	T Be familiar with outbreak definitions				
	☐	U Develop outbreak plans				
	☐	V Manage disease outbreaks				

Section 2 Flowchart of activity



Section 3 Responsibilities

Everyone has a role to play in preventing infections and controlling any outbreaks. As such, staff have varying levels of responsibility in relation to infection control and examples of these are set out below:

General Definition - This standard uses the generic term '**Teams**' to mean groups of staff, named units, departments, services and schools, as relevant to the specific sections.

Senior managers – Ensure that teams have appropriate management controls in place and that checks and monitoring is taking place. Senior managers may also be aware of disease patterns across different units/areas and have a responsibility to recognise outbreak scenarios and to inform the relevant bodies where necessary.

All Managers and Schools – consider infection control hazards in workplace risk assessments and promote good personal, environmental and food hygiene measures. Monitor these measures during workplace inspections, along with indications of infections such as staff sickness levels or pupil absences.

Care Provider Managers & Special Schools – Nominate an infection control lead/champion. Undertake infection control risk assessments and develop/implement local controls to manage the hazards. Provide resources for infection control & outbreak management, and staff training. Have a contingency plan to tackle disease outbreaks and reflect this in the business continuity plans. Inform relevant enforcement bodies should an outbreak occur. Ensure effective audit, monitoring and quality assurance occurs.

Staff members – All staff have a responsibility to maintain personal hygiene and general workplace cleanliness. Staff are to comply with local procedures and to notify management of any infection control concerns.

Health & Safety (H&S) Team – The team have a responsibility to monitor incident reports and to liaise with interested parties. The team also have a responsibility to inspect local arrangements when undertaking H&S inspections/audits. H&S will also update this standard when required.

Care Standards Officer– The officer may check local arrangements as part of a periodic check to provide assurance that measures are likely to meet the Care Quality Commission (CQC) or Ofsted requirements.

Section 4 Actions required

4.1 Introduction and General Requirements:

4.1.1 Understand Infections and Routes of Transmission

Infections are normally caused by micro-organisms entering the body. These may be transmitted from one person to another or from the environment to a person, and may subsequently cause an infectious disease. The risk of infection can be from the working environment, animals and their waste products, from other people, contaminated food and water, or from contaminated surfaces or articles.

Some infections have the capacity to spread rapidly, particularly within schools, nurseries, day centres, residential care establishments and hostels. This is due to large numbers of people, many of whom may be susceptible to infection, sharing communal facilities and eating together. Staff who work in the community may also be at risk of spreading infections amongst vulnerable service users/pupils or contracting illnesses themselves.

The most common ways infections are spread are from person to person through direct contact and also when a person comes into contact with an infected object, bodily fluids or contaminated surfaces/objects. The main routes of entry are;

- Absorption through broken skin e.g. MRSA
- Injection, including bites and puncture injuries e.g. Hepatitis B
- Ingestion (swallowing) e.g. food ‘poisoning’
- Inhalation e.g. influenza

4.1.2 Include Infection Control Hazards in Workplace Risk Assessments

Where there is a likelihood of infections being contracted in the general workplace/office setting, those hazards should be incorporated into the workplace or activity risk assessments and appropriate preventative control measures should be put in place. The most effective form of management is to ensure that good infection prevention & control processes are in place. These are often simply measures that will help manage the sources of infection and their transmission to others.

Such measures (listed below) can be applied by all individuals in various Brighton & Hove City Council (BHCC) and school settings to control common infectious disease organisms. More complex procedures will be required in certain care units/special schools and some specific high risk areas; and these are outlined at Section 4.2.

4.1.3 Ensure Good Personal and Environmental Hygiene

Hand hygiene is the most important method of preventing infections by removing or destroying organisms on the hands. Always wash hands with soap and hot running water after using the toilet, before eating or handling food, after smoking, coughing and sneezing and after handling animals. Cover all cuts and abrasions with waterproof dressings and dispose of tissues etc appropriately.

Accumulations of dust, dirt and liquid residue will increase the risk of infection and should be kept to a minimum. Regular cleaning schedules are to be followed in all council premises for communal or team areas, and where relevant pest control contracts (surveillance and management) should be in place. All teams should maintain the hygiene of their workstations. Antibacterial wipes and hand gel should be available in all hot desk areas and deficiencies should be discussed with premises managers.

General provisions and hygiene facilities should be checked during quarterly workplace inspections using the council Workplace Inspection Checklist. Schools are to utilise the termly workplace inspection process.

4.1.4 Monitor Staff Illness and Exclude from Work Where Necessary

Staff should be mindful of the effects of passing on infectious diseases to other people, particularly staff and vulnerable service users. They should consider whether to attend work if they are affected and the potential impact of an outbreak at their unit. If staff have concerns about the potential effects of their illness on others, they should contact their manager as soon as possible to discuss and agree whether to attend work.

Some staff may need to be excluded from work until they have recovered from an illness, and are no longer considered to be ‘infectious’. For instance staff with vomiting and/or diarrhoea should be advised to remain off work until at least 48 hours have elapsed since their symptoms ceased.

Ideally, managers will be guided by GP or H&S Team advice, but reference can also be made to the Public Health England website A-Z guide for further information on specific illnesses. Managers should consider the likelihood of disease spread but also the effect of the disease symptoms on the affected person's work activities e.g. their ability to follow instructions or concentrate on tasks and safety arrangements.

4.1.5 Apply Good Food Hygiene Standards

Strict food hygiene measures to minimise the risk of food poisoning are to be applied where staff are involved with food preparation. All foods are potentially hazardous. Similar measures should be applied where staff or service users are storing their own foodstuffs and preparing them prior to eating.

Managers and staff should be aware and comply with the relevant legislation; the Food Safety Act (1990) and related regulations where catering for others takes place – see 4.2.5. However, all managers should consider the following aspects where any foodstuffs are prepared, cooked and/or reheated.

- The provision of safe drinking water
- Refrigerated storage availability, serviceability and cleanliness
- Appropriate arrangements for reheating/cooking foods as required
- Suitable waste disposal
- Hand washing and washing up facilities
- Hygiene and pest control of storage areas
- The cleanliness of work surfaces and equipment
- Whether training needs to be provided.

4.2 Service Specific Requirements

4.2.1 Risk Assess Significant Infection Control hazards

There are a variety of activities and infection risks involved with BHCC service provision. Each should be risk assessed as part of the H&S management system and appropriate controls applied. For instance animal handlers (zoonotic diseases), environmental services (rodents and fleas), health workers (Hep B), hostel workers (TB) or international teams (travel health).

4.2.2 Identify an Infection Control Lead

Teams in healthcare & home care settings and special schools should have an infection control lead/champion with appropriate knowledge and skills to take responsibility for infection prevention and control. The teams should have health information on service users and any potential disease hazards, and a method of monitoring infection control arrangements. The principles at section 4.1 will need to be enhanced where infection control is a major part of teams' work to help protect staff, visitors and service users. The measures shown below relate to care provider services though key aspects can be applied by other teams where relevant:

4.2.3 Assess Staff Fitness to Work and Immunisation Status

Before commencing work all staff should have had their fitness to work assessed by Occupational Health as part of the pre-employment health check and managers should have assurance that this has been completed.

Additional health assessments and immunisations may be required depending on the managers' workplace risk assessment. As such, managers will need to be mindful of the relevant immunisations for their service from assessments at 4.2.1-4.2.2 including Hepatitis B, Influenza, TB, or Tetanus. Two of the key preventable diseases are outlined below:

> **Hepatitis B -** Hepatitis B (Hep B) is a type of virus that can infect the liver and pre-exposure vaccination against it is strongly recommended for all staff that may come in contact with body fluids as part of their work and are at risk of being occupationally exposed. In the council this could include;

- **Staff of residential and other accommodation for those with learning difficulties:** A higher prevalence of Hep B carriage has been found among certain groups of patients with learning difficulties in residential accommodation than in the general population. Close contact and the possibility of behavioural problems, including biting and scratching, may lead to staff being at increased risk of infection.
- **Day-care settings and special schools:** For those with severe learning disability. Decisions on immunisation should be made on the basis of a local risk assessment. In settings where the client's behaviour is likely to lead to significant exposures on a regular basis (e.g. biting), it would be prudent to offer immunisation to staff even in the absence of documented Hep B transmission.
- **Other occupational risk groups:** in some occupational groups, such as morticians and embalmers, there is an established risk of Hep B, and immunisation is recommended[1].

Staff, who choose not to be immunised for Hepatitis B or have poor antibody response **must be** referred to Occupational Health.

Tuberculosis - Tuberculosis (TB) is a bacterial infection spread through inhaling tiny droplets from the coughs or sneezes of an infected person. TB that affects the lungs is the only form of the condition that is contagious and usually only spreads after prolonged exposure to someone with the illness. In most healthy people, the immune system (the body's natural defence against infection and illness) kills the bacteria and you have no further symptoms.

It is recommended that some people, such as healthcare workers, are vaccinated due to the increased risk of contracting TB while working. People in the following occupational groups are more likely than the general population to come into contact with someone with TB:

- **Healthcare workers** who will have contact with patients or clinical materials
- **Staff of care homes** for the elderly
- **Staff of hostels for homeless people** and facilities accommodating refugees and asylum seekers.

Those considered to be at risk are to be identified through the local risk assessment process **see 4.2.1**

[1] As recommended by the Green Book

Vaccination is available through the current Occupational Health provider, Team Prevent. For more information on health surveillance and costs please refer to the Wave or Wave for Schools

4.2.4 Provide Infection Control Training

All staff should receive information, instruction and training to a level commensurate with their work activities and level of responsibility. Details of such training and refresher training needs are set out within the Workforce Development programme and include subjects such as infection control awareness, the Control of Substances Hazardous to Health (COSHH), food hygiene and care delivery (catheters, feeding lines, incontinence etc).

Managers should ensure that all staff have the relevant training for their work role, that is it kept up to date, and that details are recorded.

4.2.5 Ensure Legislative Food Hygiene Requirements are Met

In addition to the general requirements set out at 4.1.5, premises managers should be mindful of the need to register catering facilities and kitchens within care, nursery and school facilities.

General information about food hygiene requirements and guidance on compliance can be found on the Environmental Health website or the Food Standards Agency site.

Managers will also need to ensure that the catering facilities/contractor has undertaken the relevant food safety risk assessment known as Hazard Analysis and Critical Control Points (HACCP) and that they have arrangements to ensure the disinfection of work surfaces and utensils; by heat or approved chemical means e.g. food grade sanitisers. Where they rely on temperature controls to ensure food safety, records of the temperature checks should be kept and a method of calibrating any food temperature probes needs to be in place. This can be achieved through external calibration services or simple user checks as described at the following link.

Managers should check the catering arrangements during their workplace/termly inspections and make reasonable enquiries about the control of food safety/hygiene with their caterer.

4.3 Be Aware of Standard Infection Control Procedures (Universal Precautions)

It is important that everyone carries out infection control precautions at all times, regardless of whether infection is present or suspected. There are some basic principles that staff should apply and these are known as the Universal Precautions.

These include:

- Hand washing and hand hygiene
- Use of Personal Protective Equipment (PPE)
- Cleaning and disinfection
- Disposal of waste and spillages
- Food hygiene
- Laundry
- Safe use and disposal of sharps
- Management of inoculation injuries (sharps and bites)

Details on each of these aspects are outlined in the following sections.

4.3.1 Provide Suitable Facilities for Hand Washing

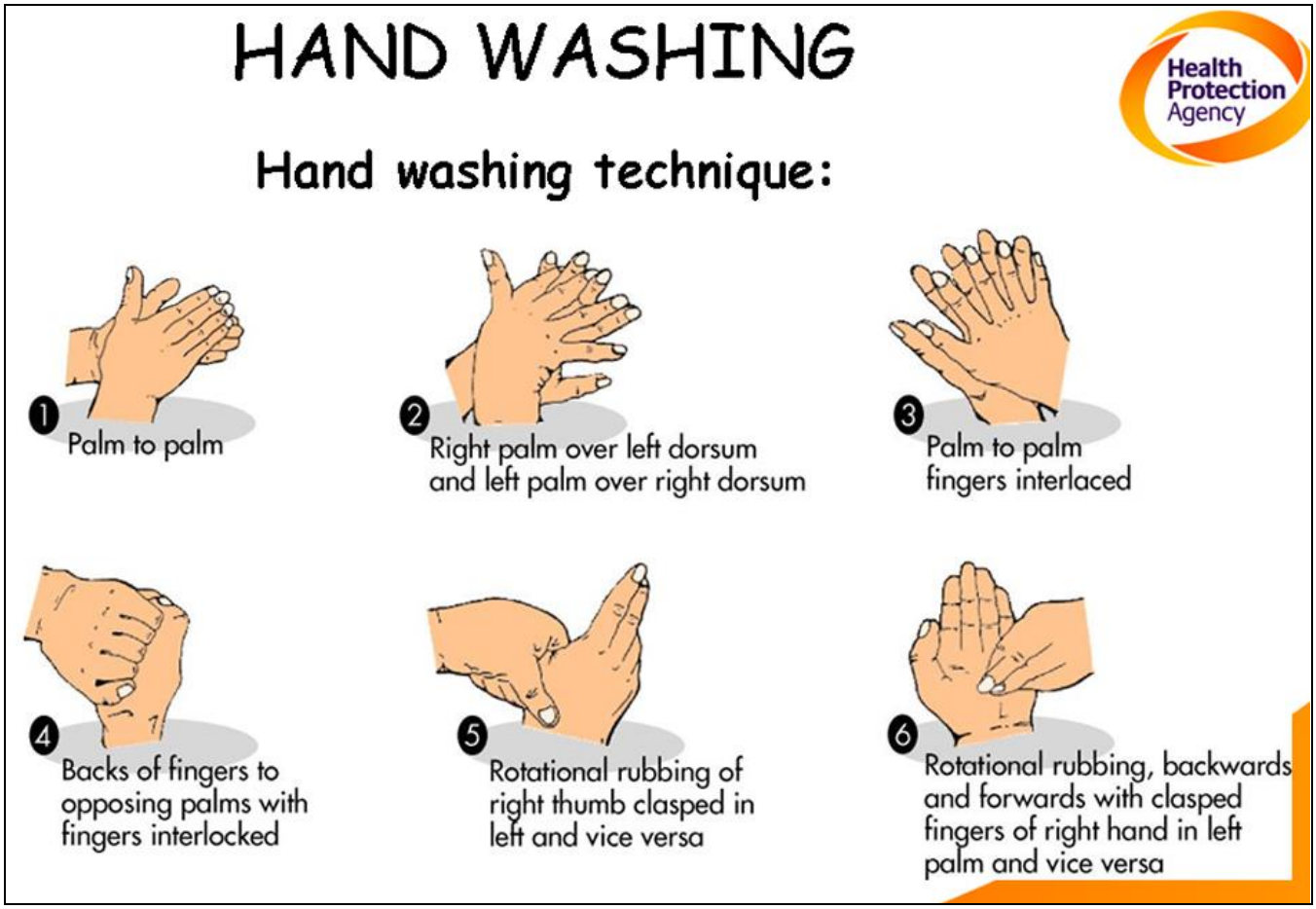
Hand-washing is the main control in personal care and care support activities and is the most important method of preventing infections. In addition to 4.1.2 staff will need to comply with relevant care support procedures, which should include infection control measures. Provision needs to be made for staff to wash their hands with soap and hot running water at easily accessible sinks, with additional facilities for hand disinfection (gels or sprays) only where relevant. Staff should be encouraged to wash their hands:

- Before and after each work period or work break
- After handling potentially contaminated items such as waste, nappies, sanitary items, used linen, soiled wound dressings or medical equipment
- Before putting on and after removing protective clothing including gloves
- After using the toilet or smoking
- After direct care support of service users
- Whenever hands become visibly soiled
- Before eating, drinking or handling food
- After handling refuse and clinical waste

There is a recognised method of hand washing shown at figure 1, which is shown during staff training, and this should be promoted by managers. In addition, staff should be familiar with this technique and their competence assessed by senior staff.

Where relevant, the acknowledged hand washing technique should be relayed to visitors, pupils and service users to ensure that they contribute to the over all hygiene controls

Figure 1: Hand washing technique from HPA



Liquid, wall mounted soap should be made available in all clinical and/or care settings and hand creams can be applied to prevent soreness from developing. Disposable paper towels and foot-operated waste bins should also be made available. Alternative hand drying measures, such as roller towels or dryers will need to be assessed against the degree of infection control risk.

In situations where running water is not available, and if the hands are clean, 5mls of alcohol gel hand rub/gel can be applied using the 6-step approach above until it has evaporated. This is not to be made available to young children unless closely supervised.

4.3.2 Ensure Suitable Personal Protective Equipment (PPE) is Used

Personal Protective Equipment (PPE) is considered to be a last resort in managing infection hazards and as such the assessments and controls at 4.2.1 should attempt to limit exposure to hazards to a low level through universal precautions. This might include limiting contact with infected persons (including isolation), reducing contact with bodily fluids and treating all as contaminated, managing infected articles or objects, washing hands and covering cuts etc.

Where PPE is provided, it should be appropriate for the hazard type, should be readily available and stored correctly. In addition, the PPE should not introduce an additional hazard to staff e.g. if an assessment says wear gloves, the team should describe what type of gloves and be aware of latex or starch allergies. The PPE provided should also relate to the various pathways of infection transmission at 4.1.1 – gloves, goggles, mask, aprons etc.

NB: The use of gloves does not negate the need to maintain hand hygiene. Staff should wash hands and change gloves between each separate task or service user/pupil.

4.3.3 Maintain High Cleaning and Disinfection Standards

Different areas of the workplace should be cleaned to an appropriate cleaning schedule and associated records, with adequate staff resources. Use specific equipment to avoid cross-contamination e.g. do not use the toilet mop or cloth in the kitchen. To help cleaning staff use and store different items for different areas, equipment is often colour coded as shown in Figure 2. This is useful but does not need to be used if managers have an alternative system of ensuring the separation of items.

Disinfection is a process that is used to reduce the number of micro-organisms to a level that is considered safe, but may not necessarily destroy some viruses or bacterial spores i.e. the item disinfected is not sterile. Disinfection can be achieved in a number of ways including the use of heat and chemical disinfectants, and is used only when necessary.

Heat is a common process employed through dishwashers, washing machines, steam cleaners and some care specific washer-disinfectors. They operate to achieve disinfection with a controlled time and temperature range such as 65^{o} C for 10 mins or 90^{o} C for 1 second.

Chemicals are often used to achieve disinfection where high temperatures cannot be used, however, they can be toxic and inactivated by various substances, such as organic matter (blood and body fluids), certain detergents, wood, plastics, rubber, and some other chemicals. Examples include Chlorine, Haz Tabs, Precept, alcohols and Chlorhexidine. Bleach is not to be used in care settings or schools unless directed as part of intensive outbreak control measures.

The chemicals are often classed as harmful and need to be managed in accordance with the Control of Substances Hazardous to Health (COSHH) guidelines. They should only be used alongside a pre-planned cleaning schedule or when dealing with spillages or disease outbreaks. Staff should have received relevant training and it is important that the manufacturer's guidelines are followed, and that substances are not mixed together.

Figure 2: Equipment colour coding - Based on the National Colour-Coding System for the British Institute of Cleaning Science

4.3.4 Correctly Dispose Waste and Tackle Spillages Correctly

Legislation requires that organisations have procedures for waste minimisation, waste handling, storage, storage and collection. This needs to be relevant to the type of waste produced but a particular emphasis needs to be placed on hazardous waste including clinical waste, offensive waste, medical waste or general waste. Teams should identify the wastes they are likely to produce and have appropriate arrangements with a licensed waste carrier to dispose of the waste, keeping records of this.

Teams should have local procedures to manage spillages of any hazardous materials, including biological agents/bodily fluids. There are commercial kits available but the items can be drawn together by teams and then kept together for immediate use by staff. In care support activities this is likely to include:

- Gloves, apron, goggles
- Absorbent materials (for up to 1L of fluid) e.g. pads or granules
- Disinfectant solution & cloths or wipes for hard surfaces – preferably chlorine based.
- Biological waste bag
- Instructions for staff – how to control the area, what to wear, what to use & how, ventilation of the area etc

Spills on carpets or other materials/furnishings will require access to non bleaching disinfectant agents and should be discussed with the domestic staff as part of emergency planning and outbreak controls.

4.3.5 Food Hygiene

See 4.2.5.

4.3.6 Have Appropriate Laundry Facilities or Contract

Teams should have arrangements to be able to segregate contaminated items for laundry and should have processes that eliminate the need to handle contaminated articles after collection. The teams should also have access to appropriate washing facilities to enable the articles to be washed and for relevant decontamination to take place e.g. soiled linen to be placed in dissolvable bags for washing at high temperatures. Additional guidance is provided by the HSE on their website.

Consideration needs to be given to identifying suitable cleaning arrangements for non-clothing items such as hoist slings, curtains, carpets, soft toys, chair covers and so-forth. Teams should also identify if there is a requirement to have staff changing facilities and lockers to enable the changing of contaminated work clothing.

4.3.7 Use and Dispose of Sharps Safely

Most sharps injuries can be prevented and where possible (and as determined through risk assessment) the practice of handling and disposing of sharps in the workplace should be reduced or eliminated - in accordance with the European Directive 2010/32/EU

A review of work areas has shown that there are limited areas where sharps are used, and specific measures are generally limited to care provider, special schools and the NHS share settings. Where applicable, general management controls to consider are;

- All sharps should be disposed in a compliant BS sharps container (BS7320:1009)
- Safe construction of sharps containers
- Non-sharp contaminated waste should be placed in yellow plastic bags
- No needle recapping or re-sheathing
- Placing sharps containers at eye level and within arms' reach
- Disposing of sharps immediately after use in designated sharps containers
- Sealing and discarding sharps containers when they are three-quarters full
- Establishing best practice prior to commencing any procedure

Sharps may be encountered in the community, where their management is not controlled and may pose a hazard to staff or members of the public. Whilst all situations cannot be foreseen some general guidelines for dealing with such sharps are outlined at Appendix 1.

4.3.8 Have Arrangements to Deal with Inoculation Injuries (Sharps, Bites, Splash Injuries)

A **sharps injury** occurs following a puncture wound or when a cut is sustained, usually from a needle or other sharp object (percutaneous exposure). If this sharp is contaminated with someone else's blood then there is a risk of transmission of infectious agents such as hepatitis B, C and HIV. This is termed a blood borne virus.

Bites are also likely to puncture the skin and introduce infective agents. Human bites are more prone to infection due to the large amount of bacteria present in saliva. Remember to wash and dress any wounds and inform your GP if the skin is broken.

A **splash injury** occurs if blood or other body fluid comes into contact with the eye(s), inside of the mouth or nose (mucocutaneous exposure).

There are factors that will influence the risk of infection such as the depth of the injury, type of sharp instrument, where this sharp came from (i.e. artery of vein) and, if a bodily fluid is involved, whether the person whose body fluid it was is known and if they were carriers of any blood borne viruses. If no injury is sustained and the skin remains intact, or does not involve a splash or contamination with body fluid it is unlikely that transmission of any infections can occur.

The risk of infection by a contaminated needle is estimated as follows (HPA, 2008):

- one in three for hepatitis B
- one in 30 for hepatitis C
- one in 300 for HIV

In order for transmission to occur with a blood-borne virus there has to be an infectious dose of body fluid into a susceptible recipient. As such, urine, faeces, vomit, sweat, tears, skin, and sputum are not considered to pose a high risk of blood-borne infections, unless they are bloodstained.

Some general control measures can be applied where the risk of bites, splashes or sharp objects has been highlighted. Managers need to be aware of these measures and ensure that all relevant staff are familiar with them:

- Cover all cuts and abrasions
- Wear gloves and/or eye protection when handling body fluids or if there is a risk of splash into the face
- Wherever possible, avoid situations where biting may occur. If biting is likely wear long sleeves and gloves as this makes penetration more difficult
- Develop local procedures to help reduce the likelihood of occurrences
- Provide mouth/chew toys to service users/pupils where relevant
- Provide access to eye wash bottles or sterile water for emergency use.

Process to follow: Sharps Injury or a Bite

- **Bleed it:** encourage bleeding, but do not suck the wound
- **Wash it:** under running water (do not use antibacterial soap)
- **Cover it:** with a waterproof dressing
- **Report it:** to the senior member of staff on duty
- **Record it:** on an incident report form (HS2) and accident book
- **Inform:** GP and make an appointment within 24 hours, explaining the circumstances of the incident. If your GP is unable to accommodate your request attend A&E or your local hospital.

The injured person should visit A&E or their GP as soon as possible. Blood samples may need to be taken from the injured party and the source, if known. Specimens should be sent to the laboratory with minimum delay. There may also be a need for post-exposure prophylaxis (PEP) or follow-up for Hepatitis B & C or HIV

- **Observe wound:** For signs of infection and inflammation

Process to follow: Splash injury to the eye/mouth

- **Wash Mouth:** swill with drinking water and spit out
- **Irrigate Eye:** irrigate with sterile water. If contact lenses are used, keep them in place during the first irrigation
- **Repeat:** for eyes - remove contact lens (if relevant) and irrigate again with sterile water.
- **Report it:** to the senior member of staff on duty
- **Record it:** on an HS2 and accident book
- **Inform:** GP and make an appointment within 24 hours, explaining the circumstances of the incident. If your GP is unable to accommodate your request attend A&E or your local hospital.

4.4 Outbreaks and Public Health England (PHE) involvement

4.4.1 Be Familiar with Outbreak Definitions

Outbreaks are generally considered to be **two or more cases** of disease that are related by location, activity and/or close time period. Some of these may be limited by the type of source, such as food poisoning, and thus further spread is limited, however, other diseases such as Norovirus are communicable and readily transmitted to others.

4.4.2 Develop Outbreak Plans

Where disease outbreaks are a foreseeable risk to service activities, teams should have plans to limit the likelihood of the outbreak occurring and have measures in place to manage an outbreak should it happen and to facilitate deep cleaning afterwards. A common but severe occurrence may be Norovirus (winter vomiting disease) which is debilitating and easily spread from person to person. Teams could refer to Public Health England guidelines such as Infection Control Guidelines for Care Homes and Infection Control in Schools to help develop their management plans.

Managers will need to ensure that facilities and resources identified in their plan are readily available and that checks of items are made during their workplace/termly inspections. For instance, teams might need arrangements for additional cleaners when needed, different cleaning agents if advocated, more protective equipment, disposable catering items and so forth. It is not recommended that such items be held just in case but managers should identify where they would obtain such items at short notice if needed.

4.4.2 Manage Disease Outbreaks

The identification of an outbreak can come from various sources. It could be that the management of a team identifies that individuals have similar illness symptoms, or senior management/health staff identify a pattern across a number of different teams, or the disease could have been diagnosed by a medical practitioner. The degree of certainty about an outbreak necessitates a hierarchy of notification by teams:

- **Outbreak or Disease Suspected** – immediately discuss with the service manager and liaise with the H&S team to discuss appropriate controls and the need to involve other professional bodies.

- **Outbreak or Disease Confirmed**.
    - Once confirmed by a GP or public health laboratory, there should automatically be onward notification to Public Health England and/or Environmental Health (food related diseases). Where relevant, these bodies will liaise with the organisations involved, and will investigate the outbreak & direct control measures necessary to limit the impact of the outbreak. Managers should contact these bodies to ensure that they are aware of the outbreak - Public Health England South East. (0344 2253861) and Environmental Health (01273 292157).
    - Contact the service manager and the H&S team to discuss local control plans and the need to contact the BHCC Public Health Team (Publichealth@brighton-hove.gov.uk) or to involve other professional bodies.
    - Managers of registered care homes may need to notify CQC if the outbreak prevents or threatens to prevent the home from carrying on regulated activities safely and properly – see Health and Social Care Act 2008 Regulation 18. For further advice on what to report under this Regulation, managers should contact the BHCC Care Standards Officer. CQC do not require notifications about general outbreaks – see guidance.
- **Outbreak Concluded** – It is important that managers reflect on their outbreak management actions to identify good actions and areas for improvement. Where relevant their outbreak risk assessments and management plans may need to be updated and/or this standard might need to be revised.

Section 5 Further information

The Health Safety & Wellbeing Legal Register contains all relevant legislation such as the Health & Safety at Work Act and all Regulations.

Relevant links

Public Health England (PHE) - Disease information and management advice.

NHS Choices Website – Disease symptoms and health advice

Green Book (Chapter 18) Hepatitis B – Details of immunisations.

Health & Safety Executive (HSE) – General H&S advice

Food Standards Agency (FSA) – Food related aspects

NaTHNaC – Travel health information

Health & Safety Standards

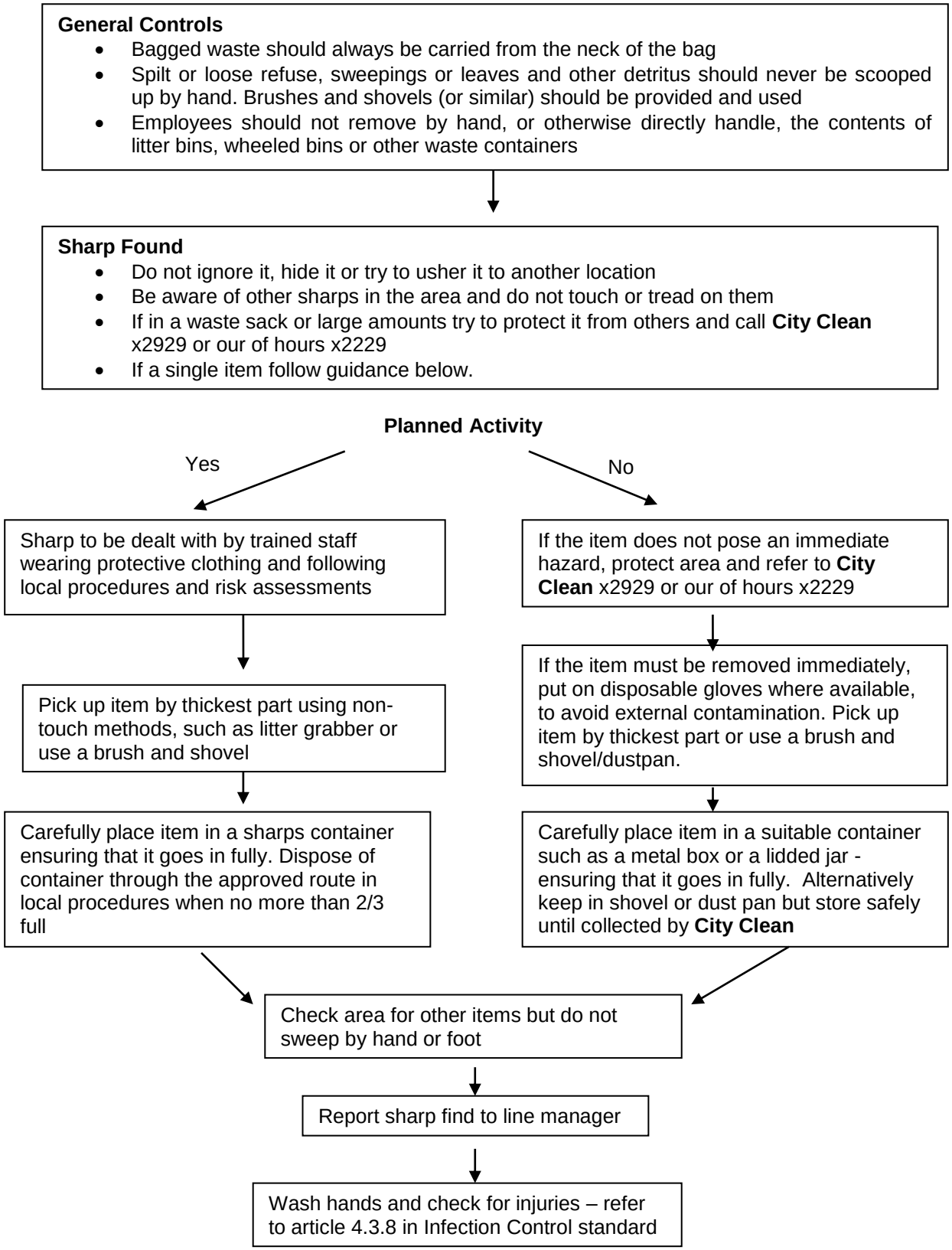
Health, Safety & Wellbeing Standards on the Wave or Wave for Schools including:

- Risk assessments
- COSHH assessments
- Contractor management
- Incident reporting
- Workplace inspections

Appendix 1. Dealing with discarded sharps

Appendix 1: Dealing with Discarded sharps – Guidance for Staff

This is to be used in conjunction with the BHCC Infection Control Standard, so that staff have an awareness of general precautions and disease hazards. Although relatively rare, puncture wounds from discarded sharps such as hypodermic syringe needles, are an occupational health hazard and the following guidance details how staff should deal with objects found:



Appendix

Teachers Guide on infection Control in School

	Recommended period to be kept away from school	Comments	Vulnerable children	Pregnancy
Chicken Pox	Until all spots have crusted over	Report cases to the office so that we can send out a School Ping.	Office will need to advise any parents promptly so that medical advice can be sought.	Chicken pox can affect the pregnancy if a woman has not already had the infection. Parent to be advised to report to GP or midwife during any stage of pregnancy.
Cold Sores	None	Avoid contact		
German Measles (rubella)	Four days from onset of rash	Report cases to the office so that we can send out a School Ping. Preventable by immunisation (MMR x 2 doses)		German measles (Rubella). If a pregnant woman comes into contact with german measles she should be advised to inform her GP and antenatal carer immediately to ensure investigation.
Hand, Foot and Mouth	None	Report cases to the office so that we can send out a School Ping.		
Impetigo	Until lesions are crusted and healed, 0r 48 hours after commencing antibiotic treatment	Report cases to the office so that we can send out a School Ping. Antibiotic treatment speeds healing and reduces the infectious period.		
Measles		Report cases to the office so that we can send out a School Ping. Preventable by immunisation (MMR x 2 doses)	Office will need to advise any parents promptly so that medical advice can be sought.	If a pregnant woman comes into contact with measles she should be advised to inform her GP and antenatal carer immediately to ensure investigation.

	Recommended period to be kept away from school	Comments	Vulnerable children	Pregnancy
Roseola	None	None		
Scabies	Child can return after first treatment	Household and close contacts require treatment		
Slapped Cheek	None once rash has developed		Office will need to advise any parents promptly so that medical advice can be sought.	If a pregnant woman comes into contact with measles she should inform her GP and antenatal carer immediately to ensure investigation.
Shingles	Exclude only if rash is weeping and cannot be covered	Report cases to the office so that we can send out a School Ping Can cause chicken pox in those who are not immune i.e those who have not had chicken pox. It is spread by very close contact and touch.	Office will need to advise any parents promptly so that medical advice can be sought.	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 come into close contact with shingles.
Diarrhoea and/or vomiting (Inc. norovirus)	Minimum of 24 hours after last episode of diarrhoea or sickness	If a child comes into school after being sick in school the previous day please remind parent that it is 24 hours. If parent has left the child, please inform the office so that they can call parent.		
Flu	Until recovered			
Whooping Cough	48 hours from commencing antibiotic treatment, or 21 days from onset of illness if no antibiotic treatment	Report cases to the office so that we can send out a School Ping.		
Conjunctivitis	None	Report cases to the office so that we can send out a School Ping.		

	Recommended period to be kept away from school	Comments	Vulnerable children	Pregnancy
Glandular Fever	None			
Head Lice	None	Treatment is recommended only in cases where live lice can be seen		
Mumps	Exclude child for 5 days after onset of swelling	Report cases to the office so that we can send out a School Ping. Preventable by vaccination		
Threadworms	None	Report cases to the office so that we can send out a School Ping.		
Tonsillitis	None	There are many causes, but most causes are due to viruses and do not need antibiotic		

All staff have a responsibility to maintain personal hygiene and general work place cleanliness.

Good Hygiene Practices

- Handwashing is one of the most important ways to controlling the spread of infections. Children should always wash hands after using the toilet, before eating or handling food and after handling animals.
- Children should be encouraged to put their hand over their mouth and nose with a tissue when sneezing and to wash their hands afterwards.
- All cuts and abrasions should be covered.
- All spillages of blood and faeces should be cleaned up immediately (wearing PPE).
- Children's soiled clothes should be bagged to go home.
- Bio-Powder (held in the front office) should be placed over all vomit. If the area cannot be cleaned immediately then the area must be sectioned off and must reported to the office so that they can notify the Site Manager or a member of the cleaning team on their arrival.
- PPE must be worn where there is risk of splashing or contamination with blood/bodily fluids. (e.g. nappy changing, nose bleed)
- All nappies/pads, soiled dressings should be disposed of in the clinical waste bins.

Sharps injuries and bites

If skin is broken as a result of a used needle injury or bite

Process to follow:

Bleed it: encourage bleeding, but do not suck the wound

Wash it: under running water (do not use antibacterial soap)

Cover it: with a waterproof dressing

Report it: to the senior member staff on duty

Record it: on an incident report form (HS2)

Inform: GP and make an appointment within 24 hours, explaining the circumstances of the incident. If your GP is unable to accommodate your request attend A&E or your local hospital.