St Anne's School

Policy on Infection Control

This policy incorporates HSE guidance protection in schools and Department for Education guidance COVID-19 infection prevention and control.

Introduction

Schools are common sites for transmission of infections. Children are particularly susceptible because:

- they have immature immune systems
- have close contact with other children
- sometimes have no or incomplete vaccinations
- have a poor understanding of hygiene practices.

This policy provides information for staff managing a range of common and important childhood infections in settings including schools. It includes the principles of infection prevention and control to enable safe working during the coronavirus (COVID-19) outbreak.

Infection in childcare settings

Infections in children are common. This is because a child's immune system is immature. Added to this, young children often have close contact with their friends, for example through play, and lack good hygiene habits, making it easier for infections to be passed on. Many diseases can spread before the individual shows any symptoms at all (during the infectious period).

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.

How infection spreads

Infections are spread in many different ways:

Respiratory spread: Contact with cough or other secretions from an infected person, like influenza. This can happen by being near the infected person when they cough and then breathe in the organism; or by picking up the organism from an infected item, for example, a used tissue or on an object in the environment, and then touching your nose or mouth. Direct contact spread:

By direct contact with the infecting organism, for example, contact with the skin during contact sports such as rugby and in gyms, like impetigo or staphylococcal infections.

Gastrointestinal spread: Resulting from contact with contaminated food or water (hepatitis A), contact with infected faeces or unwashed hands after using the toilet (typhoid fever). Blood borne virus spread: By contact with infected blood or body fluids, for example, while attending to a bleeding person or injury with a used needle (hepatitis B). Human mouths are inhabited by a wide variety of organisms, some of which can be transmitted by bites. Human bites resulting in puncture or breaking of the skin are potential sources of exposure to blood borne infections, therefore, it is essential that they are managed promptly.

Transmission of coronavirus mainly occurs via respiratory droplets generated during breathing, talking, coughing and sneezing. These droplets can directly infect the respiratory tracts of other people if there is close contact. They also infect others indirectly. This happens when the droplets get onto and contaminate surfaces which are then touched and introduced into the mouth or eyes of an uninfected person. Another route of transmission is via aerosols (extremely small droplets), but this is only relevant to medical procedures for a very small number of children in education settings.

In all education settings, preventing the spread of coronavirus involves preventing:

 direct transmission, for instance, when in close contact with those sneezing and coughing

 indirect transmission, for instance, touching contaminated surfaces

Prevention and control

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. Liquid soap, warm water and paper towels are recommended.

 All staff and pupils advised to wash their hands after using the toilet, before eating or handling food and after touching animals.

 Cover all cuts and abrasions with a waterproof dressing.

 Coughs and sneezes spread diseases. Children and adults are encouraged to cover their mouth and nose with a disposable tissue and wash hands after using or disposing of tissues. Spitting should be discouraged.

 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 if there is a risk of splashing to the face.

Bites

 If a bite does not break the skin: clean with soap and water and 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 from school nurse as soon as possible (on the same day) to treat potential infection, to protect against hepatitis B, for reassurance about HIV

Managing needle stick injuries

Occasionally children or staff may injure themselves with discarded used hypodermic needles which they have found. Dispose of the needle safely to avoid the same thing happening to someone else. This can be done by contacting your school nurse. If someone pricks or scratches themselves with a used hypodermic needle:

 wash the wound thoroughly with soap and water

 cover it with a waterproof dressing

 record it in the accident book and complete the accident form

 seek immediate medical attention from your school nurse.

Cleaning blood and body fluid spills

All spillages of blood, faeces, saliva, vomit, nasal and eye discharges should be cleaned up Immediately, wearing PPE. Clean spillages using a product which combines detergent and disinfectant (and ensure it is effective against both bacteria and viruses). Always follow the manufacturer's instructions. Use disposable paper towels or cloths to clean up blood and body fluid spills and dispose of after use. A spillage kit should be available for bodily fluids like blood, vomit and urine. (Kept in nurses station)

Sanitary facilities

Good hygiene practices depend on adequate facilities. A hand wash basin with warm running water along with a mild liquid soap, preferably wall mounted with disposable cartridges, should be available. Bar soap should not be used. Place disposable paper towels next to basins in wall mounted dispensers, together with a nearby foot-operated waste paper bin. Toilet paper should be available in each cubicle. Suitable sanitary disposal facilities should be provided where there are female staff and pupils aged 9 or over (junior and senior age groups).

Children with continence aids

Pupils who use continence aids (like continence pads, catheters) should be encouraged to be as independent as possible. The principles of basic hygiene should be applied by both pupils and staff involved in the management of these aids. Continence pads should be changed in a

designated area. Disposable powder-free non-sterile latex gloves and a disposable plastic apron should also be worn. Gloves and aprons should be changed after every pupil. Hand washing facilities should be readily available.

Dealing with contaminated clothing

Clothing of either the child or staff may become contaminated with blood or body fluids. Clothing should be removed as soon as possible and placed in a plastic bag and sent home with the child with advice for the parent on how to launder the contaminated clothing. The clothing should be washed separately in a washing machine, using a pre-wash cycle, on the hottest temperature that the clothes will tolerate.

COVID-19 prevention and control

A range of approaches and actions should be employed. These can be seen as a hierarchy of controls that, when implemented, creates an inherently safer system where the risk of transmission of infection is substantially reduced. These include:

 Minimise contact with individuals who are unwell

 Clean your hands often

 Robust hand and respiratory hygiene (catch it, bin it, kill it)

 Enhanced cleaning, including cleaning frequently touched surfaces often

 Minimise contact and mixing

 Personal protective equipment (PPE)

 Social distancing measures are implemented

 Soft furnishing, soft toys and toys that are hard to clean have been removed

 The use of shared resources has been reduced

 Air flow and ventilation is increased by opening windows and children spend more time outdoors

 Active engagement with HSE Test and Trace

What to do if you suspect an outbreak of infection

An outbreak or incident may be defined as:

 an incident in which 2 or more people experiencing a similar illness are linked in time or place

 a greater than expected rate of infection compared with the usual background rate for the place and time where the outbreak has occurred

When to report

Contact the lead worker representive as soon as a child becomes unwell or develops new symptoms to discuss the situation and agree if any actions are needed. It is useful to have the information listed below available before this discussion as it will help to inform the size and nature of the outbreak:

 total numbers affected (staff and children)

 symptoms

 date(s) when symptoms started

 number in class or classes affected

For suspected cases of COVID-19, the school follow the Guidance for Childcare and Educational Settings in the Management of COVID-19 Flowchart - Flowchart School response to suspected or confirmed cases of Covid 19 coronavirus

How to report

The school is to telephone the Department of Public Health as soon as possible to report any serious or unusual illness particularly for:

 Escherichia coli (VTEC) (also called E.coli 0157) or E coli VTEC infection

 food poisoning

 hepatitis

 measles, mumps, rubella (rubella is also called German measles)

 meningitis

 tuberculosis

 typhoid

 whooping cough (also called pertussis)

 COVID-19

The full list of notifiable diseases was updated in 2010. The local Department of Health can also draft letters and provide factsheets for parents and carers to ensure the most up to date information is given.

Immunisation

Immunisations is checked at school entry and at the time of any vaccination. Parents are encouraged to have their child immunised.

Cleaning the environment

Cleaning of the environment, including toys and equipment, is an important function for the control of infection in schools. It is important that cleaning schedules clearly describe the activities needed, the frequency and who will carry them out. Cleaning standards are monitored regularly by the school. Staff have access to personal protective equipment while carrying out their daily cleaning duties.

Cleaning contract

Essential elements of a comprehensive cleaning contract include daily, weekly and periodic cleaning schedules, based on national guidance. Cloths should be disposable (or if reusable, disinfected after use). Cleaning solutions should be stored in accordance with Control of Substances of Hazardous to Health (COSHH), and cleaning equipment changed and decontaminated regularly. Consideration should be given to situations where additional cleaning will be required including during term time (for example in the event of an outbreak) and how the school might carry this out.

A nominated member of staff has be chosen to monitor cleaning standards and discuss any issues with cleaning staff.

Cleaning blood and body fluid spills

All spillages of blood, faeces, saliva and vomit should be cleaned up immediately, wearing personal protective equipment. Clean spillages using a product which combines detergent and disinfectant, and ensure it is effective against both bacteria and viruses. Always follow the manufacturer's instructions. Use disposable paper towels or cloths to cleaning up blood and body fluid spills, and dispose of after use. A spillage kit should be available for blood spills.

COVID-19 advice - cleaning and waste disposal

All objects which are visibly contaminated with body fluids must be cleaned using disposable cloths or paper roll and disposable mop heads, to clean all hard surfaces, floors, chairs, door handles and sanitary fittings. Avoid creating splashes and spray when cleaning. Any cloths and mop heads used must be disposed of and should be put into waste bags as outlined below. When items cannot be cleaned using detergents or laundered, for example, upholstered furniture and mattresses, steam cleaning should be used. Any items that are heavily contaminated with body fluids and cannot be cleaned by washing should be disposed of.

Disposal of waste:

Waste from possible cases and cleaning of areas where possible cases have been (including disposable cloths and tissues):

 Should be put in a plastic rubbish bag and tied when full.

 The plastic bag should then be placed in a second bin bag and tied.

Toys and equipment

If toys are shared, it is strongly recommended that only hard toys are made available because they can be wiped clean after play. The condition of toys and equipment should be part of the monitoring process and any damaged item that cannot be cleaned or repaired should be discarded. Soft modelling and play dough should be replaced

regularly or whenever they look dirty and should be included in the cleaning schedule. Sandpits should be securely covered when not in use to protect from animals contaminating the sand. Sand should be changed regularly; 4 weekly for indoor sandpits and as soon as it becomes discoloured or malodorous for outdoor sandpits. Sand should be sieved (indoor) or raked (outdoor) regularly to keep it clean. The tank should be washed with detergent and water, and dried before refilling with sand. Water play troughs or receptacles should be emptied, washed with detergent and hot water and dried and stored inverted when not in use. The water should be replenished either daily or twice daily when in use and it should always be covered when not in use.

COVID-19 advice:

Consider how play equipment is used ensuring it is appropriately cleaned between groups of children using it, and that multiple groups do not use it simultaneously. Remove unnecessary items from classrooms and other learning environments where there is space to store it elsewhere. Remove soft furnishings, soft toys and toys that are hard to clean such as those with intricate parts.

Enhanced cleaning during an outbreak of infection

In the event of an outbreak of infection at school, the local health protection team will recommend enhanced or more frequent cleaning, to help reduce transmission. Advice may be given to ensure regular cleaning of areas with particular attention to door handles, toilet flushes and taps and communal areas where surfaces can easily become contaminated such as handrails. Plans should be developed for such an event on how the school might carry this out which could also include during term time.

Covid-19 advise:

Areas where a symptomatic individual have passed through and spent minimal time, such as corridors which are not visibly contaminated with body fluids can be cleaned thoroughly as normal. All surfaces that the symptomatic person has come into contact with must be cleaned and disinfected, including:

 objects which are visibly contaminated with body fluids

 all potentially contaminated high-contact areas such as bathrooms, door handles, telephones and grab-rails in corridors. Use disposable cloths or paper roll and disposable mop heads, to clean all hard surfaces, floors, chairs, door handles and sanitary fittings, following one of the options below: Any cloths and mop heads used must be disposed of and should be put into waste bags as outlined below. When items cannot be cleaned using detergents or laundered, for example, upholstered furniture and mattresses, steam cleaning should be used. Any items that are heavily contaminated with body fluids and cannot be cleaned by washing should be disposed of.

Staff welfare

Staff immunisation

All staff should undergo a full occupational health check before starting employment; this includes ensuring they are up to date with immunisations, including Measles, Mumps, Rubella (MMR),Tetanus and Hepatitis vaccines.

Exclusion

Staff employed in schools, should have the same rules regarding exclusion applied to them as are applied to the children. They may return to work when they are no longer infectious, provided they feel well enough to do so.

Pregnant staff

If a pregnant woman develops a rash or is in direct contact with someone with a rash who is potentially infectious, she should consult her doctor or midwife. Chickenpox can affect the pregnancy if a woman has not already had the infection. The GP and midwife should be informed promptly. Shingles is caused by the same virus as chickenpox therefore anyone who has not had chickenpox is potentially vulnerable to the infection if they have close contact with a case of shingles.

Measles during pregnancy can result in early delivery or even loss of the baby. If a pregnant woman is exposed, the midwife should be informed immediately. All female staff under the age of 25 years, working with young children, should have evidence of 2 doses of MMR vaccine or a

positive history of measles. If a pregnant woman comes into contact with German measles she should inform her GP and midwife immediately. The infection may affect the developing baby if the woman is not immune and is exposed in early pregnancy.

All female staff under the age of 25 years, working with young children, should have evidence of 2 doses of MMR vaccine or a positive history of Rubella.

Slapped cheek disease (Parvovirus B19) can occasionally affect an unborn child if exposed early in pregnancy. The pregnant woman should inform their midwife promptly.

Clinically extremely vulnerable adults and children were advised to take extra precautions during the peak of the pandemic. This is known as ‘shielding’. Read COVID-19: guidance on shielding and protecting people defined on medical grounds as extremely vulnerable for more advice.

Clinically extremely vulnerable children should attend education settings in line with the wider guidance on reopening of schools and guidance for full opening: special schools and other specialist settings. If transmission of COVID-19 increases individuals could be advised to shield again if the situation changes and there is an increase in the transmission of COVID-19 in the community.

Managing specific diseases and infections

Please refer to Public Health Medicine Communicable Disease Group Manafement of Infectious Disease in Schools October 2014:

https://www.hpsc.ie/hpsc/A-Z/LifeStages/Childcare/)

COVID-19 The school will follow advice from the Department for Education and HSE: https://www.gov.ie/health – covid-19

www.hse.ie

A risk assessment is in place to assess the risk of COVID-19 and the control measures. This risk assessment will be reviewed on a regular basis and in light with any change in guidance.

In the event a member of staff or pupil has COVID-19, the school will follow Flowchart School response to suspected or confirmed cases of Covid 19 coronavirus.

Appendices

Diarrhoea and vomiting outbreak – school action checklist

List of notifiable diseases Diseases notifiable under the Health Protection (Notification) Regulations 2010:

 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