

The Deanery

Church of England High School and Sixth Form College



CONTROL OF INFECTIOUS DISEASES POLICY

MARCH 2016

Control of Infectious Diseases

The Deanery High School advocates a formal policy and procedure designed to minimise the spread of infectious diseases in the workplace.

It is acknowledged that whilst problems associated with the spread of infectious diseases are not particularly prevalent, the potential implications are widespread, therefore the introduction of a formal policy is all the more important. The policy and guidelines have been co-ordinated by the Council's Personnel Services in consultation with the Consultant in Public Health Medicine and Communicable Disease Control, Occupational Health Adviser, Consultant Community Paediatrician, Public Health England, and the Council's Environmental Services.

AIMS

- 1) To safeguard the health of staff and visitors to the school by introducing formal measures to limit the spread of infectious diseases.
- 2) To publicise both the Headteacher's and employee's responsibilities in contact situations and provide guidance on the appropriate action to be taken.
- 3) To reaffirm safe and hygienic working practises and promote these principles throughout the school.

GENERAL GUIDANCE

Both the Headteacher and staff have a responsibility under their respective departmental safety policies to ensure, as far as possible, a safe working environment. In addition, individuals have certain responsibilities under Public Health Regulations in respect of infectious diseases, which should be observed.

The attached procedure should be applied in conjunction with appendices "A" and "B".

FURTHER ADVICE CAN BE OBTAINED BY TELEPHONING: -

Wigan Council Environmental Services
Principal E.H.O. 01942 828189 (Int Ext 3189)
Senior E.H.O. 01942 827487 (Int Ext 2487)

Public Health Office – Wigan
01942 404240

Public Health England
0161 236 1820

Wigan & Leigh Health Authority
Consultant in Public Health Medicine & Communicable Disease Control (C.C.D.C.)
01942 822743

Wigan Council Personnel Services
Health & Safety Adviser 01942 827471 (Int Ext 2471)
OR relevant Personnel Officer

Out of Hours contact can be made via Central Watch 01942 404040

School will be responsible for providing all necessary materials and equipment ie latex gloves, plastic aprons, chlorine granules etc. These may be purchased via Yorkshire Purchasing Organisation. Council Consumer Protection Department can advise on alternative suppliers of such items in the event of any difficulties experienced.

PROCEDURE

EMPLOYEES/PUPILS SUFFERING FROM OR IN CONTACT WITH INFECTIOUS DISEASES

A. Exclusion from Work

- 1) A member of staff who is affected by an infectious disease (see Appendix "B") or who knowingly comes into contact with a person suffering from an infectious disease shall take due precautions to prevent a spread of the disease including any measures which may be prescribed by their general practitioner.
- 2) Members of staff must report to the Headteacher as soon as it is known by them that they have an infectious disease or have been in contact with a person suffering from an infectious disease.
- 3) The Headteacher should then consider, in consultation with the Borough Personnel Officer, Environmental Health Officer, the Council's Medical Adviser and CCDC whether the individual concerned should be required to absent him/herself from duty.
- 4) If it is considered necessary for a member of staff to be absent from duty because they are suffering from or have been in contact with a person suffering from an infectious disease, the employee concerned shall be paid full salary or wages, subject to the provision of a doctor's statement or on production of a letter of exclusion from the CCDC.
- 5) Absence from duty under this rule shall not be reckoned against the school's conditions to normal sick leave.
- 6) Sick pay is payable to employees who are excluded from work on a doctor's statement or the CCDC indicating that they are under medical observation by reason of being a carrier or having been in contact with a contagious or infectious disease.
- 7) A deduction, equal to the statutory sick pay (or sickness benefit, if in excess of 28 weeks) to which an employee is entitled under the National Insurance Act, will therefore be made from the wage or salary paid. It is incumbent upon the employees who are absent from duty because of contact with or suffering from an infectious disease to obtain the necessary doctor's statement.

B. Contact with Other Infectious Diseases (ie those not listed)

In the case of contact with other infectious or contagious diseases, employees should not stay away from duty if they feel well, but should report the fact of contact to their senior officer/immediate supervisor.

C. Medical Fitness Following Holidays Abroad

It is particularly important during the holiday season, especially those members of staff who have travelled abroad, that any symptoms involving stomach upsets eg vomiting, diarrhoea or gastro-enteritis are immediately notified to their GP and that their senior officer/immediate supervisor is informed accordingly.

**INFECTION AND HYGIENE CONTROL - PRACTICAL ADVICE FOR
DEPARTMENTS AND THEIR EMPLOYEES**

1. Hand Hygiene

- 1.1 Hand washing is the single most important part of prevention of infection.
- 1.2 Hands should be washed with liquid soap and warm water: -
- after visiting the toilet
 - before and after preparing food
 - after any cleaning procedures
 - after contact with body substances ie blood, vomit, urine, saliva, faeces
 - after touching or cleaning up after animals
 - when hands look or feel dirty
- 1.3 Any abrasion or cut etc on hands should be covered with a waterproof dressing or appropriate barrier eg gloves.

2. Clearing Up

2.1 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. Goggles/safety glasses should also be worn if there is a risk of splashing to the face. Correct PPE should be used when handling cleaning chemicals (COSHH applies).

2.2 Cleaning equipment

When spillages occur, clean using a product that combines both detergent and disinfectant. Use as per manufacturer's instructions and ensure that 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 in clinical waste receptacle. A spillage kit should be available for blood spills.

2.3 Blood

- Cuts and abrasions on the hands of the member of staff attending to the person should be covered with waterproof dressings, or disposable non-powdered vinyl or latex-free CE-marked gloves must be worn.
- Soak up any spillage with paper towels. Clean area with disinfectant or bleach solution.
- Soiled tissues/paper towels should be double bagged and placed in designated bin (Clinical Waste C19).
- Hands should be washed with soap and water after attending to the person.

2.4 Vomit

- Disposable non-powdered vinyl or latex-free CE-marked gloves should be worn. Plastic apron may be necessary to protect clothing in some circumstances.
- Cover with chlorine granules or spillage compound, preferably non-effervescent, if available and surface suitable. It should be noted that chlorine granules mark carpets and their use on carpeted areas should be avoided.

COSHH assessment applies and the area should be well ventilated when granules applied. **Granules should not be used in unventilated areas.** Leave for 2 minutes.

- Soak up with paper towel. Dispose of by double bagging and place in a designated bin.
- Clean area with hot water and detergent if chlorine granules have been used, or detergent and disinfectant solution if not.
- Wash gloves with hot water and detergent before removing and place in a designated bin (Clinical Waste C19)
- Wash hands after removing gloves.

2.5 Diarrhoea/Faeces/Urine

- Disposable non- allergenic gloves should be worn. Plastic apron may be necessary to protect clothing.
- Cover with chlorine granules or spillage compound, preferably non-effervescent, if available and surface suitable. COSHH assessment applies and the area should be well ventilated when granules are applied. **Granules should not be used in unventilated situations.** Leave for 2 minutes.
- Soak and clean up with paper towels. Dispose of by double bagging and place in a designated bin (Clinical Waste C19).
- Clean area with hot water and detergent if chlorine granules, or detergent and disinfectant solution if not.
- Wash hands after removing gloves.

2.6 Needles and syringes

- Disposable non- allergenic gloves should be worn if handling needles and syringes.
- Place in an empty drinks can, coffee tin or sharps bin. Sharps bin available in FIRST AID room (conforms to BS7320 and UN3291 standards).
- Notify the Five Borough Partnership (Tel; 01942 826880) for disposal of the container (unless disposed of in sharps bin).
- Wash gloves with hot water and detergent before removing and dispose in designated bin (Clinical Waste C19).
- Wash hands after removing gloves.
- If at any time you have been pricked by a needle seek medical advice from your GP or hospital A&E Department. Record and report the incident to the LA via the accident/incident procedure.

3. **GENERAL HYGIENE**

3.1 Incontinence

- Disposable non- allergenic gloves should be worn. Plastic apron may be necessary to protect clothing.
- Clean with tissues and/or paper towels.
- Place clothes in a plastic bag.
- Help wash and dry person.
- If using a non-disposable towel, place in a bag with clothes when the person is dry.
- Dispose of tissues and/or paper towels by double bagging and place in a designated bin.
- Wash gloves with hot water and detergent.
- Double bag clothes.
- Wash gloves again before removing.
- Wash hands after removing gloves (dispose of gloves in designated bin).

3.2 Changing incontinence pads – Pupils with special needs

- Wear disposable gloves and apron.
- Clean changing mat or area with disinfectant, Milton or bleach. COSHH assessment applies.
- Clean child with tissues, wipes and/or paper towels.
- Wash and dry child.
- Wash and disinfectant mat and/or area.
- Dispose of, wipes, paper towels, tissues, cotton wool and gloves etc by double bagging and place in a designated bin .
- Wash hands with soap and hot water.
- Use new gloves for each child.

4. **IMMUNISATION**

4.1 General

All staff working with children should ensure they are protected against Tetanus and Polio. Young women of child bearing age are recommended, but not required, to have their state of protection against various diseases checked and to be vaccinated – see below.

4.2 Rubella

Young women of child bearing age are recommended, but not required, to have their state of protection against rubella checked and to be vaccinated.

4.3 Hepatitis B

Protection is not necessary in most settings. Staff in residential settings with children with learning difficulties where Hepatitis B is known to have occurred should be immunised – no such settings exist in Wigan at present.

4.4 BCG

Immunisation against tuberculosis has been given in schools since 1958. Nursery Nurses and animal workers are specifically investigated for immunity when starting work. BCG is given to them if necessary.

5. **PREGNANCY**

If a pregnant woman (staff or pupil) develops a rash or is in direct contact with someone with a potentially infectious rash, this should be investigated according to the PHE guidelines by a doctor. Some specific risks are:

- Chickenpox / Shingles – report exposure to midwife & GP at any stage of exposure.
- German measles (rubella) – report exposure to GP immediately
- Slapped cheek disease (parvovirus B19) – Report exposure to ante-natal care team.

6. **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 (immunosuppressant). School will normally have been made aware of such children. These children are particularly vulnerable to chickenpox, measles and parvovirus B19- if exposed to any of these then the parent must be informed and medical advice sought.

LIST OF INFECTIOUS DISEASES

INCUBATION PERIOD, COMMUNICABILITY AND SUGGESTED EXCLUSION CRITERIA FOR COMMUNICABLE DISEASES

Disease	Average incubation period (days)	Period of communicability	Minimal Period of Exclusion		Notifiable Disease (notify CCDC)
			Cases (subject to clinical recovery)	Contacts	
Bacillary Dysentery (Shigella)	1 - 7	Whilst organism is present in the stool, but much more infectious whilst symptomatic	PHE to advise (Until symptom free for 48 hours/clinically well)	PHE to advise.	YES
Campylobacter	1 - 11 (usually 2 - 5 days)	Whilst organism is present in the stool, but much more infectious whilst symptomatic.	Until symptom free for 48 hours	None	NO
Chickenpox	10 - 21	1-2 days before rash appears and 5 days after onset of rash	5 days from onset of rash. All vesicles must be crusted over before returning to school	Pregnant contacts should contact their Occupational Health Dept. / GP / midwife for advice	NO
Conjunctivitis	Depends on cause	Whilst eye is red and discharging	It would be prudent to remain absent until treatment has commenced. If an outbreak / cluster occurs consult local PHE.	None	NO – unless an outbreak occurs
Cryptosporidiosis	7 - 100	Variable, usually while diarrhoea present. 2-4 weeks from onset of symptoms.	Until symptom free for 48 hours. Exclusion from swimming until clear of diarrhoea for at least two weeks.	None	NO

Disease	Average incubation period (days)	Period of communicability	Minimal Period of Exclusion		Notifiable Disease (notify CCDC)
			Cases (subject to clinical recovery)	Contacts	
Diphtheria	2 - 5	Whilst the organism is present in nose, throat or skin lesions	PHE to advise Exclusion is essential	Family contacts must be excluded until cleared to return by local PHE centre PHE to advise.	YES
E.coli O157	1 - 14	Whilst organism is present in the stool, but much more infectious whilst symptomatic.	PHE or Environmental Health to advise. Until symptom free for 48 hours. Exclusion from swimming until test results show that a person is no longer an infection risk to others.	PHE or Environmental Health to advise	YES
Fifth Disease (Slapped Cheek or Parvovirus B19)	13 - 18	For 7 days before the rash appears and until onset of rash.	None	None BUT pregnant contacts should discuss with their GP or midwife.	NO
Food Poisoning (non-specific)	Varies according to cause	Varies according to cause	Until symptom free for 48 hours.	None	YES
German Measles (Rubella)	14 - 21	From 7 days before to 4 days after onset of rash.	6 days from onset of rash	None - BUT pregnant contacts should immediately contact their GP or midwife to check on their Rubella antibody status.	YES
Glandular Fever (Infectious Mononucleosis)	28 - 42	Varies but spread only by very close contact	None	None	NO
Giardia	5 - 25	Varies but more infectious whilst symptomatic.	Until symptom free for 48 hours.	None	NO

Disease	Average incubation period (days)	Period of communicability	Minimal Period of Exclusion		Notifiable Disease (notify CCDC)
			Cases (subject to clinical recovery)	Contacts	
Hand, Foot and Mouth Disease	3 - 5	Children who are ill (have symptoms) are infectious but, they can carry the virus in their faeces for many weeks after recovery, so may continue to pass it on.	None	None	NO– unless an outbreak occurs
Headlice* (Pediculosis)		Appropriate treatment is required as soon as possible. Contact tracing essential including family contacts.	None – Commencement of treatment would be prudent before returning to school	None	NO
Hepatitis A	15 - 50 (usually 28 days)	From 14 days before to 7 days after onset of symptoms	7 days from onset of jaundice / symptoms.	None	YES- PHE will advise on control measures
Hepatitis B	90 - 180	Variable – person infectious whilst virus is present in the body.	None	None	YES
Hepatitis C	42 - 63	Variable – person infectious whilst virus is present in the body	None	None	YES
HIV/AIDS		Not infectious through casual contact	None	None	To Query
Herpes Simplex (Cold Sores)		Whilst sore is present. Avoid kissing when sore is present.	None	None	NO

Disease	Average incubation period (days)	Period of communicability	Minimal Period of Exclusion		Notifiable Disease (notify CCDC)
			Cases (subject to clinical recovery)	Contacts	
Impetigo (Streptococcal Group A skin infection)		Medical treatment is rapidly effective in most cases.	Until 48 hours of antibiotic treatment has been completed &/or lesions are crusted and healed	None	NO
Influenza (seasonal)	1 - 3 (occasionally 5)	<u>In Adults:</u> One day before and 3 -5 days after onset of symptoms. <u>In Children:</u> 3 days before and up to 9 days after onset.	Until clinically well	None	NO
Measles	10 - plus a further 2 – 4 days before the rash appears	2-4 days before to 5 days after onset of rash	4 days from onset of rash	None	YES
Meningococcal meningitis / septicaemia	Usually 3 – 5 days	Whilst organism is present in nasopharynx	Until clinically recovered	None	YES
Meningitis Viral	3-5 days		Until clinically recovered	None	YES
Molluscum Contagiosum	variable	Whilst lesions are present	NONE – but avoid close contact sports whilst lesions are present.	None	NO
MRSA (Methicillin resistant <i>Staphylococcus aureus</i>)	Not applicable	Whilst organism is present BUT the risk of transmission to others in a social setting is negligible	NONE – but any wounds should be covered.	None	NO
Mumps	14 - 21	From 7 days before onset of symptoms to 5 days after	5 days from onset of swollen glands	None	YES

Disease	Average incubation period (days)	Period of communicability	Minimal Period of Exclusion		Notifiable Disease (notify CCDC)
			Cases (subject to clinical recovery)	Contacts	
Poliomyelitis	3 - 21	Whilst virus is present in stool or nasopharynx	PHE to advise 48hr Exclusion Minimum	PHE to advise	YES
Ringworm of feet (Athlete's Foot)		As long as untreated lesion is present.	None - exclusion from barefoot activities (including swimming) unnecessary, but treatment always advisable.	None	NO
Ringworm of the body* (Tinea/Trichophytosis)		As long as untreated lesion is present	Until appropriate treatment has been commenced	None	NO
Ringworm of the scalp* (Tinea/Trichophytosis)		As long untreated lesion is present	Until appropriate treatment has been commenced.	None	NO
Salmonella	12 - 72 hours	Whilst organism is present in the stool, but much more infectious whilst symptomatic.	Until symptom free for 48 hours	None	NO
Scabies*	2 – 4 weeks before itching starts for initial exposure – reduced to 1 - 4 days in re-exposure	Whilst infection is untreated	Until 1 st application of treatment has been completed	None – but household & significant close contacts need to be treated.	NO

Disease	Average incubation period (days)	Period of communicability	Minimal Period of Exclusion		Notifiable Disease (notify CCDC)
			Cases (subject to clinical recovery)	Contacts	
Shingles	None – reactivation of existing chickenpox virus	5 days from onset of rash and whilst rash is 'wet' and if vesicles are on exposed area of body not covered by clothing e.g. face	Exclude only if rash is weeping and cannot be covered.	Pregnant contacts should contact their Occupational Health Dept./GP/midwife for advice if they have no known/unsure history of previous Chickenpox infection.	NO
Scarlet Fever (and some tonsillitis caused by streptococcus)	1 - 4	Whilst organism is present in nasopharynx	24 hours after commencing antibiotic treatment.	None	YES
Threadworm		Whilst eggs are being produced	None – but treatment required.	None – but treatment of household contacts recommended.	NO
Tuberculosis (TB)	Variable – range: 3 - 12 weeks	Whilst living organism is present in sputum of a person with pulmonary (lung) TB infection	PHE to advise	PHE to advise	YES
Typhoid and Paratyphoid Fever	7 – 14 but can be shorter or longer dependent on how many bacteria are ingested.	Whilst organism is present in stool, but much more infectious whilst symptomatic.	PHE or Environmental Health to advise. 48hr Exclusion Minimum	PHE to advise	YES
Verrucae Plantaris (Plantar Warts)	Variable	Whilst warts are visible.	None – but verrucae should be covered for swimming & bare foot activities.	None	NO

Disease	Average incubation period (days)	Period of communicability	Minimal Period of Exclusion		Notifiable Disease (notify CCDC)
			Cases (subject to clinical recovery)	Contacts	
Viral Gastroenteritis including Norovirus	Varies according to virus	Varies according to virus	Until symptom free (includes nausea) for 48 hours.	None	NO – BUT if suspect an outbreak then contact PCT/ PHE immediately
Whooping Cough (Pertussis)	6 - 20	5 days if treated with antibiotics and 21 days from onset if <u>not</u> treated with antibiotics even if cough persists	5 days if treated with antibiotics and 21 days from onset if <u>not</u> treated with antibiotics even if cough persists.	None	YES

*** It is important that the rest of the family are checked for headlice, scabies and ringworm**

This guidance document has been produced specifically for community settings such as schools and nurseries. It is **not** meant for hospital and other healthcare settings where advice should be sought from the appropriate Occupational Health department or the Infection Control Nurse.

Exclusion advice depends upon a number of factors, such as age, occupation and vulnerability together with the transmissibility of the particular infection. In certain circumstances those exposed to an infection, for example a pregnant school teacher or a person who is immunocompromised, may require specific advice, so these people should seek advice from their occupational health physician, GP, midwife &/or obstetrician or medical consultant as appropriate.

Gastro-intestinal tract infections that cause diarrhoea &/or vomiting can pose particular problems within an institutional environment, so seeking advice at an early stage of a suspected outbreak is **always recommended**.

It would be prudent for school to insist on a 48hr symptom free exclusion period for any pupils or staff who suffer from Gastro-intestinal tract infections/diarrhoea/vomiting.

Public Health Office WIGAN: 01942 404240/404234

Any queries or concerns from pregnant colleagues, in regards to infectious diseases, should be referred to the Wigan Triage Service on 01942 778628. This department is open seven days per week 8.00am - 8.00pm

This policy was approved by the Pastoral & Worship Committee on 3rd March 2016

Next review date: March 2017

