

COGNITA



Prevention and Control of Infection and Communicable Diseases Procedures

September 2021

UK

KEY FACTS:

- **Infectious diseases are a major cause of illness among children going to school**
- **Social distancing and handwashing is the single most important point of infection control**
- **Teaching children the skills of handwashing and cough etiquette is essential in breaking the chain of infection**
- **It is important that any pupils or staff who are unwell should not attend school and only return once recovered**

1 Procedures

- 1.1 The school will follow Public Health Guidance Document – Health Protection in Schools and other childcare facilities - published September 2017 (last updated March 2021). This is in line with the Practice Guidance for the Early Years Foundation Stage (2008), and subsequent revised Framework (2014) and Independent Schools Standards Regulations 2014 (ISSR). This guidance provides advice on preventing the spread of infections, which diseases to vaccinate for, how long to keep children away from school and several infections.
- 1.2 The Public Health Guidance Document – Health Protection in Schools and other childcare facilities document gives clear guidance including recommended periods for pupils to be kept away from school or nursery, covering the following areas within nine chapters:
- Chapters 1 and 2 Introduction and infections in childcare settings
 - Chapter 3 Prevention and Control
 - Chapter 4 What to do if you suspect an outbreak of infection
 - Chapter 5 Immunisation
 - Chapter 6 Cleaning the Environment
 - Chapter 7 Staff Health
 - Chapter 8 Pets and Animal contact
 - Chapter 9 Managing specific infectious diseases
 - Appendices
 - Exclusion table

2 Infections in Childcare settings

- 2.1 Micro-organisms such as bacteria, viruses and fungi are everywhere and commonly do not cause infection (and can even be beneficial). However, some do cause infection resulting in symptoms such as fever and sickness. 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). For example a pupil with chickenpox is infectious to others 1 to 2 days before the rash appears.
- 2.2 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

- 2.3 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.

3 Prevention and Control

- 3.1 **Handwashing** – Handwashing is one of the most important ways of controlling the spread of infections, especially those that cause diarrhoea and vomiting and respiratory disease. Recommend use of liquid soap, warm water and paper towels. Always wash hands after using the toilet, before eating or handling food, and after handling animals. All cuts and abrasions should be covered with waterproof dressings.
- 3.2 **Coughing and Sneezing** – Pupils and adults should be encouraged to cover their mouths and nose with a tissue. Wash hands after using or disposing of tissues. Should tissues not be available pupils and adults should cough or sneeze into their elbow crease/upper arm, not cough or sneeze into their hands or wipe their nose on their lower arm sleeve. If they do sneeze or cough into their hands by mistake they must wash them as quickly as possible, touching few things as possible.
- 3.3 **Personal Protective Equipment** – Disposable non-powdered vinyl or latex free CE marked gloves and disposable plastic aprons must be worn where there is a risk of splashing or contamination with blood/body fluids (for example nappy or pad changing). Goggles should be available for use if there is risk of splashing to the face. Correct PPE as per the manufacturer's instructions should be used when handling cleaning chemicals or managing bodily fluids.
- 3.4 **Isolation Area** – Identification of an isolation area is required which may need to be used during outbreaks of infection. This should be an area close to an exit to reduce the likelihood of transmission within the school. It should also be close to a toilet and handwashing facilities which can then be used exclusively by those using the isolation area.
- 3.5 **Cleaning contract** – Essential elements of a comprehensive cleaning contract include daily, weekly and periodic cleaning schedules, based on national guidance. A proper colour coding system is recommended by the Health and Safety Executive. Colour-coded equipment should be used in different areas with separate equipment for kitchen, toilet, classroom and office areas (red for toilets and wash rooms; yellow for hand wash basins and sinks; blue for general areas and green for kitchens). 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 should be chosen to monitor cleaning standards and discuss any issues with cleaning staff.

- 3.6 **Toys and equipment** – Toys can easily become contaminated with organisms from infected children so it is important that a written schedule is in place for regular cleaning. The cleaning schedule should identify who, what, when and how toys should be cleaned and be monitored. 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 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.

- 3.7 **Cleaning of blood and body fluid spillages** – All spillages of blood, faeces, saliva, vomit, nasal and eye discharges should be cleaned up immediately (always wearing PPE). When spillages occur, clean using a product that combines both a detergent and a disinfectant. Use as per manufacturer's instructions and ensure it is effective against bacteria and viruses and suitable for use on the affected surface. Never use mops for cleaning up blood and body fluid spillages – use disposable paper towels and discard clinical waste appropriately. A spillage kit should be available for blood spills.
- 3.8 **Managing cuts, bites and nosebleeds** – Staff should be aware of the school first aid policy and manage situations such as cuts, bites and bleeds according to that policy. This includes the identification and training of nominated first aiders for the school.

If a bite does not break the skin:

1. Clean with soap and water.
2. No further action is needed.

If a bite breaks the skin:

1. Clean immediately with soap and running water.
2. Record incident in accident book.

Seek medical advice as soon as possible (on the same day): to treat potential infection to protect against hepatitis B, for reassurance about HIV.

- 3.9 **Sanitary 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. 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).
- 3.10 **Dealing with contaminated clothing** – Clothing of either the child or the first-aider 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.

- 3.11 **Clinical Waste** – Always segregate clinical and domestic waste. Used nappies/pads, gloves, aprons and soiled dressings should be stored in correct clinical waste bags or foot-operated bins. All clinical waste must be removed by a registered waste contractor. All clinical waste bags should be less than two-thirds full and store in a dedicated, secure area whilst awaiting collection.

4 **Female Staff – Pregnancy**

- 4.1 It should be noted that the greatest risk to pregnant women from such infections comes from their own household rather than the workplace. However, 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. A blood test may be arranged to check immunity if it isn't already known. 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.
- **German measles (rubella)**, 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.
- **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.

5 **Vulnerable Groups at Particular Risk from Infection**

- 5.1 Some children have impaired immune defence mechanisms in their bodies (known as immuno-compromised) and hence will be more likely to acquire infections. Also, the consequence of infection in the immuno-compromised is likely to be significantly more serious than in those with a properly functioning immune system (known as immuno-competent). Impaired immunity can be caused by certain treatments such as those for leukemia or other cancers, like cytotoxic therapy and radiotherapy. Other treatments such as high doses of steroids, enteral feeding and others, may also have a similar effect. Children and carers will have been fully informed by their doctor. There are also some rare diseases, which can reduce the ability of a person to fight off infection. Usually nurseries and schools are aware of such vulnerable children through information given by their parents or guardians.
- 5.2 If a vulnerable child is thought to have been exposed to a communicable disease, chickenpox or measles in the school setting, parents or carers of that child should be informed promptly so that they can seek further medical advice from their GP or specialist, as appropriate. It is important that these children are also made known to the school nurse or first aid coordinator on entry to the school.

6 Pets and Animal contact

- 6.1 Pets and other animals in school can enhance the learning environment. However, contact with animals can pose a risk of infection including gastro-intestinal infection, fungal infections and parasites. Some people, such as pregnant women and those with a weakened immune system, are at greater risk of developing a severe infection. However, sensible measures can be taken to reduce the risk of infection to the children and to staff. Only mature and toilet trained pets should be considered and the Head should ensure that a knowledgeable person is responsible for the animal. There should be a written agreement within the school detailing:
- the types of animals allowed in the school
 - how to manage them and permitted behavior whilst on the premises
 - where they can go and where they cannot go when in the school
 - any insurance liability of owners and handlers
- 6.2 Animals should always be supervised when in contact with the children and those handling animals advised to wash their hands immediately afterwards. Animals should have recommended treatments and immunisations, be regularly groomed (including claws trimmed) and checked for signs of infection. Bedding should be laundered regularly. Cat litter trays should be cleaned daily wearing disposable gloves. It should not be placed near food preparation, storage or eating areas. Wash hands immediately after removing gloves but pregnant staff members should not carry out this task because of the risk of toxoplasmosis. Feeding areas should be kept clean and their food stored away from human food. Food not consumed in 20 minutes should be taken away or covered to prevent attracting pests.

7 Visits to Petting Farms and Zoos

- 7.1 The school will emphasise the importance of hand hygiene during and after the visit and check that the farm has easily accessible hand washing facilities. Educate pupils not to eat, drink or put fingers in their mouths except when in designated eating areas and after they have washed their hands. Check that the farm is well managed. Drinking taps should be clearly marked and sited in a clean area away from the animals.
- 7.2 If children are allowed to handle or feed the animals, ask them not to put their faces against the animals or put their hands in their own mouths afterwards. Check that children wash and dry their hands thoroughly after contact with animals and particularly before eating and drinking. Younger children should be supervised. Food should only be taken in the designated picnic areas. Children should be reminded not to eat anything which may have fallen on the ground. They should not eat or drink unpasteurised products like milk, cheese or ice-cream, or taste animal feed stuff such as silage and concentrates. Manure or slurry presents a particular risk of infection and children should be warned against touching it. If they do, ensure hands are promptly washed and dried. Ask all the children to wash and dry their hands before leaving. Ensure that they are as free as possible from faecal material.

8 Water Based Activities

- 8.1 There is a risk of infection associated with any water-based activity on rivers, canals and freshwater docks, and also with the collection of specimens from ditches, streams and ponds. Water-based activities should only be undertaken at approved residential centres. Exercises such as 'capsize drill' and 'rolling' should ideally be practiced in swimming pools and never in stagnant or slow-moving natural bodies of water. Children and staff should cover all cuts, scratches and abrasions with a waterproof dressing prior to the activity. Do not eat or drink immediately after water-based activities until after hands have been washed. The use of appropriate footwear is recommended to reduce the risk of cuts to the feet. Pupils and staff should always wash or shower after canoeing or rowing. Anyone taking part in water based activities who becomes ill within 3 to 4 weeks of the activity is advised to seek medical advice.
- 8.2 It should be made clear to parents and carers that if their child becomes ill following participation in outdoor or water-based activities, the treating doctor should be made aware of the child's participation in these activities. Babies or children shouldn't swim in public swimming pools for 2 weeks after diarrhoea and vomiting has stopped.

9 Contact Sports and Swimming

9.1 Contact Sports

- Some body contact sports may pose particular problem. Herpes gladiatorum or 'scrumptox' is a Herpes simplex infection that has been associated with rugby, judo or wrestling but other viral fungal and bacterial infections can also be transmitted by close skin to skin contact, including staphylococcal infections and molluscum contagiosum. Exclude players with uncovered skin lesions that may pose a risk to others.

10 Swimming

- Pupils with open wounds, skin, chest, ear or eye infection should not swim until it has completely cleared
- Pupils with Cryptosporidiosis (diarrheal disease) should be excluded from swimming for two weeks after the diarrhea has settled
- Pupils with verrucae should have these covered in swimming pools, gymnasiums and changing rooms.

11 Managing specific infectious diseases

- 11.1 Chapter 9 of Public Health Guidance Document – Health Protection in Schools and other childcare facilities lists 37 of the specific infections that are found in school settings, and the school will follow this published guidance in relation to any of those listed below:

- [Athlete's Foot](#)
- [Chicken pox \(shingles\)](#)
- [Cold sores](#)
- [Conjunctivitis](#)
- [Food poisoning](#)
- [Giardia](#)
- [Salmonella](#)
- [Typhoid and Paratyphoid fever](#)
- [E. coli \(verocytotoxigenic or VTEC\)](#)
- [Gastroenteritis \(causes of\)](#)
- [Bacillary Dysentery \(Shigella\)](#)
- [Campylobacter](#)
- [Cryptosporidiosis](#)
- [Glandular fever](#)
- [Hand, foot and mouth disease](#)
- [Head lice](#)
- [Hepatitis A](#)

- [Hepatitis B](#)
- [Hepatitis C](#)
- [Impetigo](#)
- [Influenza](#)
- [Measles](#)
- [Meningitis](#)
- [Meningococcal meningitis and meningitis septicaemia](#)
- [Meningitis \(viral\)](#)
- [Meticillin resistant Staphylococcus aureus \(MRSA\)](#)
- [Mumps](#)
- [Ringworm](#)
- [Rotavirus](#)
- [Rubella \(German Measles\)](#)
- [Scabies](#)
- [Scarlet Fever](#)
- [Slapped cheek syndrome, Parvovirus B19, Fifth's Disease](#)
- [Threadworm](#)
- [Tuberculosis \(TB\)](#)
- [Whooping Cough \(pertussis\)](#)

The School continues to follow current government guidance on the management of COVID-19.

12 Notifiable Diseases and Health Protection Team Contact Details

12.1 It is a statutory requirement that doctors report a notifiable disease to the proper officer of the Local Authority (usually a consultant in communicable disease control) and schools may be required via local agreed arrangements to inform their local Health Protection Team. <https://www.gov.uk/health-protection-team>

12.2 The school will need to notify Ofsted of any notifiable disease of any child in their care, and this must be within 14 days of the incident occurring.

12.3 Diseases notifiable (to Local Authority Proper Officers) 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

12.4 It remains the responsibility of the Head to report any notifiable diseases or outbreaks to Regional Office using the SIRF (Serious Incident Reporting Form).

13 Outbreaks

13.1 An outbreak or incident may be defined as:

- an incident in which two 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

For example:

- 2 or more cases of diarrhoea and/or vomiting which are in the same classroom, shared communal areas or taking part in the same activities
- higher than usual number of people diagnosed with scabies
- higher than usual number of people diagnosed with scarlet fever
- two or more cases of measles at the school or other childcare setting

13.2 When to report

Heads/SLT should contact their local health protection team as soon as they suspect an outbreak 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 of classes affected

13.3 How to report

Childcare settings are asked to telephone their local HPT 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)

Your local HPT can also draft letters and provide factsheets for parents and carers to ensure the most up to date information is given.

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13.4 Enhanced cleaning during an outbreak of infection

In the event of an outbreak of infection at your school, your local health protection team will recommend enhanced or more frequent cleaning, to help reduce transmission. Advice may be given to ensure twice daily 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. Dedicated cleaning equipment must be colour coded according to area of use.

13.5 Diarrhoea and vomiting outbreak – schools checklist

The school will use Appendix 3 from [Public Health Guidance Document – Health Protection in Schools and other childcare facilities - Diarrhoea and Vomiting Outbreak checklist](#) during an outbreak and this will be signed off by the Head.

14 Exclusion

14.1 When pupils are suffering from infectious diseases they should be excluded from school on medical grounds for the minimum period recommended as per exclusion table below. Formal exclusion of pupils from school on medical grounds is enforceable by the Head only. In exceptional cases, when parents insist on the return of their child to school when the child still poses a risk to others, the school, by serving notice on the child's parents or carers, require that they keep the child away from school until they no longer pose a risk to others.

Exclusion table

Infection	Exclusion period	Comments
Athlete's foot	None	Athlete's foot is not a serious condition. Treatment is recommended.
Chicken pox	Five days from onset of rash and all the lesions have crusted over	
Cold sores (herpes simplex)	None	Avoid kissing and contact with the sores. Cold sores are generally mild and heal without treatment
Conjunctivitis	None	If an outbreak/cluster occurs, consult your local HPT
Diarrhoea and vomiting	Whilst symptomatic and 48 hours after the last symptoms.	See section in chapter 9
Diphtheria *	Exclusion is essential. Always consult with your local HPT	Preventable by vaccination. Family contacts must be excluded until cleared to return by your local HPT
Flu (influenza)	Until recovered	Report outbreaks to your local HPT.
Glandular fever	None	
Hand foot and mouth	None	Contact your local HPT if a large numbers of children are affected. Exclusion may be considered in some circumstances
Head lice	None	Treatment recommended only when live lice seen
Hepatitis A*	Exclude until seven days after onset of jaundice (or 7 days after symptom onset if no jaundice)	In an outbreak of hepatitis A, your local HPT will advise on control measures
Hepatitis B*, C*, HIV	None	Hepatitis B and C and HIV are blood borne viruses that are not infectious through casual contact. Contact your local HPT for more advice

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Impetigo	Until lesions are crusted /healed or 48 hours after starting antibiotic treatment	Antibiotic treatment speeds healing and reduces the infectious period.
Measles*	Four days from onset of rash and recovered	Preventable by vaccination (2 doses of MMR). Promote MMR for all pupils and staff. Pregnant staff contacts should seek prompt advice from their GP or midwife
Meningococcal meningitis*/septicaemia*	Until recovered	Meningitis ACWY and B are preventable by vaccination (see national schedule @ www.nhs.uk). Your local HPT will advise on any action needed
Meningitis* due to other bacteria	Until recovered	Hib and pneumococcal meningitis are preventable by vaccination (see national schedule @ www.nhs.uk) Your local HPT will advise on any action needed
Meningitis viral*	None	Milder illness than bacterial meningitis. Siblings and other close contacts of a case need not be excluded.
MRSA	None	Good hygiene, in particular handwashing and environmental cleaning, are important to minimise spread. Contact your local HPT for more information
Mumps*	Five days after onset of swelling	Preventable by vaccination with 2 doses of MMR (see national schedule @ www.nhs.uk). Promote MMR for all pupils and staff.

Infection	Exclusion period	Comments
Ringworm	Not usually required.	Treatment is needed.
Rubella (German measles)	Four days from onset of rash	Preventable by vaccination with 2 doses of MMR (see national schedule @ www.nhs.uk). Promote MMR for all pupils and staff. Pregnant staff contacts should seek prompt advice from their GP or midwife
Scarlet fever	Exclude until 24hrs of appropriate antibiotic treatment completed	A person is infectious for 2-3 weeks if antibiotics are not administered. In the event of two or more suspected cases, please contact local health protection
Scabies	Can return after first treatment	Household and close contacts require treatment at the same time.
Slapped cheek /Fifth disease/Parvo virus B19	None (once rash has developed)	Pregnant contacts of case should consult with their GP or midwife.
Threadworms	None	Treatment recommended for child & household
Tonsillitis	None	There are many causes but most cases are due to viruses and do not need an antibiotic treatment
Tuberculosis (TB)	Always consult your local HPT BEFORE disseminating information to staff/parents/carers	Only pulmonary (lung) TB is infectious to others. Needs close, prolonged contact to spread
Warts and verrucae	None	Verrucae should be covered in swimming pools, gyms and changing rooms
Whooping cough (pertussis)*	Two days from starting antibiotic treatment, or 21 days from onset of symptoms if no antibiotics	Preventable by vaccination. After treatment, noninfectious coughing may continue for many weeks. Your local HPT will organise any contact tracing

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*denotes a notifiable disease. It is a statutory requirement that doctors report a notifiable disease to the proper officer of the local authority (usually a consultant in communicable disease control).

Health Protection Agency (2010) Guidance on Infection Control in Schools and other Child Care Settings. HPA: London.

15 References

- 15.1 Public Health Guidance Document – Health Protection in Schools and other childcare facilities - published September 2017 (last updated March 2021).
<https://www.gov.uk/government/publications/health-protection-in-schools-and-other-childcare-facilities>

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