ALAMEDA MIDDLE SCHOOL

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INFECTION CONTROL POLICY

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INTRODUCTION

Infection control is the name given to a wide range of policies, procedures and techniques intended to prevent the spread of infectious diseases amongst staff and pupils.

School staff and pupils are at risk of infection or of spreading infection, staff are especially at risk if their role brings them into contact with blood or bodily fluids like urine, faeces or vomit. Such substances may well contain pathogens that can be spread if staff do not take adequate precautions.

Infections can also be through viruses that are spread in droplet form onto surfaces.

Policy Statement

Alameda Middle School believes that adherence to strict guidelines on infection control is of paramount importance in ensuring the safety of both staff and pupils. It also believes that good, basic hygiene is the most powerful weapon against infection, particularly with respect to hand washing. for Social Care Inspection (CSCI)) may wish to be informed.

Alameda Middle School will adhere to infection control legislation:

(a) The **Health and Safety at Work Act, etc 1974** and the **Public Health Infectious Diseases Regulations 1988**, which place a duty on the employer to prevent the spread of infection

(b) The **Reporting of Incidents, Diseases and Dangerous Occurrences Regulations 2013,** which place a duty on the employer to report outbreaks of certain diseases as well as accidents such as needle stick accidents

(c) The **Control of Substances Hazardous to Health Regulations 2002** (COSHH), which place a duty on the employer to ensure that potentially infectious materials within the organisation are identified as hazards and dealt with accordingly

(d) The **Environmental Protection Act 1990** for safe disposal of waste.

The school will also follow any government and Public Health England advice on managing infections.

Headteacher Responsibilities

Shall ensure the following: -

- that employees are informed of any risk to their health from a communicable disease that might arise as a result of their work or working environment and advise them on the means of avoiding either becoming infected or infecting others,
- that infection control issues are considered when doing workplace assessments,
- that employees are instructed, monitored and up-dated in correct infection control procedures,
- that sharp's injuries are reported and that employees follow the needle stick injury procedure.

Employee Responsibilities

The responsibility of the employee is to make sure that they are familiar with and follow, the infection control procedures for their own area.

Risk Assessment

An Infection control risk assessment should be completed.

Pregnant Employees or Pupils

Pregnant employees will need to be given special advice of certain infectious diseases such as German Measles (Rubella) and Chicken Pox (Varicella-Zosta). As employees might not be aware that they are pregnant everyone should be informed if there are cases of German Measles or Chicken Pox in an establishment.

Employees should be advised to ask their doctor for a test to establish their immunity to German Measles if they are planning to become pregnant. Previous vaccination in childhood does not guarantee immunity.

General Infection Control Procedures

- All staff are required to make infection control a key priority and to act at all times in a way that is compliant with safe, modern and effective infection control practice
- Alameda Middle School will make every effort to ensure that staff/pupils have access to sufficient facilities and supplies of appropriate equipment to ensure that they can implement effective infection control procedures and techniques for example handwashing facilities.
- Any staff who does not feel that they have access to sufficient facilities and supplies of appropriate equipment to ensure that they can implement effective infection control procedures and techniques have a duty to inform Headteacher or Business Manager

Coughing and Sneezing

Staff and pupils must adhere to the following procedures:

- Cover mouth and nose with a tissue.
- Wash hands after using or disposing of tissues.
- Spitting is prohibited and will be dealt with through the school Restorative practice policy

Effective Hand Washing

Alameda Middle School recognises that the majority of cross-infection is caused by unwashed or poorly washed hands which provide an effective transfer route for micro-organisms.

Regular, effective hand washing and drying, when done correctly, is the single most effective way to prevent the spread of communicable diseases.

Please see the correct hand washing technique Appendix 1 to this policy

- All staff should, at all times, observe high standards of hygiene to protect themselves and pupils from the unnecessary spread of infection
- All staff should ensure that their hands are thoroughly washed and dried:
  - When entering the building
  - After handling any body fluids or waste or soiled items
  - After using the toilet
  - Before handling foodstuffs
  - After smoking
  - Before and after handling medications
  - When leaving the school building

Pupils will also be encouraged to wash their hands thoroughly and frequently throughout the day.

- Hands should be washed thoroughly — liquid soaps and disposable paper towels should be used rather than bar soaps and fabric towels.
- Use warm running water and a mild, preferably liquid, soap. If tablets of soap are used it is important that they are kept on a clean soap dish when not being used.
- Rub hands vigorously together until soapy leather develops and continue for at least 20 seconds ensuring that all surfaces of the hand are covered.

- Rinse hands under running water and dry hands with either a hand dryer or paper towels. Do not use cloth towels in the workplace as they can harbour micro-organisms which can then be transferred from one person to person.
- Discard paper towels into a bin (pedal bins are preferable).
- It is important to ensure that the hand basin is kept clean.
- All cuts or abrasions, particularly on the hands, should be covered with waterproof dressings at all times.
- Ordinary liquid soap is considered to be effective for routine use in removing dirt and reducing levels of transient micro-organisms on the skin to acceptably safe levels
- Alcohol based hand washing solutions may also be used in situations where effective hand washing is not possible.
- The use of alcoholic products (80%) for hand decontamination is not intended to replace washing hands with soap and water but rather to supplement hand washing where extra decontamination is required or to provide an alternative means of hand decontamination in situations where standard facilities are unavailable.

The Handling and Disposal of Clinical and Soiled Waste

- Any clinical waste should be disposed of in sealed yellow plastic sacks and collection arranged through the Local Authority or private waste collection company.
- Non-clinical waste should be disposed of in normal black plastic bags.
- When no more than three-quarters full, yellow sacks should be sealed and stored safely to await collection by an authorised collector as arranged.
- See separate guidance on arrangements for dealing with COVID19 contaminated waste.

The Use of Protective Clothing

Staff must adhere to the following procedures:

- Wear disposable non-powdered vinyl or latex-free CE-marked gloves and disposable plastic aprons where there is a risk of splashing or contamination with blood/body fluids (for example, nappy or pad changing).
- Wear goggles if there is a risk of splashing to the face.
- Use the correct personal protective equipment when handling cleaning chemicals.
- Adequate and suitable personal protective equipment and clothing should be provided to staff based on risk assessment.

- All staff should who are at risk of coming into direct contact with body fluids or who are performing personal care should use disposable gloves and disposable aprons.
- The responsibility for ordering and ensuring that supplies of gloves and aprons are readily available and accessible lies with the Finance/Site Team.

Cleaning and Procedures for the Cleaning of Spillages

- Staff should treat every spillage of body fluids or body waste as quickly as possible and as potentially infectious.
- When cleaning up a spillage staff should wear protective gloves and aprons provided.
- **Disposable gloves should be worn. These should be vinyl gloves not latex which is known to cause allergic reactions in some people.**
- Any cuts on the hands or arms should be covered with waterproof plasters.
- Plastic disposable gloves should also be available
- The spillage should be covered with paper towels and soaked with 1 in 10 diluted bleach or one of the proprietary clean-up packs, which can be purchased for these circumstances, can be used. The proprietary brands are generally safer to handle and more appropriate on carpets and upholstery.
- When spillages occur, they clean using a product that combines both a detergent and a disinfectant and use as per manufacturer's instructions. Ensure it is effective against bacteria and viruses and suitable for use on the affected surface.
- Leave for 10 minutes or follow the instructions enclosed with proprietary brand.
- Clean up spillage.
- This can be disposed of by double bagging in with normal waste.
- Staff must clean up all spillages of blood, faeces, saliva, vomit, nasal and eye discharges immediately and wear personal protective equipment. Equipment for this is kept in the First Aid Room.
- Spillage kits are available for blood spills in the First Aid Room.
- Staff will never use mops for cleaning up blood and body fluid spillages – they will only use disposable paper towels and discard clinical waste as described below.
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The Disposal of Sharps (e.g. Used Needles)

- Sharps — typically needles or blades — should be disposed of in proper, purpose-built sharps disposal containers complying with BS7320.
- Sharps should never be disposed of in ordinary or clinical waste bags.
- A trained first aider should place the sharps in the box.

- Boxes should never be overfilled.
- When full, boxes should be sealed, marked as hazardous waste and collected by a hazardous licensed waste contractor.
- Staff should never attempt to force sharps wastes into an over-filled box.
- Sharps box is stored in office.

Accidental Contamination with Body Fluids

Blood borne viruses do not invade the body through intact skin, they can however penetrate through open wounds, mucous membrane (mouth), conjunctivae (eyes) and puncture wounds (so-called "sharp issues" injuries).

In the event of an accident with body fluids that results in possible contamination the following procedures should be followed:

IMMEDIATE ACTION by the person involved, first aider and line manager:

- make the wound bleed for a few seconds, but do not suck the wound.
- wash the wound with soap and warm running water, do not scrub
- cover the wound
- conjunctivae (eyes), mucous membrane (mouth) should be washed well under running water.
- Report the incident to the School Business Manager
- Accident form completed as soon as possible.

AS SOON AS POSSIBLE (WITHIN THE HOUR)

- Report the matter to your GP or the local A&E department.
- Take the accident form with you to the GP.
- If you have had Hepatitis B vaccination in the past you should remind your GP of the fact.
- However if you have not had a vaccine within the last six months the doctor will probably decide to give a booster.
- Blood should be taken and tested for Hepatitis B.

Hepatitis B and HIV/AIDS

It is not considered necessary for the Hepatitis B or HIV/AIDS status of **employees** to be declared to managers. If the Infection Control Procedures are set out in these Guidelines are followed there will be no risk to either pupils or other employees.

Immunisation

Specific immunisation is not necessary for all school employees in the context of their work. Where a pupil bites then this may be identified through a pupil risk assessment.

Personal care soiled wet clothing

Good personal hygiene practices will be followed and appropriate PPE provided (disposable gloves and apron).

Any pupil that soils themselves will be treated with care and dignity and a suitable area provided for changing.

Any member of staff assisting with any personal care should wash their hands after.

Any soiled clothing should be double bagged ready to be taken home by pupil.

Laundry

Staff must adhere to the following procedures for school laundry:

- Wash laundry in a separate dedicated facility.
- Wash soiled linen separately and at the hottest wash the fabric will tolerate.
- Wear personal protective clothing when handling soiled linen.
- Bag children's soiled clothing to be sent home, never rinse by hand.

Flu including COVID or SARS etc (see separate guidance)

Alameda Middle School has a Flu plan in place in preparation of seasonal flu or a pandemic.

If there is a case of Flu or an outbreak of vomiting and diarrhea strict control at an early stage is essential to prevent further spread.

- Implement strict infection control measures.
- Ensure that a person or persons are nominated to implement control measures.
- Provide advice to staff and pupils
- Following all vomiting incidents, all surfaces must be thoroughly cleaned, and dried, and where possible, evacuate the area during this period.

- Food surfaces that may be contaminated following a vomiting incident should be immediately, thoroughly cleaned.
- Ensure all surfaces in toilet areas are cleaned regularly and after any incident, and all surfaces wiped with a hypochlorite solution. Preventative disinfection should be carried out throughout the day.

General Infection Control Procedures

Strict infection control procedures are vital to prevent the spread of infection of public and communal areas. Follow Government and Public Health England and NHS advice on cleaning and disinfection.

Reporting

The **Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013** (RIDDOR) require the School to report a case COVID19) when:

- an unintended incident at work has led to someone's possible or actual exposure to coronavirus. This must be reported as a dangerous occurrence.
- a worker has been diagnosed as having COVID 19 and there is reasonable evidence that it was caused by exposure at work. This must be reported as a case of disease.
- a worker dies as a result of occupational exposure to coronavirus.

Training

All new staff should be encouraged to read the policy on infection control as part of their induction process. Existing staff should be offered training covering basic information about infection control.

Infection Control in Relation to Food Handling

Any member of the food handling staff who reports that they are suffering from diarrhoea and/or vomiting should be excluded from food preparation or serving until they are symptom free plus 48 hours.

Food handlers with skin problems especially on the hands and forearms should be excluded from food preparation until the skin is healed.

Food handlers suffering from colds and coughs should not be working while still at the acute stage of the disease.

All food handlers who consult their doctors about any infectious disease should make sure their doctor is aware of the work they do.

Food handlers who smoke should be reminded to wash their hands after smoking and before resuming their food preparation tasks.

Infection Management

The school will follow Government guidance on managing cases of infectious diseases in schools and other childcare settings. https://www.gov.uk/government/publications/health-protection-in-schools-and-other-childcare-facilities

Pupils and staff off school ill must be remain off school depending on their condition, For sickness and diarrhoea and whilst symptomatic and 48 hours after the last symptoms.

Exclusion Periods for Infectious Diseases

The school will follow recommended exclusion periods outlined by Public Health England, summarised in Appendix 1.

In the event of an epidemic/pandemic we will follow advice from Public Health England about the appropriate course of action.

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/789369/Exclusion_table.pdf

Pupils Vulnerable to Infection

Some medical conditions make pupils vulnerable to infections that would rarely be serious in most children. The school will normally have been made aware of such vulnerable children. These children are particularly vulnerable to chickenpox, measles or slapped cheek disease (parvovirus B19) and, if exposed to any of these, the parent/carer will be informed promptly and further medical advice sought. Advise these pupils and their parents/carers that the pupil may benefit from additional immunisations, for example for pneumococcal and influenza.

Clinical Waste

Staff must adhere to the following procedures:

- Always segregate domestic and clinical waste, in accordance with local policy.
- Used nappies/pads, gloves, aprons and soiled dressings disposed of in yellow bags in foot-operated bins.

- Remove all clinical waste bags when they are two-thirds full and store in a dedicated, secure area while awaiting collection. Clinical waste is double bagged when removed by the Site agent from the foot operated bin.
- Sanitary waste is disposed of by a competent, registered waste contractor.

Animals

If animals are brought onto site it will be for educational purposes and the following will be applied:

- Staff and pupils will wash hands before and after handling any animals.
- The responsible member of staff will keep animals' living quarters clean and away from food areas.
- Animal waste will be disposed of regularly, and litter boxes kept away from pupils.
- Pupils will be supervised when playing with animals.
- The member of staff responsible will seek veterinary advice on animal welfare and animal health issues, and the suitability of the animal as a pet.

Further Information

Local Health Protection Agency (HPA) https://www.gov.uk/health-protection-team

Government website https://www.gov.uk/government/collections/coronavirus-covid-19-list-of-guidance#infection-prevention-and-control

Public Health England https://www.gov.uk/government/organisations/public-health-england

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

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Appendix 1 - Correct Hand Washing Technique

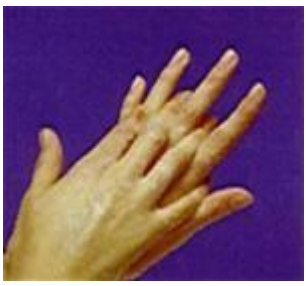
Removing all dirt and contaminants from the skin is extremely important. Hands and other soiled parts of the body should be cleaned frequently throughout the shift and the following times:

- when entering the school
- After going to the toilet
- Before and after any break
- After nappy changing/personal care
- when visiting the toilet.
- When leaving the school

The correct method of cleaning is also important. Developing a good hand washing technique is imperative to ensure hands are thoroughly clean. Particular attention should be paid to the backs of the hands and fingertips as these are frequently missed.

It is usual to wet hands before dispensing a dose of soap into a cupped hand, however for heavily soiled hands it is advisable to apply the appropriate specialist hand cleanser directly to the skin before wetting. In all cases, it is important to follow the manufacturer's recommended instructions.

1. Rub palm to palm

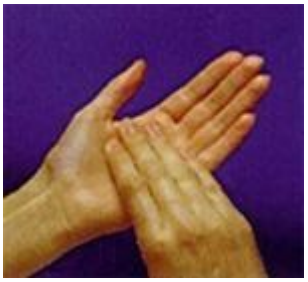


2. Rub palm over back of hand, fingers interlaced

3. Palm to palm, fingers interlaced

4. Fingers interlocked into palms

5. Rotational rubbing of thumb clasped into palm



6. Rotational rubbing of clasped fingers into palm

The skin should always be properly dried to avoid risk of chapping particularly during cold weather.

Clean disposable towels should be available at all times as the use of 'communal' towels can lead to contamination.

Where it is not possible to wash hands then alcohol gel (at least 60% alcohol content) must be used.

APPENDIX 2 - RECOMMENDED ABSENCE PERIOD FOR PREVENTING THE SPREAD OF INFECTION

This list of recommended absence periods for preventing the spread of infection is taken from non-statutory guidance for schools and other childcare settings from Public Health England (PHE).

Rashes and skin infections

Infection or complaint	Recommended period to be kept away from school or nursery	Comments
Athlete's foot	None	Athlete's foot is not a serious condition. Treatment is recommended.
Chickenpox	Until all vesicles have crusted over	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. These children are particularly vulnerable to chickenpox. Chickenpox can also affect pregnancy if a woman has not already had the infection.
Cold sores (herpes simplex)	None	Avoid kissing and contact with the sores. Cold sores are generally mild and self-limiting.
German measles (rubella)*	Four days from onset of rash (as per "Green Book")	Preventable by immunisation (MMR x2 doses). If a pregnant woman comes into contact with German measles she should inform her GP and antenatal carer immediately to ensure investigation.

Hand, foot and mouth	None	
Impetigo	Until lesions are crusted and healed, or 48 hours after starting antibiotic treatment	Antibiotic treatment speeds healing and reduces the infectious period.
Measles*	Four days from onset of rash	Preventable by immunisation (MMR x2 doses). 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. These children are particularly vulnerable to measles. Measles during pregnancy can result in early delivery or even loss of the baby. If a pregnant woman is exposed she should immediately inform whoever is giving antenatal care to ensure investigation.
Molluscum contagiosum	None	A self-limiting condition.
Ringworm	Exclusion not usually required	Treatment is required.
Roseola (infantum)	None	
Scabies	Child can return after first treatment	Household and close contacts require treatment.
Scarlet fever*	Child can return 24 hours after starting appropriate antibiotic treatment	Antibiotic treatment is recommended for the affected child.
Slapped cheek syndrome/fifth	None (once rash has developed)	Some medical conditions make children vulnerable to infections

disease (parvovirus B19)		that would rarely be serious in most children, these include those being treated for leukaemia or other cancers. These children are particularly vulnerable to parvovirus B19. Slapped cheek disease (parvovirus B19) can occasionally affect an unborn child. If exposed early in pregnancy (before 20 weeks), inform whoever is giving antenatal care as this must be investigated promptly.
Shingles	Exclude only if rash is weeping and cannot be covered	Can cause chickenpox in those who are not immune, i.e. have not had chickenpox. It is spread by very close contact and touch. If further information is required, contact your local PHE centre. 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. These children are particularly vulnerable to shingles. Shingles can also affect pregnancy if a woman has not already had chickenpox.
Warts and verrucae	None	Verrucae should be covered in swimming pools, gymnasiums and changing rooms.

Diarrhoea and vomiting illness

Infection or complaint	Recommended period to be kept away from school or nursery	Comments

Diarrhoea and/or vomiting	48 hours from last episode of diarrhoea or vomiting	
E. coli O157 VTEC Typhoid* [and paratyphoid*] (enteric fever) Shigella (dysentery)	Should be excluded for 48 hours from the last episode of diarrhoea. Further exclusion may be required for some children until they are no longer excreting	Further exclusion is required for children aged 5 years or younger and those who have difficulty in adhering to hygiene practices. Children in these categories should be excluded until there is evidence of microbiological clearance. This guidance may also apply to some contacts who may also require microbiological clearance. Please consult your local PHE centre for further advice
Cryptosporidiosis	Exclude for 48 hours from the last episode of diarrhoea	Exclusion from swimming is advisable for two weeks after the diarrhoea has settled

Respiratory infections

Infection or complaint	Recommended period to be kept away from school or nursery	Comments
Coronavirus	If displays the following symptoms, however mild the person should stay at home or go home and arrange for a test. If you have received a positive coronavirus (COVID-19) test result, then you should immediately self-isolate and stay at home following Government stay at home guidance. If test has been performed in school	For more information follow: https://www.gov.uk/government/publications/covid-19-stay-at-home-guidance https://www.gov.uk/government/publications/schools-and-childcare-settings-return-in-january-2021/schools-and-childcare-settings-return-in-january-2021

	using a lateral flow device test and the pupil's first test is positive, they should immediately self-isolate and have this positive test confirmed with a standard Polymerase Chain Reaction (PCR) test (they take more time because they are usually processed in a laboratory). If the pupil's first test is negative, they should be tested again ideally 3 to 5 days later (no fewer than 3 days). If this test is positive, they should self-isolate and confirm this with a PCR test. Common Symptoms: • a high temperature – this means you feel hot to touch on your chest or back (you do not need to measure your temperature) • a new, continuous cough – this means coughing a lot for more than an hour, or 3 or more coughing episodes in 24 hours (if you usually have a cough, it may be worse than usual)	

	• loss of sense of taste and smell	
Flu (influenza)	Until recovered	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. It may be advisable for these children to have additional immunisations, for example pneumococcal and influenza.
Tuberculosis*	Always consult your local PHE centre	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. It may be advisable for these children to have additional immunisations, for example pneumococcal and influenza.
Whooping cough*	Five days from starting antibiotic treatment, or 21 days from onset of illness if no antibiotic treatment	Preventable by vaccination. After treatment, non-infectious coughing may continue for many weeks. Your local PHE centre will organise any contact tracing necessary.

Other infections

Infection or complaint	Recommended period to be kept away from school or nursery	Comments
Conjunctivitis	None	If an outbreak/cluster occurs, consult your local PHE centre.

Diphtheria*	Exclusion is essential. Always consult with your local HPT	Family contacts must be excluded until cleared to return by your local PHE centre. Preventable by vaccination. Your local PHE centre will organise any contact tracing necessary.
Glandular fever	None	
Head lice	None	Treatment is recommended only in cases where live lice have been seen.
Hepatitis A*	Exclude until seven days after onset of jaundice (or seven days after symptom onset if no jaundice)	In an outbreak of hepatitis A, your local PHE centre will advise on control measures.
Hepatitis B*, C*, HIV/AIDS	None	Hepatitis B and C and HIV are bloodborne viruses that are not infectious through casual contact. All spillages of blood should be cleaned up immediately (always wear 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 as described below. A spillage kit should be available for blood spills.
Meningococcal meningitis*/ septicaemia*	Until recovered	Meningitis C is preventable by vaccination There is no reason to exclude siblings or other close contacts of a case. In case of an outbreak, it may be necessary to provide antibiotics with or without meningococcal vaccination to close school contacts. Your local PHE centre will advise on any action is needed.
Meningitis* due to other bacteria	Until recovered	Hib and pneumococcal meningitis are preventable by vaccination. There is no reason to exclude siblings or other close contacts of a case. Your local PHE centre will give advice on any action needed.
Meningitis viral*	None	Milder illness. There is no reason to exclude siblings and other close contacts of a case. Contact tracing is not required.
MRSA	None	Good hygiene, in particular handwashing and environmental cleaning, are important to minimise any danger of spread. If further

		information is required, contact your local PHE centre.
Mumps*	Exclude child for five days after onset of swelling	Preventable by vaccination
Threadworms	None	Treatment is recommended for the child and household contacts.
Tonsillitis	None	There are many causes, but most cases are due to viruses and do not need an antibiotic.

* 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). In addition, organisations may be required via locally agreed arrangements to inform their local PHE centre. Regulating bodies (for example, Ofsted/Commission for Social Care Inspection (CSCI)) may wish to be informed.