

# INFECTION CONTROL POLICY

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The purpose of this policy is to provide guidance to employees of Benenden School (Kent) Limited and its subsidiaries (collectively 'Benenden' or 'the School').

### 1 Policy Statement

When people live or work closely together, they are more at risk from spreading infections and diseases. When a person has an infectious illness/disease, strict precautions will be observed. It is Benenden School's policy to:

- Train staff so they are aware of any risks and precautions to be taken to prevent the spread of infection/disease.
- Provide preventative measures such as personal protective equipment (PPE), training and procedures.
- Record all outbreak incidents of infection/disease.
- Report notifiable infections to the local enforcing authority.

### 2 Introduction

Overall, premises should be clean and well ventilated. All areas should be cleaned regularly as part of a cleaning schedule.

Infections are usually spread from person to person by close contact, for example:

- Infected people can pass a virus to others through droplets when coughing, sneezing, or even talking within close distance.
- Through direct contact with an infected person, by shaking or holding their hand, and then touching your mouth, nose, or eyes without first washing your hands.
- By touching objects: door handles and light switches that have been previously touched by an infected person, then touching your own mouth, nose, or eyes without washing your hands.
- Viruses can live for several days on hard surfaces.

Therefore, staff/student advice is given on how to reduce the risk of passing on infection is given as follows:

- Wash your hands regularly, particularly after coughing or sneezing, blowing your nose, after using the toilet and before eating.
- Cover your nose and mouth when sneezing, using a handkerchief or the crook of your arm.
- Staff should seek medical advice if they suspect they have a commutable infectious illness/disease before coming into school.
- Students should not return from holidays or sickness absence if it is suspected they have an infectious illness/disease and until any isolation period has ended.
- If you feel ill during the school day during term time, go to the medical centre. Day pupils' parents/guardians will be contacted once assessed by the School Nurse.
- Boarders will be admitted to the medical centre for treatment and may stay in its isolation room or be discharged back to the care of the boarding house staff.

### 3 Scope

This guidance is applicable to all staff, students and / or contractors of the school who undertake activities associated with infection control.

The Health, Safety & Risk Manager and the Senior School Nurse will be responsible for the review of this guidance.

### 4 Objectives

To ensure that the school prevents the spread of infection and complies with legislation and requirements under the Public Health Act:

- Maintaining a clean environment
- Practising good standards of personal hygiene
- Notification of diseases
- Surveillance of infectious diseases
- Control of the use and disposal of infected items
- Control of premises affected by infectious diseases. This includes the requirement for cleaning and closure of premises.
- Control of people through exclusion of affected persons from the workplace, school or home

### 5 Guidance

**5.1 Good hygiene practices** should be carried out by all, and department procedures/risk assessment controls will be followed by all those involved with:

- General cleaning
- Cleaning of blood and body fluid spillages
- Clinical waste
- Laundry
- Use of personal protective equipment

**5.2 Transmission-based precautions** must be started as soon as a student or member of staff presents with symptoms (e.g., fever, new cough, vomiting, diarrhoea). There is no need to wait for test results.

- **Direct contact transmission** involves both a direct body-surface-to-body-surface contact and physical transfer of microorganisms between an infected or colonized person and a susceptible host.
- **Indirect contact transmission** involves contact of a susceptible host with a contaminated intermediate object e.g., (contaminated hands) that carries and transfers the microorganisms.
- **Droplet transmission** is the spread of an infectious agent caused by the dissemination of droplets. Transmission occurs when these droplets that contain microorganisms are propelled (usually <1m) through the air and deposited on the conjunctivae, mouth, nasal, throat etc. Examples of pathogens that spread via droplet transmission include seasonal influenza, Covid-19, meningococcal meningitis, rubella virus and pertussis.

### 5.3 Environment and equipment:

- Provide additional environmental cleaning resources as required for isolation room and cohort areas, focusing on frequently touched surfaces.
- Optimize indoor air ventilation to reduce risk of droplet and airborne disease transmission.

### 5.4 Handwashing

Many infections spread by lack of or inadequate hand washing after using the toilet and or prior to preparing, handling, or eating food.

People of all ages should be encouraged to wash hands after dirty activities and before lunch or school breaks. There should be many educational opportunities to emphasise the importance of clean hands to students and staff in the prevention of infection.

### 5.5 Personal hygiene

Personal hygiene items that can become contaminated with body fluids should not be shared, (e.g., towels, flannels, toothbrushes). Appropriate bins should be provided for female staff and students to dispose of sanitary protection. Female staff and students should be given privacy and adequate facilities to wash their hands after changing sanitary protection.

### 5.6 Communication

- Use signage that clearly alerts staff, students and relevant others to the precautions that need to be taken (e.g., PPE, hand hygiene, ventilation, dedicated equipment, transport etc.)

### 5.7 Blood/body spills

Spillages of blood and body fluids may contain infectious viruses so they should be cleaned up carefully and promptly. Others including students should be kept away from the spillage.

#### 5.7.1 SPILLAGE GUIDANCE – Safe cleaning and disposal of bodily fluids

All spillages of body fluid should be dealt with quickly and effectively. The aim of this document is to decrease the exposure risk to blood-borne and body fluid pathogens.

It is the responsibility of all staff who encounter spillages of blood or other body fluids to prevent the spread of infection and must follow basic hygiene procedures.

Make the area safe;

- Wear protective clothing such as gloves, plastic apron and eye protection/face shield;
  - Cover spillage with Clincell Swipe kit wipe, dispose Clincell wipe into bag provided;
  - Wash area with detergent and hot water;
  - Dry area thoroughly;
  - Dispose of all materials in the clinical or general waste;
  - Clean bucket bowl with fresh soapy water and dry. Wash mop head on hot machine wash;
  - Discard protective clothing in clinical waste;
  - Wash hands and use Sanitise wipe in Clincell Swipe kit;
- Spill kits are held in all matron Offices and resupplied by Domestic Bursar.
- Blue, nitrile, powder free gloves and plastic aprons are supplied by the Domestic Bursar.

#### 5.8 Bites, injuries, and sharps:

- Where skin is broken, make the wound bleed and wash thoroughly with soap and water.
- Report to the Medical Centre for treatment

#### 5.9 Animals:

- Animals can carry infections, so always wash hands after any contact.
- When visiting farms check hand washing facilities and ensure that children do not eat or drink whilst touring the farm, or put fingers into mouths etc. Use waterproof plasters to protect any cuts or grazes not covered by clothes.

#### 5.10 Vulnerable Adults and Children:

- Some medical conditions make children vulnerable to infections that would not normally be serious by reducing immunity. These may include cancers and those on steroids. Such individuals are particularly vulnerable to chickenpox and measles. If they are exposed contact the Medical Centre immediately.
- Shingles is caused by the same virus as chickenpox and therefore anyone who has not had chickenpox is potentially vulnerable if they have had contact with a case of shingles.
- If in any doubt seek advice from the Medical Centre.
- The school community will be updated with any advice if an outbreak occurs following communication with Public Health England.

#### 5.11 Pregnancy

If a pregnant woman has any concerns or develops a rash or is in direct contact with someone with a potentially infectious rash, then the Medical Centre should be contacted immediately. Points to consider include:

- German measles (rubella). If a pregnant woman comes into contact with German Measles, she should inform her GP and ante-natal carer immediately.
- Slapped cheek disease (Parvovirus B19) can occasionally affect an unborn child. Any potential exposure should be reported to the ante-natal carer.
- Chickenpox can affect the pregnancy if a woman has not already had the infection. Any potential exposure should be reported to the GP and ante-natal carer. Please note that it is possible to contract chickenpox from exposure to an individual who has shingles.

A pregnant woman should also contact Medical Centre or their GP if they have any concerns regarding exposure to any contagious illness.

#### 5.12 Immunisations

Each country develops its immunisation programme based upon the prevalence of different infections in its population. Pupils arriving to study in the UK may not have been vaccinated in accordance with UK policy and this can leave them exposed to diseases which are more common in the UK.

- Immunisation status should always be submitted at school entry and at the time of any vaccination. It is most important the Medical Centre are provided with a history of immunisations of students at the time of entry to the school.
- Any immunisations that have been missed should be addressed via the Medical Centre
- Travel vaccines may need to be considered for school visits out of the country. These need to be assessed on an individual pupil/staff basis with the School Nurses, or online Travel Clinic such as NaTHNaC at least six weeks in advance of travel.

#### 5.13 Group A Streptococcus and Scarlet Fever (GAS; Streptococcus pyogenes):

- Scarlet Fever is usually a mild illness, but it is highly infectious. Therefore, look out for symptoms which include - sore throat, headache, and fever, plus a fine, pinkish or red body rash with a sandpapery feel. On darker skin, the rash can be more difficult to detect visually but will also have a sandpapery feel.
- Contact the Medical Centre or your GP if you suspect a case of Scarlet Fever, because early treatment with antibiotics is important to reduce the risk of complications such as pneumonia or a bloodstream infection. Health professionals must inform the local authority or local health protection team of suspected cases.

#### 5.14 Shingles

It is important to get advice as soon as you suspect Shingles, medicine might be required to speed up recovery and avoid longer-lasting problems. Please contact the Medical Centre, GP or [111.nhs.uk](https://www.nhs.uk) or [call 111](https://www.nhs.uk).

Stay away from certain groups of people if you have shingles. You cannot spread shingles to others, but people who have not had chickenpox before could catch chickenpox from you.

Try to avoid:

- pregnant people who have not had chickenpox before.
- people with a weakened immune system – like someone having chemotherapy.
- babies less than 1 month old – unless you gave birth to them, as your baby should be protected from the virus by your immune system.

You can only spread the infection to other people while the rash oozes fluid (weeping).

#### 5.15 New and re-emerging diseases

Sometimes students arrive from countries experiencing outbreaks of serious infections.

- Staff should remain vigilant to symptoms which might indicate a serious imported infection.
- Suspected cases should be notified Public Health England at our Local Authority as a matter of urgency.

In most instances the possibility of these infections can be quickly excluded. However, early notification for risk assessment to be carried out is essential.

#### 5.16 The impact on infectious disease general

The boarding school as a semi-closed community, can suffer high rates of infections that establish due to the sustained close living relationship of pupils in boarding accommodation, providing propensity of infections to spread. Boarding schools may face greater challenges in managing outbreaks that occur in school settings, such as viral gastroenteritis, but also are more likely to be affected by outbreaks of diseases uncommon in non-residential settings.

For certain diseases, e.g., SARS, a flu pandemic or meningitis, specific guidance will be provided by the Medical Centre and Head Teacher based on the situation at that time.

#### 5.17 Notifications of infectious diseases

The School Nurse will contact the Health Protection Team at our Local Authority if they become aware of any infectious diseases in the school, so that appropriate control measures can be discussed.

#### 5.18 Medical exclusions

- Parents/guardians are requested not to send their children to school when they are ill

- If a day student becomes ill during the school day parents/guardians are contacted and arrangements made for them to be collected
- Boarders are dealt with in accordance with the National Minimum Standards for Boarding

### 5.19 Investigation of outbreaks

Investigations and control action will depend upon the type and severity of the outbreak. Investigations may be carried out internally by the Lead Nurse and the Health, Safety & Risk Manager. Externally by Local Authorities; Health Protection Unit, Environment, Food & Rural Affairs or the Health and Safety Executive.

### 6. Legal References and additional resources:

1. [Health and Safety at Work etc Act 1974](#)
2. [The Management of Health and Safety at Work Regulations 1999](#)
3. [The Control of Substances Hazardous to Health Regulations 2002](#) (COSHH)
4. [The Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013](#)
5. [Notifiable diseases and causative organisms: how to report - GOV.UK \(www.gov.uk\)](#)
6. [Management of scarlet fever outbreaks in schools \(publishing.service.gov.uk\)](#)
7. [National minimum standards for boarding schools \(publishing.service.gov.uk\)](#)
8. [People with symptoms of a respiratory infection including COVID-19 - GOV.UK \(www.gov.uk\)](#)
9. [Preventing or controlling ill health from animal contact at visitor attractions or open farms - Agriculture - HSE](#)
10. [Department for Environment, Food & Rural Affairs - GOV.UK \(www.gov.uk\)](#)
11. [Department of Health and Social Care - GOV.UK \(www.gov.uk\)](#)
12. [Homepage | Food Standards Agency](#)
13. Handbook for the Inspection of Schools - The Regulatory Requirements, Part 3 [www.isi.net](#)
14. Health and Safety Executive [HSE: Information about health and safety at work](#)