



MacIntyre

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Infection Control Policy

Agreed by Local Advisory Board: May 2018
Review Date: April 2019

Ethos statement

The school's Local Advisory Board (LAB) members and MacIntyre trustees are committed to promoting the health and welfare of all members of the school community. LAB members and trustees' priorities lie in ensuring that all operations within the school environment, both educational and support, are delivered in a safe manner that complies fully not just with government guidance but with best practice. This Infection Control policy runs alongside the practices set down in the MacIntyre Health & Safety Manual (5th edition), all our Policies including but not limited to Health & Safety, First Aid, Safeguarding, Medicine and Risk Assessment, Guidance on Infection Control in Child Care Settings¹ and Health Protection in Schools and Other Child Care Facilities².

Students and staff are in close proximity as the care and education provided is individual and personal, students are also sharing the houses and interacting with one another within these. This situation allows the spread by direct contact, respiratory means, touching infected items, blood borne passed during first aid or gastrointestinal spread due to contamination of food or drink. Infections in this environment may spread faster due to:

- A young person's immune system being immature.
- No vaccinations or incomplete courses of vaccinations
- Young people often have close contact with other young people and staff.
- Young people can lack and understanding of good hygiene practices.

To reduce the risk of infection and its subsequent spread the school encourages all students and staff to:

- Be up to date with all the immunisations recommended.
- Keep the environment clean.
- To have good hand washing practices (thorough and regular).

Definitions

Infection: An illness or disease passed between students and/or staff.

Exclusion: To isolate a person from work, an area or activity reducing the risk of infection to others.

PPE: Personal Protective Equipment. Disposable gloves, aprons and other items to cover clothing and shoes.

Bodily Fluids: Any emission from the body, including blood, saliva, urine, faeces, mucus and vomit.

Hand washing: the process of cleaning hands in-line with NHS guidelines to remove contamination and reduce the spread of illness.

Outbreak: Two or more linked cases with similar symptoms (or notifiable disease), such as:

- Two or more cases of diarrhoea or vomiting or both
- Scabies
- scarlet fever
- impetigo

¹https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/522337/Guidance_on_infection_control_in_schools.pdf

² <https://www.gov.uk/government/publications/health-protection-in-schools-and-other-childcare-facilities>

Immunisation: The process of protecting a person from infectious disease by putting a substance into the body that makes it produce anti-bodies.

Food Handlers: Staff that prepare food for students and other staff.

Training: Courses provided to staff in order that they learn safe procedures and methods for carrying out tasks and dealing with varying circumstances within the course of their job role.

Aims.

The Guidance and procedures contained in this policy are designed to ensure that everyone is healthy, and while we accept that there will be infectious illnesses that affect students, staff and visitors, the effects of any outbreak of illness are minimised to reduce the spread.

- That no student suffers an illness as a result of the care given, or staff working practices.
- Appropriate risk assessments, systems, checks and work practice in line with legal guidance and best practice are in place to prevent the spread of infection to students, staff, visitors, contractors or volunteers
- That any individuals suffering from an illness are treated appropriately and sympathetically to aid their recovery and to minimise the spread of infection to others.

Methods and Key principles.

Most methods and practices reflect the guidance given in the MacIntyre Health & Safety Manual (5th edition), Health Protection in Schools and Other Childcare Facilities, Guidance on Health Protection in Schools and Other Childcare Settings. Further method statements are available to give precise guidance where necessary these can also be displayed.

Hand washing.

Hand washing is one of the most important and effective ways of controlling the spread of infection, especially diarrhoea and vomiting and respiratory diseases.

Hand washing advice is in all staff toilets, taught on infection control training staff then teach students the correct way to wash their hands. Liquid soap and warm water with paper towels for drying are recommended. Staff and students are advised that they should wash their hands after using the toilet, before and after eating or handling food, after touching animals, when they leave work and periodically or as necessary during the day.

Personal Protective Equipment.

Wear disposable gloves (non-powdered vinyl or latex-free) and aprons where there is any risk of splashing or contamination with bodily fluids. Paper overalls can be worn to protect clothing during difficult cleaning.

Food Handling

The law requires that in all food businesses other than those engaged in primary production (e.g. farmers and growers) and associated operations:

“No person suffering from, or being a carrier of a disease likely to be transmitted through food or afflicted, for example, with infected wounds, skin infections, sores or diarrhoea is to be permitted to handle food or enter any food-handling area in any capacity if there is any likelihood of direct or indirect contamination.”

“Any person so affected and employed in a food business and who is likely to come into contact with food is to report immediately the illness or symptoms, and if possible their causes, to their manager or supervisor.”³

Due to the risk posed to staff and students by food handlers suffering from an illness or poor practices, the school requires anyone who handles food to:

- Follow training and procedures for hand washing.
- Follow training and procedures for washing, cleaning and disinfection of kitchens and the equipment in them.
- Informs their line manager if they have any infection or disease that could be transmitted through food & drink (typically diarrhoea or vomiting), and stays off work for 48 hours after the last episode of the illness would include.
 - Typhoid fever
 - Paratyphoid fever
 - Other salmonella infections
 - Dysentery
 - Shigellosis
 - Diarrhoea (any cause)
 - Infective jaundice
 - Staphylococcal infections e.g. impetigo, septic skin lesions, infected wounds & boils.
 - E. coli VTEC infection.

Managers of food handling staff should report any of these illnesses amongst staff who handle food to Senior Leadership team. SLT will report any instance of a member of staff suffering from an illness likely to cause food poisoning to the Environmental Health Department. The member of staff would only be allowed back to their normal duties when cleared by the Environmental Health Officer.

Laundry.

Laundry is washed in a designated laundry areas away from kitchens and food preparation areas and all laundry is dealt with in accordance with the H&S manual and the method statement (appendix 5).

All soiled laundry should be placed in a red bag and treated in accordance with the method statement (appendix 6). Soiled laundry should never be manually sluiced as this exposes the staff member to fine contaminated aerosol droplets.

Sanitary facilities.

Soap, toilet paper and paper towels are available by all staff toilets and supervised wash basins. Where students are using the sanitary facilities this is not always possible, as some students will pull them off the wall. Therefore, students' have a wash bag which they carry their soap and a flannel, these are taken into the toilet by some students or held by staff who then support the student to wash their hands.

³ <https://www.food.gov.uk/sites/default/files/multimedia/pdfs/publication/fitnesstoworkguide09v3.pdf>

Continence pads and pants are changed in the toilet facilities. Staff should always wear PPE and dispose of this correctly (bagging gloves then all other offensive waste before putting it into the clinical waste bin). Clinical waste bins in student toilets are emptied daily and as necessary, by cleaning staff and disposed of into non-hazardous clinical waste bins.

Sanitary disposal facilities are provided in the staff toilets students use the clinical waste bins as they will often need support and then PPE and other offensive waste may need to be disposed of.

Bites cuts and nose bleeds.

Staff should be aware of the school's Health & Safety and First Aid Policies and treat all bites, cuts and nosebleeds according to these and the parallel training. Any materials used in first aid treatment should be disposed of in line with the guidelines.

If bites do not break the skin:

1. Wash the area with soap and water
2. Record the incident on School Pod (Behaviour Watch).
3. No further action is needed

If the bite breaks the skin:

1. Clean with soap and plenty of running water.
2. Record the incident on School Pod (Behaviour Watch).
3. Seek medical advice the same day (as soon as possible).
 - To treat any potential infection.
 - To protect from Hepatitis B.
 - To get reassurance over HIV.

Coughs, Sneezing and Spitting

Coughs and Sneezes spread diseases. Staff and students should be encouraged to cover both nose and mouth with a disposable tissue and wash their hands when they have disposed of the tissue.

Spitting should be discouraged, where this does occur staff will:

- Wash thoroughly with soap and warm water where it makes contact with their skin.
- Support other students to wash thoroughly with soap and warm water where it makes contact with their skin.
- Wipe off clothing with anti-bacterial wipe and wash clothing as soon as possible.
- Hard surfaces will be wiped with anti-bacterial wipes in the first instance.
 - Cleaners will clean when students are out of the area using anti-bacterial cleaners and disinfectants as appropriate.
 - Clinical waste bags will be provided for used anti-bacterial wipes.

Exclusion

Exclusion from school may be used to reduce an infection spreading when students or staff are suffering from an infectious disease.

Students living in children's home would be encouraged to keep to their room in the house and the house would instigate a regular cleaning of touch points in communal areas other students in the house may become affected but would not be excluded from school pre-emptively unless on medical advice.

Diarrhoea and vomiting should have a 48 hour exclusion (for both students and staff) after the last episode with cryptosporidiosis requiring a two week exclusion from swimming.

Vulnerable students at particular risk from infection.

Any child considered vulnerable would have their needs assessed and a care plan in place that would be approved by medical professionals to ensure it was appropriate for their needs. This would be done on an individual basis for any student that was considered at risk.

Immunisation.

Staff should ensure they have had a full course of immunisation in addition any member of staff who does personal care, cleaning or maintenance should also have a Hepatitis B immunisation. The hepatitis B vaccination is available from GPs but may incur a charge; MacIntyre will refund the cost in the usual way (expenses form and receipt).

Students' parents and guardians would always be encouraged to follow NHS guidelines on immunisation and have students immunised according to the NHS guidance.

Pregnant Staff

The greatest risk to pregnant staff comes from infections in their own household not the workplace. However, any pregnant member of staff who comes into contact with someone with an infection or rash should consult her midwife promptly. SLT and line managers would arrange their duties to avoid students with possible infectious illnesses. All pregnant staff would be excluded from animal contact.

Female staff would be expected to have immunisation against rubella (2 doses of MMR) if a situation occurred where there was an outbreak and unvaccinated pregnant staff they may be required to take unpaid leave.

Contact with Animals

All contact between students and animals is risk assessed and supervised appropriately. Where students go out to animal parks these are reputable establishments which cooperate with the school to achieve good infection control and Health & Safety procedures.

Staff and students would be required to

- Wash their hands thoroughly after contact.
- Keep their faces away from the animal.
- Refrain from putting hands in their mouths, eating or drinking.
- Avoid eating any animal feed.
- Kept away from faeces and manure hands washed thoroughly if touched.

Any animals coming on to the site or interacting with the students would be required to be:

- Kept under control by an experienced handler.
- Vaccinated appropriately.

Water Activities and Sports

The hydopool within the school is governed by procedures which ensure chemical levels are correct for disinfection, any contamination is dealt with promptly and affectively, independent tests are carried out weekly to ensure the quality of the water. While it is expected that there must always be a risk of infection from both internal swimming activities and external swimming, water sports and activities the risks can be mitigated by the following:

- All cuts and wounds covered with a waterproof dressing.
- Students shower after canoeing and open water activities.
- Suitable footwear is worn to reduce the risk of cuts and grazes
- If any illness occurs within a two week period of the water activity the doctor should be informed.

Responsibilities

Local Advisory Board:	As they are ultimately responsible for the health of the staff and students they need to ensure this by developing policies in line with legal requirements and best practice. Appoint a Senior Leadership Team to apply the policies and meet regularly to monitor and discuss implementation of policies.
Director of Education, Children and Young People:	Liaises with MacIntyre Directors, Trustees, Local Advisory Board and Senior Leadership Team to enhance communication between the school and charity, in order that student health is kept as the highest priority.
Senior Leadership Team:	Ensure that high quality training is given to staff, that procedures are followed, reviewed and developed. Coordinate any major outbreak that may occur including the contact of suitably qualified experts where necessary. Support staff to carry out their duties and responsibilities.
Teachers, Heads of Service & Line managers	Ensure that the staff they manage put the Health of students first and never ask staff to perform a task that they are not trained and capable of doing. Inform SLT and parents of any outbreak of infectious illness as necessary. They are to support, advise, instruct and aid staff in their team to carry out their duties.
School Nurse	The school nurse will offer advice and expertise on any outbreak or suspected infection. This may include examining students and liaising with other health professionals as required.
Staff	All staff are responsible for keeping the students & staff healthy. Staff must keep up their training in line with what is required for their role and not undertake tasks or procedures they are not trained for. It is imperative that staff cooperate with other staff and managers to keep students & staff healthy including but not limited to: hand washing and supporting students to wash their hands, keeping work areas and equipment clean, following good hygiene practices and procedures.
Students	May not be aware of potential or immediate dangers caused by poor hygiene they should, therefore, follow the guidance of staff.
Visitors and Parents	Should make staff aware of any infectious illnesses that have occurred while the student was in their care. While on site they should follow the guidance of staff.

Related Policies

MacIntyre School Risk Assessment Policy.
MacIntyre Medicines Policy
MacIntyre School Local Medicine Procedures
MacIntyre School Health & Safety policy
MacIntyre Health & Safety Manual (5th edition)

Success Criteria

The policy may be deemed successful if:

- The school is a healthy environment for all students, staff and visitors.
- Any potential outbreak or actual outbreak is contained.
- Staff understand and follow procedures.
- No member of staff is left in a situation they are not trained for or unable to cope with.
- MacIntyre Health & Safety Manual is used as a reference tool to help staff.

Procedures

Procedures are communicated through training and practice and can be found in the MacIntyre Health and Safety Manual. Method statements for general tasks are available from line managers or the Compliance Officer.

Review

This policy will be reviewed biannually, and as necessary, following investigations into incidents. It will then go to Senior Leadership, Local Advisory Board and MacIntyre Central for approval.

Appendices.

Appendix 1

Method Statement.**Procedure for staff to reduce the spread of infection.****Daily precautions.**

1. All staff should wash their hands according to the infection control training: on entering the site, after using the toilet, before preparing/handling food, before and after personal care, after sneezing, and at regular intervals throughout the day.
2. Staff should support and encourage students to wash their hands: on entering the site, after using the toilet, before preparing/handling food, before and after personal care and at regular intervals throughout the day.
3. Water jugs and cups used in the classes should be put in the dishwasher or washed up daily and only filled from the drinking water taps in the café or staff room (never a toilet sink).
4. Personal Protective Equipment (PPE) should be in plentiful supply and worn. This must include disposable gloves and a disposable plastic apron. All used PPE should be disposed of into a bag then put in the yellow clinical waste.
5. Any contamination by bodily fluids should be isolated and reported immediately to the head of admin, cleaners will be dispatched to clean the area
6. Hard toys and work areas should be cleaned/wiped down daily/ after use.
7. Sand, plasticine, play dough, etc. should be replaced regularly depending on use.
8. Water should be disposed of when the activity/play has finished.
9. Soft toys, clothing, blankets, cushions, etc. should be washed every couple of weeks, more if they have a lot of use.
10. Specialist rooms such as the sensory, ball pool and zone should be left clean and any contamination reported to the head of admin, the room will be out of use until cleaned.

In the event of an infectious illness

1. Staff should be fastidious over their hand washing procedures and encourage students to be the same.
2. Staff and Students should be kept out of the kitchens as far as possible.
3. Staff should wipe down door handles, taps, toilet handle and toilet after using the toilet themselves or a student using the toilet in the event of an outbreak of diarrhoea and/or vomiting (cleaning products will be made available).
4. Staff will be asked to use disposable plastic cups for water rather than personal water bottles in the event of an outbreak of diarrhoea or/and vomiting.
5. Disposable anti-bacterial wipes and hand sanitizer will be left in the staff room kitchen, by cleaning technician, to be used by all staff before and after using the area.
6. Staff will be responsible for wiping down their work station and area twice daily with the disposable wipes.
7. Staff should wash clothing daily and ensure they wipe down keys, bags phones (personal and school) and any other equipment.
8. Where possible soft toys should be removed if this is not possible they should be kept to a minimum and rotated for regular daily washing.
9. Hard toys should be cleaned and wiped with disinfectant after every use.
10. Plasticine, play dough, sand, water play and food/cooking activities should be stopped and all these materials disposed of.
11. Ball pool, zone, and sensory room should where possible not be used, until it is deemed safe to do so and staff are notified that it is appropriate to do so

Appendix 2

Method Statement.**Cleaning of bodily fluids on floors walls and upholstery.**

All Bodily Fluids are potentially hazardous and should be treated in accordance with the procedure to avoid contamination and infection.

1. Isolate the area keep students and other staff away.
2. Put on Personal Protective Equipment (PPE) gloves, sleeves, overalls and apron. Collect together clinical waste bags, Disposable paper towel, red cloths, Red bucket of hot water (with mop if appropriate), anti-bacterial cleaner and urine neutraliser.
3. Remove any object or clothing etc. and put in the clinical waste bag or red laundry bag as appropriate.
4. Clear up as much as possible using the paper towels, putting them straight into the clinical waste bag.
5. Spray the area with anti-bacterial spray
6. Wipe up using wet red cloth or mop. Regularly rinsing mop/cloth, until the area looks clean.
7. Re-spray the area with anti-bacterial cleaner.
8. Change the water in the bucket emptying into bucket/laundry room sink (not kitchen).
9. Use a clean cloth or rinse the mop thoroughly before repeating step 6.
10. Use a dry red cloth to absorb as much moisture as possible.
11. If upholstery or carpet spray urine neutraliser over the area.
12. Mops and mop buckets should be rinsed and mops put to soak in a solution of disinfectant. Locked away from students in laundry room.
13. Put all red cloths and PPE in clinical waste bag (gloves into a bag first) seal and dispose of into the correct bin.
14. Wash hands thoroughly with anti-bacterial soap.
15. Leave area cleaned to dry.

Appendix 3

Method Statement.**Cleaning and Disinfection of Food preparation areas in Kitchen or Cafe.**

Food preparation areas need cleaning and disinfecting both before and after use to prevent food poisoning and cross contamination. Only disinfectants complying with BS EN1276:2009 or BS EN 13697:2001 should be used (check your bottles).

1. Fill your sink with hot water and washing up liquid diluted according to the manufacture's instructions.
2. Using a clean cloth, dipping and rinsing regularly in your hot soapy water, wipe down the food preparation area. Make sure all visible dirt, grease, debris and food particles are removed.
3. Let the water out of your sink, rinse sink and cloth in running water. Refill the sink with clean water, no detergent.
4. Wipe down food preparation surfaces again to remove residues.
5. Spray/apply disinfectant in accordance with manufacturer's instructions and leave for the time specified.
6. With a clean cloth rinsed in warm water wipe the food preparation area.
7. Area is now ready for food preparation.
8. Repeat steps 1 – 6 after preparing food.

Appendix 4

Method Statement.**Cleaning of School in the event of an infectious illness being passed.**

1. Soap, anti-bacterial wipes, paper towels and hand sanitizer will be distributed to classes and offices by cleaning technician.
2. Personal Protective Equipment (PPE) should be in plentiful supply and worn. This must include disposable gloves and a disposable plastic apron. All used PPE should be disposed of into a bag then put in the yellow clinical waste.
3. All bodily fluids would be treated as a priority by the cleaners and cleaned in accordance with the method statement for bodily fluids cleaning.
4. Cleaning technician will clean all toilets twice a day using disinfectant and anti-bacterial cleaners in accordance with manufacturers' instructions.
5. Cleaning Technicians will wipe down all common touch points including: door handles, doors (including glass), hand rails, taps and toilet handles using a disinfectant twice daily and as necessary.
6. Cleaning technicians will clean the staff room kitchen twice daily using disinfectant and anti-bacterial cleaners in accordance with manufacturers' instructions. This will include nozzles on the water vending machine.
7. Staff will be asked to use disposable plastic cups for water rather than personal water bottles.
8. Disposable anti-bacterial wipes and hand sanitizer will be left in the staff room kitchen, by cleaning technician, to be used by all staff.
9. Staff will be responsible for wiping down their work station and area twice daily with the disposable wipes.
10. Staff should wash clothing daily and ensure they wipe down keys, bags and other equipment.

Appendix 5

Method Statement.**Handling and treatment of student's laundry.**

All soiled laundry should be treated in accordance with the procedure to avoid contamination and infection.

1. Each student should have their own laundry basket, in which all dirty laundry is placed.
2. This will be taken to the laundry room and the washing placed in the machine and the cycle run according to the labelling on the clothes.
3. No student's washing will be put in with other household laundry or that of another student.
4. When the laundry is removed from the machine it will either be placed in a basket designated for clean washing only or the student's own basket after it has been wiped with an anti-bacterial cleaner.
5. Washing machine door should be left ajar when not in use.
6. Dryer filter must be checked before transferring the washing to the dryer.
7. More than one students clean clothes may be placed in the dryer at one time to increase efficiency and save energy.
8. Dryer activated.
9. When dryer has finished washing should be removed and filter emptied.
10. Washing should be folded into the clean basket on completion of the drying cycle.
11. The Laundry may now be returned to the students' rooms in the normal manner.

Appendix 6

Method Statement.**Handling and treatment of soiled laundry.**

All soiled laundry should be treated in accordance with the procedure to avoid contamination and infection.

If this occurs during school the soiled laundry should be taken directly to the laundry room in the school building.

1. Personal Protective Equipment (PPE) should be in plentiful supply and worn. This must include disposable gloves and a disposable plastic apron.
2. All used PPE should be disposed of into a bag then put in the yellow clinical waste.
3. All disposable items and solids should be removed from the laundry, bagged and put in the clinical waste bin.
4. Laundry must be placed in a red bag and taken to a laundry room as soon as possible.
5. PPE should be worn if the bag is opened for any reason.
6. The red bag should be placed in the washing machine and the program set to sluice or pre wash cycle (as available on the machine).
7. When the sluice cycle has finished the bag must be removed and placed in the refuse.
8. Laundry should now be washed as hot as possible (check the laundry labels) either using a pre-wash or by using 2 cycles.

Laundry may now be dried and returned in the normal manner

Appendix 7

Method Statement.**Cleaning of houses and isolation of infected students in the event of an infectious illness being passed.**

In the event of a serious infection spreading across the school site these measures would be taken to reduce the spread of the illness to both staff and students.

1. If three or more students in a house became unwell, healthy students may be moved. Unwell students would be encouraged to keep to their room
2. Staff would be allocated to one area/house, according to experience, expertise and health.
3. Staff with infected students should use PPE as much as possible but sensitively.
4. All used PPE should be disposed of into a bag then put in the yellow clinical waste.
5. All bodily fluids would be treated as a priority and cleaned in accordance with the method statement for bodily fluids cleaning.
6. The cleaning of the student's room and communal areas would happen at least twice daily and include the wiping down of all touch points including surfaces, chairs, remote controls, doors, handles, banisters, taps and toilet
7. Staff will clean all toilets/bathrooms after use or as necessary using disinfectant and anti-bacterial cleaners in accordance with manufacturers' instructions.
8. Disposable anti-bacterial wipes and hand sanitizer will be distributed to houses.
9. Staff will wipe down touch points: door handles, doors (including glass), surfaces and chairs daily and as necessary.
10. House kitchens will be cleaned regularly and as necessary with anti-bacterial cleaner food hygiene procedures (Better Food Safer Business) followed carefully. Where possible student access to the kitchen should be eliminated.
11. Disposable anti-bacterial wipes and hand sanitizer will be left in the staff office, to be used by all staff, to keep work areas regularly wiped down.
12. Staff will be responsible for wiping down their work station, keys and area regularly with the disposable wipes.

Appendix 8

Method Statement.**Deep or Terminal Cleaning of School.**

1. All soft furnishings that can have covers removed or fit in the washing machine should be taken and washed on the hottest cycle the fabric will stand (when removed from the wash they should go into a clean laundry basket).
2. Toys and equipment should be washed or wiped clean with a suitable cleaning product then disinfected using a dilute bleach solution (Hypochlorite at 1000ppm), and left to dry.
3. Pencil, pens, plasticine and other low cost items that cannot easily be disinfected would be put in the rubbish in a terminal clean or put away ready for a deep clean.
4. All hard surfaces, paintwork, walls (where necessary) doors, cupboards, window cills, chairs and tables should be washed down with a suitable cleaning product then disinfected using a dilute bleach solution (Hypochlorite at 1000ppm), and left to dry.
5. Windows glass and mirrors cleaned.
6. Sinks, taps and fridges (all food thrown away) cleaned with a suitable cleaning product then disinfected using a dilute bleach solution (Hypochlorite at 1000ppm), and left to dry. Disinfectant solution should be poured into the drain and overflow.
7. Floors and soft furnishings should be vacuumed then cleaned using the steam cleaner allowing the surface to get hot. Where possible a carpet cleaner (washer extractor) would be used on carpets.
8. All removed cleaned and disinfected items should be replaced in the classroom tidily.

Appendix 9

Method Statement.**Deep or Terminal Cleaning of Communal areas and bedrooms in the Houses.**

1. The bedroom of the infected student and all communal areas in the house should be cleaned.
2. All cleaning products used in accordance with the manufacturers' instructions and never mixed. Cloths used should be appropriate and disposable, mops, etc. should be soaked in disinfectant and washed after use. Vacuum cleaners emptied dust bags disposed of without breaking.
3. All soft furnishings that can have covers removed or fit in the washing machine should be taken and washed on the hottest cycle the fabric will stand (when removed from the wash they should go into a clean laundry basket).
4. Soft toys should be machine washed where possible as hot as the fabric will stand (when removed from the wash they should go into a clean laundry basket).
5. Plastic or hard toys should be washed or wiped clean with a suitable cleaning product then disinfected using a dilute bleach solution (Hypochlorite at 1000ppm), and left to dry.
6. Pencil, pens, plasticine make-up and other low cost items that cannot easily be disinfected would be put in the rubbish where possible, staff doing their best to disinfect where this is not possible.
7. All hard surfaces, paintwork, walls (where necessary) doors, cupboards, window cills, bedframes, mattress, chairs and tables should be washed down with a suitable cleaning product then disinfected using a dilute bleach solution (Hypochlorite at 1000ppm), and left to dry.
8. Windows glass and mirrors cleaned disinfected and polished.
9. Sinks and taps cleaned with a suitable cleaning product then disinfected using a dilute bleach solution (Hypochlorite at 1000ppm), and left to dry. Disinfectant solution should be poured into the drain and overflow.

10. Floors and soft furnishings should be vacuumed then cleaned using the steam cleaner allowing the surface to get hot (a steam cleaner is available from the cleaning technicians). Where possible a carpet cleaner (washer extractor) would be used on carpets and rugs.
11. All removed cleaned and disinfected items should be replaced in the bedroom or communal areas tidily.
12. Kitchens should be cleaned and disinfected in accordance with the food hygiene procedures all surfaces, equipment, crockery, cutlery, cupboards, draws, fridges sinks and floors.

Appendix 10

Health Protection for schools, nurseries and other childcare facilities**Exclusion table**

Infection	Exclusion period	Comments
Athlete's foot	None	Athlete's foot is not a serious condition. Treatment is recommended.
Chickenpox	Five days from onset of rash	Blisters on the rash must be dry and 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
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
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
Meningococcal meningitis*/ septicæmia*	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, non-infectious coughing may continue for many weeks. Your local HPT will organise any contact tracing

*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.