

1. Rationale:

The following guidance deals with First Aid procedures, good hygiene practices, the safe disposal of clinical waste and pupils with an infectious disease. Because infections can be passed on before a person is unwell, it is important that high standards of basic hygiene are always maintained. All blood and body fluids should be treated as potentially infectious. Infections can be passed on even when a person looks and feels well. Reasonable steps should therefore be taken to protect against exposure to blood and body fluids at all times regardless of an individual's infection status. These will provide protection against those diseases where infection may be spread by direct or indirect contact e.g. on hands or contaminated objects. These basic precautions include:

- The use of proper hand washing procedures
- Safe treatment of soiling and spills
- The correct management of incidents involving blood or other body fluids
- The safe disposal of clinical waste and sharps (any sharp instrument like a needle).

2. Aims:

The aim of this policy is the prevention of communicable diseases and their spread whilst interfering as little as possible with the attendance of children at school. At DBS it is our aim to minimise the spread of infection for staff and children through the implementation of controls, which reduce the transmission and spread of germs. We aim to promote and maintain the health of children and staff through the control of infectious illnesses

3. Policy Statement:*3.1 Reporting/Recording of illness:*

- Staff will report any infectious illness to the School Nurse and Principal
- The Nurse will report an outbreak of any infectious disease to the DHA
- The Nurse will record all details of illness reported to them by staff or reported by parents of a child attending the school. These details will include the child's name, symptoms, dates and duration of illness.

3.2 Exclusion from the School:

- Children will be excluded from school based on the timeframes outlined in the DHA School Clinic Regulation (Health Regulation Department 2014 p23-25). This is kept in the school clinic.
- A doctor's certificate may be required for certain conditions to ensure they are no longer contagious before children return to the school.
- Children should remain at home if they are suffering from general diarrhea or vomiting until 48 hours

3.3 Good hygiene practices

Hand washing is one of the most important ways of controlling the spread of infections, especially those that cause diarrhea and vomiting, and respiratory disease. The recommended method is the 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. Cover all cuts and abrasions with waterproof dressings.

3.4 Coughing and sneezing

Coughing and sneezing easily spread infections. Children and adults should be encouraged to cover their mouth and nose with a tissue. Wash hands after using or disposing of tissues. Spitting should be discouraged.

3.5 Personal protective equipment (PPE)

Disposable non-powdered vinyl or latex-free CE-marked gloves and disposable plastic aprons must be worn where there is a risk of splashing or contamination with blood/body fluids. Goggles should also be available for use if there is a risk of splashing to the face. Correct PPE should be used when handling cleaning chemicals.

3.6 Cleaning of blood and body fluid spillages

All spillages of blood, feces, saliva, vomit, nasal and eye discharges 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.

3.7 Laundry

Laundry should be dealt with in a separate dedicated facility. Soiled linen should be washed separately at the hottest wash the fabric will tolerate. Wear PPE when handling soiled linen. Student's soiled clothing should be bagged to go home, never rinsed by hand.

3.8 Clinical Waste

Clinical waste is defined as any materials coming into contact with body fluids, including disposable gloves and aprons. All clinical waste should be disposed of into yellow plastic bags, clearly marked 'clinical waste'. Clinical waste must be sent for incineration and not included with general refuse. DBS group has an AMC contract for the collection of clinical waste on a regular basis, which also includes providing the clinical waste unit and large yellow bags. In the event of the waste unit becoming full (less than two-thirds) before the collection date, the bag should be removed, securely fastened & stored until the next collection date.

3.9 Sharps disposal

Sharps should be discarded straight into a sharps bin and collected at regular intervals by AMC supplier. Sharps bins must be kept off the floor (preferably wall-mounted) and out of reach of children.

4. Sharps injuries and bites.

If skin is broken, encourage the wound to bleed/ wash thoroughly using soap and water. Visit the School Nurse who will advise you. The DHA can be contacted for further advice.

Sharps should be discarded straight into a sharps bin and collected at regular intervals by AMC supplier. Sharps bins must be kept off the floor (preferably wall-mounted) and out of reach of children.

4.1 Vulnerable children

Some medical conditions make children vulnerable to infections that would rarely be serious in most children. These include those being treated for leukemia or other cancers, on high doses of steroids and with conditions that seriously reduce immunity. DBs group will have been made aware of such children. These children are particularly vulnerable to chickenpox, measles or parvovirus B19 and, if exposed to either of these, the parent/carer should be informed promptly and further medical advice sought. It may be advisable for these children to have additional immunization's, for example pneumococcal and influenza.

4.2 Infectious Diseases

From time to time children and sometimes staff may develop an infectious disease. The majority are short lived but some may be long term and the individual may be a carrier of an infectious disease.

Pathogens (micro-organisms that can cause disease) can be spread via a number of routes:

- Contact – direct or indirect
- Airborne
- Arthropods direct contact – pathogens may be spread through direct contact with the body fluids of an infected individual Indirect contact – methods of transfer include:
 - Other people e.g. via hands
 - Animals e.g. salmonella
 - Water e.g. cholera
 - Inanimate objects e.g. respiratory equipment, contaminated surfaces

4.3 Arthropods – these include bugs, flies, fleas, midges, mites, mosquitoes, lice and ticks, which can cause diseases such as scabies and malaria.

A child who has developed an infectious disease usually shows general signs of illness such as fever, headache, sore throat or general malaise before the development of a rash or other typical symptoms. They are usually infectious before a diagnosis has been made. Carriers of certain diseases may have no symptoms at all and may not be aware of their infectivity. Some parents, for whatever reasons, may choose not to disclose information about their child's health. With this in mind, all blood and body fluids should be treated as potentially infectious and the precautions stated earlier followed.

There are specific exclusion times for specific diseases. If a member of staff suspects an infectious disease, they should contact the School Nurse for further advice. If a parent informs the school that their child has an infectious disease, other students should be observed for similar symptoms. Parents with children returning to school after an infectious illness should be asked to see/contact the School Nurse.

The risk of an individual acquiring an infection is influenced by his or her susceptibility. This is determined by age (children have immature immune systems), physical wellbeing, medical interventions (certain drugs lower immunity) and natural immunity.

4.4 Pregnancy

If a pregnant woman develops a rash or is in direct contact with someone with a potentially infectious rash, this should be investigated by a doctor. The greatest risk to pregnant women from such infections comes from their own child/children, rather than the workplace. Some specific risks are:

- Chickenpox can affect the pregnancy if a woman has not already had the infection. Report exposure to midwife and GP at any stage of exposure. The GP and antenatal carer will arrange a blood test to

check for immunity. Shingles is caused by the same virus as chickenpox, so 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 antenatal carer immediately to ensure investigation. The infection may affect the developing baby if the woman is not immune and is exposed in early pregnancy
- 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
- 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

If First Aid Procedures and Good Hygiene Practices are followed, the risk of transmission of infectious diseases is greatly reduced.

5. Applicable to: All staff and parents

6. Implementation Date: September 2020

Review Date: August 2023