BSB | The British School of Barcelona

Prevention and Control of Infection and Communicable Diseases Procedures

The British School of Barcelona

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SPAIN

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COGNITA

THRIVE IN A RAPIDLY EVOLVING WORLD

1. Introduction

1.1. The school will follow any guidance and advice issued by the *Ministerio de Sanidad* **www.sanidad.gob.es/** and local health authorities.

1.2. The school liaises with its local health authority and/or health centre with regards to health programmes relevant to school-aged children.

2. Infections in Childcare Settings

2.1. Micro-organisms such as bacteria, viruses and fungi are everywhere and commonly do not cause infection (and can even be beneficial). However, some do cause infection resulting in symptoms such as fever and sickness. Infections in children are common. This is because a child's immune system is immature. Added to this, young children often have close contact with their friends, for example through play, and lack good hygiene habits, making it easier for infections to be passed on. Many diseases can spread before the individual shows any symptoms at all (during the infectious period). For example, a student with chickenpox is infectious to others 1 to 2 days before the rash appears.

2.2. Infection prevention and control measures aim to interrupt the cycle of infection by promoting the routine use of good standards of hygiene so that transmission of infection is reduced overall. This is usually through:

- immunisation of pupils and staff
- good hand washing
- making sure the environment is kept clean

2.3. Where a case of infection is known, measures aim to reduce or eliminate the risk of spread through information and prompt exclusion of a case.

3. Prevention and Control

3.1. **Hand hygiene** – Handwashing is one of the most important ways of controlling the spread of infections, especially those that cause diarrhoea and vomiting and respiratory disease. Recommend use of liquid soap, warm water and paper towels. Always wash hands after using the toilet, before eating or handling food, and after handling animals. All cuts and abrasions should be covered with waterproof dressings.

3.2. **Respiratory and cough hygiene** – Students and adults should be encouraged to cover their mouths and nose with a tissue. Wash hands after using or disposing of tissues. Should tissues not be available students and adults should cough or sneeze into their elbow

crease/upper arm, not cough or sneeze into their hands or wipe their nose on their lower arm sleeve. If they do sneeze or cough into their hands by mistake, they must wash them as quickly as possible, touching few things as possible.

3.3. **Personal Protective Equipment** – Disposable non-powdered vinyl or latex free CE marked gloves and disposable plastic aprons must be worn where there is a risk of splashing or contamination with blood/body fluids (for example nappy changing). Goggles should be available for use if there is risk of splashing to the face. Correct PPE as per the manufacturer's instructions should be used when handling cleaning chemicals.

3.4. **Isolation Area** – Identification of an isolation area is required which may need to be used during outbreaks of infection. This should be an area close to an exit to reduce the likelihood of transmission within the school. It should also be close to a toilet and handwashing facilities which can then be used exclusively by those using the isolation area.

3.5. **Cleaning** – Essential elements of a comprehensive cleaning regime include daily weekly and periodic cleaning schedules. Colour-coded equipment should be used in different areas with separate equipment for kitchen, toilet, classroom and office areas. Cloths should be disposable (or if reusable, disinfected after use). Cleaning solutions should be stored in accordance with Control of Substances of Hazardous to Health (COSHH), and cleaning equipment changed and decontaminated regularly. Consideration should be given to situations where additional cleaning will be required including during term time (for example in the event of an outbreak) and how the school might carry this out. A nominated member of staff should be assigned to monitor cleaning standards.

3.6. **Toys and equipment** – Toys can easily become contaminated with organisms from infected children, so it is important that a written schedule is in place for regular cleaning. The cleaning schedule should identify who, what, when and how toys should be cleaned. If toys are shared, it is highly recommended that only hard toys are made available because they can be wiped clean after play. The condition of toys and equipment should be part of the monitoring process and any damaged item that cannot be cleaned or repaired should be discarded. Soft modelling and play dough should be replaced regularly or whenever they look dirty. **Sandpits** should be securely covered when not in use to protect from animals contaminating the sand. Sand should be changed regularly; and as soon as it becomes discoloured or malodorous for outdoor sandpits. Sand should be sieved (indoor) or raked (outdoor) regularly to keep it clean. The tank should be washed with detergent and water, and dried before refilling with sand. Water play troughs or receptacles should be emptied, washed with detergent and hot water and dried and stored inverted when not in use. The water should be replenished either daily or twice daily when in use and it should always be covered when not in use.

3.7. **Cleaning of blood and body fluid spillages** – All spillages of blood, faeces, saliva, vomit, nasal and eye discharges should be cleaned up immediately (always wearing PPE). When spillages occur, clean using a product that combines both a detergent and a disinfectant. Use as per manufacturer's instructions and ensure it is effective against bacteria and viruses and suitable for use on the affected surface. Never use mops for cleaning up blood and body fluid spillages – use disposable paper towels and discard clinical waste appropriately. A spillage kit should be available for blood spills. It is recommendable that there is a cleaner on-site during school hours to guarantee a quick intervention after a spillage of blood or other body fluids. See separate Spill Kit Guidance.

3.8. **Managing cuts, bites and nosebleeds** – Staff should be aware of the school first aid policy and manage situations such as cuts, bites and bleeds according to that policy. This includes the identification and training of nominated first aiders for the school.

If a bite does not break the skin:

- Clean with soap and water.
- No further action is needed.

If a bite breaks the skin:

- Clean immediately with soap and running water.
- Record incident in Medical Tracker.
- Seek medical advice as soon as possible (on the same day): to treat potential infection to protect against hepatitis B, for reassurance about HIV.

3.9. **Toileting and sanitation** – A hand wash basin with warm running water along with a mild liquid soap, preferably wall mounted with disposable cartridges, should be available. Bar soap should not be used. Disposable paper towels next to basins in wall mounted dispensers, together with a nearby foot-operated, lidded wastepaper bin. Toilet paper should be available in each cubicle. Suitable sanitary disposal facilities should be provided where there are female staff and students aged 9 or over.

3.10. **Dealing with contaminated clothing** – Clothing of either the child or the first aider may become contaminated with blood or body fluids. Clothing should be removed as soon as possible and placed in a plastic bag and sent home with the child with advice for the parent on how to launder the contaminated clothing.

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

3.12. **Safe management of the environment** – Ventilation is the process of introducing fresh air into spaces while removing stale air. Letting fresh air into indoor spaces can help dilute air that contains viral particles and other respiratory infections. Open windows and doors as much as possible to let fresh air in (unless it is unsafe to do so, for example, do not keep fire doors open). Try and open higher-level windows to reduce draughts, where it is safe to do so. During colder months, you may consider opening windows more when the room in unoccupied between lessons. Settings should explore what remedial works may be required to improve ventilation.

4. Female Staff - Pregnancy

4.1. It should be noted that the greatest risk to pregnant women from such infections come from their own household than the workplace. If a pregnant member of staff develops a rash or is in contact with someone with a potentially infectious rash, she should contact her doctor.

- **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. Shingles is caused by the same virus as chickenpox, so anyone 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 is in contact with German measles, she should inform her doctor 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 in early pregnancy (before 20 weeks), inform whoever is giving antenatal care as this must be investigated properly.
- **Measles** during pregnancy can result in early delivery or even loss of baby. If a pregnant woman is exposed, she should immediately inform her doctor.

5. Vulnerable Groups at Particular Risk from Infection

5.1. Some children have impaired immune defence mechanisms in their bodies (known as immuno-compromised) and hence will be more likely to acquire infections. Also, the consequence of infection in the immuno-compromised is likely to be significantly more serious than in those with a properly functioning immune system (known as immuno-competent). Impaired immunity can be caused by certain treatments such as those for leukaemia or other cancers, like cytotoxic therapy and radiotherapy. Other treatments such as high doses of steroids, enteral feeding and others, may also have a similar effect. Children and carers will have been fully informed by their doctor. There are also some rare diseases, which can reduce the ability of a person to fight off infection. Usually, nurseries and schools

are aware of such vulnerable children through information given by their parents or guardians.

5.2. If a vulnerable child is thought to have been exposed to an infectious disease, chickenpox or measles in the school setting, parents or carers of that child should be informed promptly so that they can seek further medical advice from their GP or specialist, as appropriate. It is important that these children are also made known to the school nurse or first aid coordinator on entry to the school.

6. Pets and Animal Contact

6.1. Pets and other animals in school can enhance the learning environment. However, contact with animals can pose a risk of infection including gastro-intestinal infection, fungal infections and parasites. Some people, such as pregnant women and those with a weakened immune system, are at greater risk of developing a severe infection. However, sensible measures can be taken to reduce the risk of infection to the children and to staff. Only mature and toilet trained pets should be considered and the Head should ensure that a knowledgeable person is responsible for the animal.

6.2. Animals should always be supervised when in contact with the children and those handling animals advised to wash their hands immediately afterwards. Animals should have recommended treatments and immunisations, be regularly groomed (including claws trimmed) and checked for signs of infection. Bedding should be laundered regularly. Cat litter trays should be cleaned daily wearing disposable gloves. It should not be placed near food preparation, storage or eating areas. Wash hands immediately after removing gloves but pregnant staff members should not carry out this task because of the risk of toxoplasmosis. Feeding areas should be kept clean and their food stored away from human food. Food not consumed in 20 minutes should be taken away or covered to prevent attracting pests.

7. Visits to Petting Farms and Zoos

7.1. The school will emphasise the importance of hand hygiene during and after the visit and check that the farm has easily accessible hand washing facilities. Educate students not to eat, drink or put fingers in their mouths except when in designated eating areas and after they have washed their hands. Check that the farm is well managed. Drinking taps should be clearly marked and sited in a clean area away from the animals.

7.2. If children are allowed to handle or feed the animals, ask them not to put their faces against the animals or put their hands in their own mouths afterwards. Check that children wash and dry their hands thoroughly after contact with animals and particularly before eating and drinking. Younger children should be supervised. Food should only be taken in the

designated picnic areas. Children should be reminded not to eat anything which may have fallen on the ground. They should not eat or drink unpasteurised products like milk, cheese or ice-cream, or taste animal feed stuff such as silage and concentrates. Manure or slurry presents a particular risk of infection and children should be warned against touching it. If they do, ensure hands are promptly washed and dried. Ask all the children to wash and dry their hands before leaving. Ensure that they are as free as possible from faecal material.

8. Water Based Activities

8.1. There is a risk of infection associated with any water-based activity on rivers, canals and freshwater docks, and also with the collection of specimens from ditches, streams and ponds. Water-based activities should only be undertaken at approved residential centres. Exercises such as 'capsize drill' and 'rolling' should ideally be practiced in swimming pools and never in stagnant or slow-moving natural bodies of water. Children and staff should cover all cuts, scratches and abrasions with a waterproof dressing prior to the activity. Do not eat or drink immediately after water-based activities until after hands have been washed. The use of appropriate footwear is recommended to reduce the risk of cuts to the feet. Pupils and staff should always wash or shower after canoeing or rowing. Anyone taking part in water based activities who becomes ill within 3 to 4 weeks of the activity is advised to seek medical advice.

8.2. It should be made clear to parents and carers that if their child becomes ill following participation in outdoor or water-based activities, the treating doctor should be made aware of the child's participation in these activities. Babies or children shouldn't swim in public swimming pools for 2 weeks after diarrhoea and vomiting has stopped.

9. Contact Sports

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

10. Swimming

10.1. Pupils with open wounds, skin, chest, ear or eye infection should not swim until it has completely cleared.

10.2. Pupils with Cryptosporidiosis (diarrhoeal disease) should be excluded from swimming for two weeks after the diarrhoea has settled.

10.3. Pupils with verrucae should have these covered in swimming pools, gymnasiums and changing rooms.

11. Nofifable Diseases

11.1. Schools may be required to inform their local health or education authority. The School Nurse or First Aid Coordinator must ensure they keep an updated contact for their local health centre.

11.2. It remains the responsibility of the Head to report any notifiable diseases or outbreaks to Regional SCP Office

12. Managing Outbreaks

12.1. An outbreak or incident may be defined as:

- an incident in which two or more people experiencing a similar illness are linked in time or place
- a greater than expected rate of infection compared with the usual background rate for the place and time where the outbreak has occurred

For example:

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

12.2. When to report

Heads/SLT should contact their local health protection team as soon as they suspect an outbreak to discuss the situation and agree if any actions are needed. It is useful to have the information listed below available before this discussion as it will help to inform the size and nature of the outbreak:

- total numbers affected (staff and children)
- symptoms
- date(s) when symptoms started
- number of classes affected

12.3. How to report

Schools should call their local health centre/authority as soon as possible to report any serious or unusual illness particularly for:

- Escherichia coli (VTEC) (also called E.coli 0157) or E coli VTEC infection

- food poisoning
- hepatitis
- measles, mumps, rubella (rubella is also called German measles)
- meningococcal meningitis or septicaemia
- scarlet fever (if an outbreak or co-circulating chickenpox)
- tuberculosis (TB)
- typhoid
- whooping cough (also called pertussis)

12.4. In the event of an outbreak of infection at your school, enhanced or more frequent cleaning is recommended to help reduce transmission. Advice may be given to ensure twice daily cleaning of areas (with particular attention to door handles, toilet flushes and taps) and communal areas where surfaces can easily become contaminated such as handrails. Plans should be developed for such an event on how the school might carry this out which could also include during term time. Dedicated cleaning equipment must be colour coded according to area of use.

13. Exclusion

13.1. When students are suffering from infectious diseases, they should remain at home on medical grounds for the minimum period recommended by the health authorities or their doctor.

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