



# Prevention and Control of Infection and Communicable Diseases Procedures

February 2021

## **Introduction.**

*The following points have been identified as major areas to focus on when identifying the need and the means to control the spread of infectious disease.*

*The Super Camps has used these points as a basis for this policy and its implementation.*

- ❖ **Infectious diseases are a major cause of illness among children going to school**
- ❖ **Handwashing is the single most important point of infection control**
- ❖ **Teaching children the skills of handwashing and cough etiquette is essential in breaking the chain of infection**
- ❖ **It is important that any children or staff who are unwell should not attend school and only return once recovered**

## **1.0 Procedures**

1.1 Super Camps will follow the *Public Health England's guidance document on Infection Control in Schools and other childcare settings* issued September 2014 (version 2). This is in line with the Practice Guidance for the Early Years Foundation Stage (2008), and subsequent revised Framework (2014) and Independent Schools Standards Regulations 2014 (ISSR). This guidance provides advice on preventing the spread of infections, which diseases to vaccinate for, how long to keep children away from school and several infections.

1.2 The *Public Health England's guidance document on Infection Control in Schools and other childcare settings* document gives clear guidance including recommended periods for children to be kept away from school or nursery, covering the following areas:

- **rashes, skin infections**
- **notifiable diseases**
- **diarrhoea and vomiting illnesses** – recommend period of 48 hours from last episode of diarrhoea or vomiting to be kept away from respiratory infections
- **Good hygiene practices**
- **visits to farms**
- **vulnerable children**
- **female staff – pregnancy**
- **immunisation**

## **2.0 Good Hygiene Practice**

2.1 **Handwashing** – 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. All cuts and abrasions should be covered with waterproof dressings.

- 2.2 **Coughing and Sneezing** –Children 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 children 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.
- 2.3 **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 or pad changing). Eye protection 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.
- 2.4 **Cleaning of the environment** – Cleaning the environment, including toys and equipment should be frequent, recommend a deep clean at the end of each camp. Avoid soft toys, but if used wash frequently and place in freezer periodically to kill dust mites. Clean all hard toys regularly with hot soapy water. For example, use colour-coded equipment, COSHH and correct decontamination of cleaning equipment. Monitor any cleaning contractors and ensure cleaners are appropriately trained with access to PPE
- 2.5 **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.
- 2.6 **Clinical Waste** – Always segregate clinical and domestic waste. Used nappies/pads, gloves, aprons and soiled dressings should be stored in correct clinical waste bags or foot-operated bins. All clinical 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.

### 3.0 Female staff – Pregnancy

If a pregnant member of staff develops a rash or is in contact with someone with a potentially infectious rash, this should be investigated according to PHE guidelines by a doctor. The greatest risk to pregnant women from such infections come from their own child/children 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. 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 comes in 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 properly.
- **Measles** during pregnancy can result in early delivery or even loss of baby. If a pregnant woman is exposed she should immediately inform whoever is giving antenatal care to ensure investigation

#### 4.0 Swimming

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- Children with open wounds, skin, chest, ear or eye infection should not swim until it has completely cleared
- Children with Cryptosporidiosis (diarrheal disease) should be excluded from swimming for two weeks after the diarrhea has settled
- Children with verrucae should have these covered in swimming pools, gymnasiums and changing rooms.

#### 5.0 Common infections found in schools

5.1 **Scarlet Fever** - Scarlet fever occurs most often in the winter and spring. Symptoms include a rash, a sore throat, flushed cheeks and swollen tongue. Occasionally these bacteria can cause severe and life-threatening diseases. Scarlet fever is a notifiable disease in England and Wales. This means health professionals must inform local health protection teams of suspected cases. Staff or children should be kept away from school for 24 hours after stating appropriate antibiotic treatment.

For further guidance visit : <https://www.gov.uk/government/publications/scarlet-fever-managing-outbreaks-in-schools-and-nurseries>

5.2 **Whooping Cough (Pertussis)** – is a highly contagious bacterial infection of the lungs and airways. The condition begins with a persistent dry and irritation cough that progresses to intense bouts of coughing. The coughing can last for around three months. Staff or children should be kept away from school for 5 days from starting antibiotic treatment or 21 days from onset of illness if no antibiotic treatment.

For further guidance visit: <http://www.nhs.uk/Conditions/Whooping-cough/Pages/Introduction.aspx>

- 5.3 **Gastrointestinal infections** - Infectious intestinal diseases affect 1 in 5 people in the UK each year and staff or children should be kept away from school for 48 hours from last episode of diarrhoeas or vomiting and no swimming for 2 weeks after until diarrhoea has settled.

For further guidance visit: <https://www.gov.uk/government/collections/gastrointestinal-infections-guidance-data-and-analysis>

- 5.4 **Slapped cheek disease (parvovirus B19)** - is a viral infection that's most common in children, although it can affect people of any age. It usually causes a bright red rash to develop on the cheeks. Although the rash can look alarming, slapped cheek syndrome is normally a mild infection that clears up by itself in one to three weeks. However, slapped cheek syndrome can be more serious for some people if they are pregnant, or have a blood disorder or a weakened immune system and have been exposed to the virus, they should get medical advice. There is no need for Staff or children to be kept away from school once the rash has developed, as the infection is no longer contagious by this point.

For further guidance visit: <http://www.nhs.uk/conditions/slapped-cheek-syndrome/Pages/Introduction.aspx>

- 5.5 **Hand, Foot and Mouth** – a common infection that causes mouth ulcer and spots on the hands and feet. Common in children under 10 but can affect older children and adults as well. Usually clears itself within 7 to 10 days. Children should stay off school until they're feeling better. Super Camps should contact the local HPT if a large number of children are affected.

For further guidance visit: <http://www.nhs.uk/conditions/hand-foot-and-mouth-disease/Pages/Introduction.aspx>

- 5.6 **Head lice** - These are tiny insects that live in human hair, and particularly common in children. A head lice infestation isn't the result of dirty hair or poor hygiene. Head lice can usually be effectively treated with lotions or sprays designed to kill head lice, or by wet combing, using a specially designed head lice comb and no need for Staff or children to be kept away from school.

For further guidance visit: <http://www.nhs.uk/Conditions/Head-lice/Pages/Introduction.aspx>

- 5.7 **Norovirus** - which causes diarrhea and vomiting, is one of the most common stomach bugs in the UK. It's also called the "winter vomiting bug" because it's more common in winter, although you can catch it at any time of the year. A person with norovirus is most infectious from when their symptoms start until 48 hours after all their symptoms have passed, although they may also be infectious for a short time before and after this. Staff or children should be kept away from school for 48 hours after the symptoms have passed and no swimming for 2 weeks after until diarrhoea has settled.

For further guidance visit:

<http://www.nhs.uk/conditions/Norovirus/Pages/Introduction.aspx#prevention>

## **6.0 Notifiable diseases**

- 6.1 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) and schools may be required via local agreed arrangements to inform their local Public Health England (PHE) centre. Super Camps will need to notify Ofsted of any notifiable disease of any child in their care, and this must be within 14 days of the incident occurring.
- 6.2 It remains the responsibility of the Designated Safeguard Lead to report any notifiable diseases or outbreaks to Regional Office using the SIRF (Serious Incident Reporting Form).

## **7.0 Outbreaks**

- 7.1 If an outbreak of an infectious disease is suspected then Super Camps must contact the local PHE centre.

## **8.0 Local PHE contact details.**

- 8.1 The details of a school's local PHE centre can be found within Appendix 1 of the *Public Health England's guidance document on infection control in schools and other childcare settings* issued September 2014 (version 2)

## **9.0 References**

- 9.1 *Public Health England's guidance document on infection control in schools and other childcare settings* issued September 2014 (version 2)  
[https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/522337/Guidance\\_on\\_infection\\_control\\_in\\_schools.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/522337/Guidance_on_infection_control_in_schools.pdf)