



## Scarborough College

### INFECTION CONTROL POLICY

*This is a whole College policy, including EYFS and the boarding community.*

#### 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 Scarborough College'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 incidents of infection/disease (See Appendix 3).
- Report notifiable infections to the local enforcing authority.

#### Introduction

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 in particular can live for several days on hard surfaces.

Therefore environmental hygiene and staff/pupil advice 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.
- Do not attend school if you think you have an infectious illness/disease.
- If you feel ill during the school day 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 until the end of the day and then discharged back to the care of the boarding house staff.

## **General Cleaning Information**

Overall, premises should be clean and well ventilated. All areas should be cleaned regularly as part of a cleaning schedule. Toilets to be cleaned at least twice a day, and especially when visibly dirty. Frequent hand contact sites such as doorknobs are likely to be contaminated with germs and have a high risk of transferring infection. It is therefore essential to clean and disinfect these sites weekly, and daily in peak infection times.

Surfaces such as floors, walls and furniture generally offer a low risk of contamination and germ transfer. These surfaces should be cleaned daily, kept dry and well maintained.

Carpeted areas will be vacuumed regularly as well as shampooed or steam cleaned as required.

Where there is a known blood/body fluid contamination, the spill should be treated with spill granules, (which are stored in the Medical Centre and in the cleaning store), cleaned up with the scoop which is provided and disinfectant/hypochlorite applied dependent on surface to be applied to. All equipment used should be placed in a clinical waste bag (yellow bag) and disposed of in the appropriate bin provided in the medical centre.

General purpose utility rubber gloves should be used for general environmental cleaning tasks. These should be changed when there is evidence of peeling cracking and tears. Hands should be washed after removing gloves.

Environmental cleaning cloths are made from a non-shredding fibre and used with the colour-coded system. (Please see Appendix 1), Red is for toilets and toilet floors, yellow for washbasins and washroom surfaces, blue for general areas, and green for kitchens. If re-useable cloths are used they must be routinely replaced. Cloths will be placed in a disinfectant solution.

Cloths/mops used to clean the toilet floor are not used in any other areas of the school. All mops/mop handles are colour coded, with heads that can be removed. They are cleaned and rinsed with disinfectant, wrung as dry as possible and then dried quickly, preferably at high temperatures and stored with mop head facing upwards (inverted) or hanging.

## **Chemicals**

All chemicals should be handled and stored in accordance with manufacturer's instructions and product safety data sheets should be available. These can be obtained free from product manufactures. Any staff who handle chemical cleaners should be given instructions on their safe use. These instructions should include the first aid measures required in the event of accidental ingestion, inhalation or contact with skin or eyes. Contractors should be aware of the requirements of Control of Substances Hazardous to Health (COSHH) Regulations. All chemicals on the premises should be stored in an identified cool, dry, and well ventilated store that is lockable; out of reach of the children/visitors/the public; in their original containers. Expiry dates should be routinely checked.

It is important when using bleach (hypochlorite), in particular, that COSHH regulations and manufactures instructions are adhered to. Gloves should always be used when handling bleach. Any contact with bleach to skin, eyes and mouth should be avoided and bleach should not be used on urine spillages, carpeted, metal or wood surfaces. Bleach should always be used in a well-ventilated room/area.

It is important that the correct type of cleaning agent, in the correct concentration is used for the type of decontamination/cleaning required, as per manufactures instructions. Manufactured detergent/disinfectant product containers with spray nozzles should be ideally purchased for easy use.

## Cleaning Schedule

Table 2

Item	Frequency	Method
General environmental surfaces	Daily	<p>Surface area manually cleaned at the end of the day, using a general purpose cleaner and wiped down.</p> <p>Disinfectant/bleach (hypochlorite) to be used if known infection risk and then rinsed.</p> <p><b>NB - disinfectants will not work on dirty surfaces.</b></p>
Hand wash basins, sinks, showers, urinals and toilets. Frequent hand contact sites, such as toilet flush handles, taps, and door knobs	Twice daily	<p>Surface cleaned with multi-purpose cleaner. Both sides of toilet seats and handles are cleaned as well as sink taps and door knobs.</p> <p>All surface urinals are to be washed down using a multi-purpose cleaner. Attention should be paid to the underside and surround of the urinal.</p> <p>A disinfectant spray is to be used on door knobs and frequent hand contact areas in an increased infection outbreak.</p>
Dining room, toilets and changing room floors	Daily	<p>Wash with specialist floor cleaner.</p> <p>Carpets are vacuumed regularly.</p>
Bins	Daily	<p>Empty bins daily. Bags changed as required. Bins in café area are washed daily. Sanitary bins are dealt with under contract.</p>
Walls ceilings, windows, lights, mirrors.	Yearly	<p>Clean periodically with hot soapy water and general purpose detergent.</p> <p>Mirrors and stainless steel polished as required.</p>

Item	Frequency	Method
Medical Centre	Daily	Clean, toilet, sink and work surface with hot water and disinfectant/bleach.  Vacuum clean all floors to remove dust and wash floors with hot water and detergent/disinfectant.  Door knobs and frequent hand contact sites to be washed with hot water and detergent/disinfectant.  Use of disinfectant spray in increased infection outbreak.
	Each Use	Cleaning of couch
	Monthly	Trolley, cupboards and medical equipment to be done by the Healthcare practitioner.

#### **Health and Safety at Work Etc. Act 1974**

Regulations made under this Act:

- Control of Substances Hazardous to Health Regulations 2002 (COSHH).
- Electricity at Work Regulations 1989.
- Health and Safety (First Aid) Regulations 1981.
- Health and Safety Information for Employees Regulations 1989.
- Manual Handling Operations Regulations 1992.
- Management of Health and Safety at Work Regulations 1999.
- Reporting of Injuries Diseases and Dangerous Occurrences Regulations (RIDDOR) 1995.
- Workplace (Health, Safety and Welfare) Regulations 1992.

#### **Food Safety Act 1990**

Regulations made under this Act:-

- Food Hygiene (England) Regulations 2006.
- Regulation (EC) No 853/2004.

#### **The Public Health Act**

The Public Health (Control of Diseases) Act 1984.

Public Health (Infectious Diseases) Regulations 1988.

Requirements under the Act include:

- Notification of diseases.
- Surveillance of infectious diseases.
- Control of the sale, 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.

### **Notifications of Infectious Diseases**

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

### **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 are contacted and arrangements made for them to be collected. Boarders are dealt with in accordance with the National Minimum Standards for Boarding.

Formal exclusion of pupils from school on medical grounds is enforceable by the head teacher, acting on behalf of the Governors.

### **School Closure**

Since 1945 there has ceased to be the means under the Public Health Act 1936 whereby a school could be required to close. When circumstances arise in which a closure may be indicated, it is simpler if this is affected by the head teacher in consultation with the Governors.

### **Immunisation**

All children attending school should have received the immunisations at the appropriate ages. If immunisations have been missed advice can be obtained from the School Nurse.

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 Nurse, Central Healthcare, or [Nathnac/fitfortravel](#) websites.

## **Good Hygiene Practices**

### **Hand Washing**

Many infections are spread by the faecal-oral route due to inadequate hand washing after using the toilet and prior to preparing, handling or eating food.

Pupils of all ages need encouragement to wash hands after dirty activities and before lunch or school breaks. There will be many educational opportunities to emphasise the importance of clean hands to students in the prevention of the spread of infection:

- Hand wash basins must be available in all toilets, kitchens and other food preparation areas. These should be sufficient to meet the needs of the school population and be maintained to a good standard.
- Running warm water and liquid soap.
- Paper towel dispensers.
- Hot air hand dryers are an acceptable alternative but are often not used effectively.
- Regular maintenance and top-up of hand washing facilities.
- Hygiene and hand washing is to be included in PSHE lessons

### **Personal Hygiene**

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

### **Maintaining Showers**

Showers can be a source of infection if left unclean after use. Shower heads are disinfected and/or bleached regularly. They are run for several minutes after cleaning.

### **Body Spills**

Blood borne viruses such as hepatitis B (HBV), hepatitis C (HCV) and Human Immunodeficiency Virus (HIV), can be transmitted from an infected person, to a non-infected person if the blood or other body fluid of the donor, which may contain virus particles, penetrates into the bloodstream.

This can occur through breaks in the skin, such as cuts, abrasions or puncture wounds, or via splashing of blood or body fluids into mucous membranes, mouth or eyes. Such occurrences can be classed as exposure prone incidents.

The following action should be taken as soon as possible after exposure prone incidents.

### **Dealing with Contaminated Sharps and Splash Injuries**

When an incident involves a skin puncture (sharps injury), the relevant area should be encouraged to bleed by squeezing the area and thoroughly washed under running tap water. The puncture wound should not be sucked.

The affected area should then be covered with a waterproof dressing. Where the incident involves splashes of blood or body fluid on to the broken skin or mucous membranes, eyes or mouth of another, the contaminated area should be quickly washed with copious amounts of tap water, soap and water if appropriate:

- Staff members or helpers must immediately report all such incidents to the School Nurse.
- The affected person should be taken to the medical centre to receive clinical advice.
- Hepatitis B vaccination may be required in such circumstances.
- All incidents should be recorded in writing for legal purposes, including details of the event and any action and subsequent action taken.

### **Managing Cuts, Nosebleeds and Bites**

When dealing with cuts and nosebleeds staff should follow the school's first aid procedure and record the incident in the accident book. It is good practice for staff to wear disposable gloves when dealing with all bleeding wounds. Pupils who are known to be HIV positive or hepatitis B positive do not need to be treated any differently from those whose status is not known.

Intact skin provides a good barrier to infection and staff should always wear waterproof dressings on any fresh cuts or abrasions on their hands. Staff should always wash their hands after dealing with other people's blood, even if they have been wearing gloves or they cannot see any blood on their hands. Disposable gloves should be disposed of immediately after use, even if they look clean. Staff with chronic skin conditions should not administer first aid if their broken skin is exposed.

### **Human Bites**

Human mouths are inhabited by a wide variety of organisms, some of which can be transmitted by bites. Human bites which break the skin are more likely to become infected than dog or cat bites so it is important that they are treated promptly. In addition there is a theoretical risk of transmission of hepatitis B from human bites, so victims should be offered vaccination. Although HIV can be detected in the saliva of people who are HIV positive, there is no documented evidence that the virus has been transmitted by bites.

If a bite does not break the skin:

- Clean with soap and water.
- Record incident in accident book.
- No further action needed.

If a bite breaks the skin:

- Clean immediately with soap and under running water.
- Record incident in accident book.
- Seek advice on medical treatment and follow up to prevent infection.

## **Blood/Body Spills**

Spillages of blood and body fluids in the school setting may contain infectious viruses so they should be cleaned up carefully and promptly. Other pupils must be kept away from the spillage.

**NB** For spills of urine, use hot detergent solution, as bleach if applied will release potentially toxic fumes:-

- A spill kit is available from the medical centre for the cleaning up of blood/body spills, and should be disposed of in a yellow clinical waste bag, and put in the clinical waste bin situated in the Medical Centre.

Ensure that any cuts or abrasions on the hands are covered with an occlusive waterproof dressing.

Disposable Personal Protective Equipment (PPE) including disposable gloves and a disposable plastic apron must be worn, and are available from the Medical Centre.

## **Cleaning Blood and Body Fluid Spills on Soft Surfaces**

- Spillages on carpets or upholstery should be initially cleaned up using disposable absorbent paper towels.
- The area should then be washed with detergent and hot water and dried thoroughly.
- Spills on clothing should be sponged with lukewarm soapy water and washed as soon as possible in the hottest wash the fabric will withstand. Heat from tumble drying will also help to eradicate pathogens from fabric, as will ironing.
- All PPE and disposable paper towels and cleaning cloths, should be placed into a yellow clinical waste bag which should then be sealed and then disposed of in the clinical waste bin situated in the medical centre.
- On completion of the cleaning procedure, and after disposal of waste and PPE, hands must be thoroughly washed.

## **Cleaning Blood and Body Fluid Spills on Hard Surfaces**

- The spillage should be covered using disposable absorbent paper towels and a bleach 1 - 100 ppm should be applied.
- The area should be left for 10 minutes, then the absorbent paper towels should be removed and the area washed with detergent and warm water.
- The area should be well ventilated to avoid fumes from the bleach.
- All PPE and waste generated when mopping up body fluid spills must be placed into a yellow clinical waste bag which should then be disposed of in the clinical waste bin in the medical centre.
- On completion of the cleaning procedure, and after disposal of waste and PPE, hands must be thoroughly washed.

## **Disposal of Waste**

Most waste produced in schools is non-hazardous and can be disposed of in normal black bags for landfill.

Special precautions are required when waste is infectious or hazardous. In such circumstances advice should be sought from the School Nurse, PCT infection prevention and control nurse or environmental health officer.

## Safe Disposal of Sharps

Pupils requiring injections within the school day must obtain consent from the School Nurse. The School Nurse will together with the pupil and parents/guardians write a care plan and give permission for sharps into school. Sharps such as blood glucose lancets, diabetic needles, syringes, and epipens pose an infection risk once used. Such pupils should be aware that there is a sharps bin in the medical centre for their safe disposal.

The School Nurse should take steps to ensure that sharps boxes are not overfilled and are securely closed when not in use and kept in a designated safe place.

When needles are found discarded in the environment they should not be picked up unless they pose an immediate risk. Access to the area should be restricted for safety.

**Telephone Scarborough Borough Council on 01723 232521 for removal.**

## Food Hygiene

### Structural Standards

- The premises must be in good repair and easy to clean.
- All articles in contact with food, such as chopping boards, crockery and cutlery, must be cleaned and disinfected and kept in good repair.
- The kitchen must have a sink for washing equipment, a separate sink for washing food where possible, and a washbasin for hand washing that is easily accessible.
- The washbasin must be used only for hand washing and should be equipped with liquid soap and paper towel.
- There must be enough space to prevent cross contamination by food, dirty water, people, pests or equipment.

Pupils are particularly vulnerable to food poisoning bacteria. An assessment of possible hazards is therefore especially important at schools to prevent food poisoning. They must then put controls in place to ensure that food will be safe and keep records to show they have implemented these controls. A hazard is anything that could cause harm, such as undercooked meat or dirty vegetables. Controls should prevent or reduce the risks of food poisoning. For example, foods such as dairy products and cooked meats must be kept refrigerated to slow down bacterial growth that might cause food poisoning. If refrigerator temperatures are checked daily, a control is in place and is being monitored so that food poisoning is prevented. Records help to demonstrate that appropriate control measures are in place. It is now a legal requirement to record your hazard analysis. Examples of hazard analysis records can be obtained from your local Environmental Health Department.

Receipt of foods:

- Check that delivered foods are received at the correct temperature. This is below 8°C if they are ready-to-eat, high-risk foods.
- Check that foods are within their 'best before' or 'use by' dates.

Temperature control:

- Ensure that high-risk foods are stored below 8°C.
- Around 5°C is the recommended temperature.
- If food is to be frozen, it should be stored at -18°C or below.
- Ensure that hot food, if not eaten straightaway, is kept hot at a temperature above 63°C.
- It is good practice to use a probe thermometer to check food temperatures. Contact your local Environmental Health Department for advice on purchase. The probe should be cleaned and disinfected using a 7.0% alcohol wipe.

## Food Handlers

Any person handling food must have basic training in food hygiene. Information on training courses can be obtained through local Environmental Health Departments.

Food handlers should be aware of their statutory obligations under the Food Safety (General Food Hygiene) Regulations 1995. Staff must not handle food if suffering from any of the following:

- Skin infections on exposed skin.
- Infected wounds/sores on exposed skin.
- Diarrhoea and/or vomiting in the last 48 hours; or if advised to exclude themselves from work by an Environmental Health Officer.

## Food Storage

- In the school kitchen, refrigerator temperatures should be checked and recorded daily to ensure that they are keeping the food at a temperature below 8°C. The best method is to use a probe thermometer in water or margarine to obtain a 'food' reading.
- Foods that have to be defrosted should be thoroughly defrosted in the fridge before cooking or handled in accordance with the manufacturer's guidance.
- Check that foods are still within their 'best before' or 'use by' dates. 'Best before' shows the recommended shelf life of low risk foods such as dried goods.
- To use them after this date may not be dangerous but the quality may change. It is good practice to use foods before this date.
- 'Use by' states the legal shelf life of high-risk foods, such as cooked meats and soft cheese. It must not be exceeded. After this date, the safety of the product cannot be guaranteed.

## Food Preparation

- The person responsible for cooking or supervising cooking classes should not carry out any toileting duties before or whilst handling food, as this could lead to cross contamination.
- The kitchen should not be used for any other purpose than the preparation of food.
- Food handlers should wear clean clothing and headwear.
- The sink should always be cleaned and disinfected before and after washing foods.
- Different chopping boards and other utensils should be used for cooked and ready-to-eat foods from those used with raw foods.
- Disposable paper towels should be used for hygienic cleaning.
- A sanitizer, diluted and used in accordance with manufacturer's instructions, should be used on work surfaces after cleaning to reduce bacteria to a safe level.

## Cooking

- It is good practice to cook the meal immediately before serving it. This is the safest method of cooking.
- Handle raw food as little as possible.
- Use the food probe (disinfected before use) to make sure that foods are cooked to at least 75°C. This ensures that food poisoning organisms such as E. coli O157, Salmonella and Listeria are killed.
- Serve food immediately it is cooked.
- Discard leftovers. Never cool and reheat leftover food – this can allow bacteria to grow to unsafe levels. If you must, include the risks as part of your hazard assessment.

## Cleaning

- When washing crockery and cutlery make sure that all articles are washed thoroughly at high temperature. This can be achieved either with very hot water – at least 82°C (use your probe to check the temperature) – or preferably use a commercial dishwasher.
- Plan a cleaning schedule to ensure that all areas of the kitchen receive periodic cleaning.
- Make sure that equipment that comes into contact with your hands, or with food, is thoroughly cleaned and disinfected every day, and throughout food preparation. A sanitizer which acts as a detergent and disinfectant in one is recommended. Always follow the manufacturer's instructions to ensure correct contact time for the chemical and correct rinsing if necessary.
- Change cleaning cloths daily. They are a breeding ground for germs.

## Infection Control and School Activities

### Water Based Activities

- Exclude pupils with open wounds, skin or ear infections or conjunctivitis from water-based activities unless advised otherwise by their family doctor.
- Water for play should be fresh, not stored from the previous day.
- Swimming pools should also be maintained according to established guidance.
- Contact your Local Authority environmental health department for advice.
- Showers are preferable to communal baths.
- Ventilate changing rooms and shower rooms as viral infections such as influenza could spread easily in these warm wet environments.
- Students/staff should shower before entering the swimming pool.

### Outdoor/Garden Activity

- Encourage hand washing after gardening activities. Disposable nailbrushes should be made available.
- Wash all grazes and cuts immediately.
- If a deep wound is acquired a pupil may need an additional tetanus injection, particularly if the wound is contaminated with soil. Parents/guardians should be informed and asked to seek advice from their GP.

### Sporting Activity

- Buckets and sponges on the sports field are no longer acceptable for wound washing. Provide disposable wipes and access to soap and water.
- Encourage thorough hand washing after outdoor sports, paying particular attention to fingernails. Some disposable nail brushes may be useful but do replace them with clean ones.
- On residential or outward-bound courses even older pupils may need reminders about hand hygiene, for instance prior to eating a packed lunch.
- Some body contact sports may pose particular problems. Herpes gladiatorum or "scrumptox" 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 lesions that may pose a risk to others.
- Bleeding participants should be removed from the field of play and wounds cleaned and covered before being allowed to return. Those administering first aid should be trained and have access to appropriate protective clothing.
- Cross country runners may encounter insects and ticks which may be vectors for disease, e.g. Lyme disease or tick borne encephalitis but these are uncommon infections in North Yorkshire. However, bites should be reported and medical advice sought for the removal of ticks or assessment of risk.

- The return to full participation in sporting activity after an illness does involve an individual assessment in consultation with parents/carers. Viral infections such as influenza, glandular fever, chickenpox and measles are often followed by a slow recovery phase. In some cases chronic fatigue syndrome may occur and in rare cases cardiac muscle damage. Team players should not be put under pressure to play before fully recovered and may need to be protected from their own sense of responsibility.

### **Toys**

- Avoid soft toys – they can become heavily contaminated. If used, wash frequently and place them in the freezer periodically to kill dust mites which some children are allergic to.
- Clean hard toys and therapy equipment regularly with hot soapy water.

### **Sand Play**

- Sand boxes kept outside should be covered.
- Sand may harbour the eggs of threadworms. Sand should be changed every 2-4 weeks, or sooner if visibly soiled.
- Hands should be washed after sand play.

### **Cooking Activities**

- Cooking in schools provides an ideal opportunity to teach students about hand and food hygiene.
- Pupils with uncovered weeping or flaking skin conditions, such as weeping eczema or active psoriasis, should be discouraged from cooking activities.
- Cuts and abrasions on the hands should be covered.
- Pupils with gastroenteritis should be excluded from cooking and general school attendance until free of symptoms for 48 hours minimum. For some specific infections the CCDC or environmental health officer might advise exclusion from cookery for a more extended period.
- Cooking ingredients brought from home should be appropriately stored as soon as possible until ready to be used, with refrigeration if necessary.
- Start the activity with all students washing their hands.
- If eggs are required, use pasteurised egg.
- Do not allow pupils to eat raw egg mixtures and do not serve undercooked egg dishes.

### **Infection Control in Music Lessons**

Musicians do sometimes develop contact dermatitis associated with contact with metals, resins and exotic woods. Most of the instrument-linked skin infections in musicians may be infections of irritated skin caused by self-inoculation but potentially they can be caused by the sharing of instruments and associated products.

Herpes infections of the mouth (cold sores) are the most commonly reported infection in brass instrumentalists but instruments may harbour large quantities of bacteria and viruses. The Epstein-Barr virus (the cause of glandular fever) and cytomegalovirus can be transmitted via saliva.

After playing, instruments should be dried, perhaps by pulling a clean weighted cloth through them. Leaving them damp not only aids the growth of micro-organisms but will also damage the instrument.

The use of chlorine-based disinfectants is not recommended as it is corrosive to instruments, although effective in killing bacteria and viruses. Other disinfectants may have health and safety considerations and require use only in controlled conditions.

It is therefore strongly recommended that wooden reeds or mouthpieces are used by one person only and never shared and that pupils should have their own instrument.

The practice of passing round instruments for practice purposes (in particular wind instruments) is not recommended.

### **Farm Visits**

Farm visits can be fun and also a useful aid to stimulation, but sensible precautions are recommended:

- Ensure that those leading the trip are familiar with their own school/LEA guidelines on school trips.
- Check that the farm is well managed, e.g. has a good reputation for high standards and stock welfare that the grounds and public areas are as clean as possible and that suitable first aid arrangements are made. The school should take a travelling first aid kit on the visit, available from the School Nurse at the medical centre.
- Animals should not have access to any outdoor picnic areas. A prior visit to the farm by a member of staff may be useful, if possible.
- Check that the farm has suitable hand washing facilities, with running hot and cold water, soap and disposable towels.
- Any drinking water taps should be clearly labelled in a suitable area.
- Ensure suitable precautions are in place where appropriate, e.g. clear signs or restricted access in areas such as near slurry pits or where sick animals are isolated.
- Ensure that there is an adequate number of adults to supervise the students, taking into account the age and stage of development of the pupils. Ensure that adults are suitably briefed regarding this checklist.
- Female visitors to farms should be warned that there is a possible risk of diseases being transmitted to pregnant women during lambing time.
- Prepare pupils for the trip by explaining the expected standards of behaviour and the importance of following any rules, e.g. shutting gates.
- Inform parents/guardians/pupils of the advantages of wearing footwear that can be easily cleaned. Wellington boots are ideal footwear, but any closed shoe is preferable to open footwear.
- Explain that visitors should not eat or drink anything, including chewing gum, while touring the farm, because of the risk of infection and the risk of contact with toxic pesticides and other chemicals.
- Visitors should be aware of the dangers posed by farm machinery and chemicals used on farms.

### **During the Visit**

- If visitors pupils are in contact with, or feeding, farm animals they should not place their faces against the animals or put their hands in their mouths afterwards.
- Before contact with animals, ensure cuts and grazes (especially on hands) are covered with waterproof plasters. After contact with animals, and particularly before eating and drinking, ensure all pupils wash and dry their hands thoroughly. If younger pupils are in the group, hand washing will need to be supervised.
- Meal breaks or snacks should be taken well away from areas where animals are kept. Any crops produced on the farm should be thoroughly washed in drinking water before consumption. Water for drinking and food washing should be taken only from taps clearly labelled as drinking water.
- Ensure pupils do not consume unpasteurised produce, e.g. milk or cheese, or taste animal feedstuffs, such as silage and concentrates.
- Discourage pupils from kissing animals, sucking fingers or putting hands, pens, pencils or crayons, etc., in mouths.

- Ensure pupils do not eat food which has fallen to the ground.
- Manure or slurry presents a particular risk of infection. Visitors should not touch it and any cuts should be covered with waterproof plasters. If visitors do touch manure or slurry, they should thoroughly wash and dry their hands immediately.

#### **At the End of the Visit**

- Ensure all pupils wash their hands thoroughly before departure.
- Ensure footwear is as free as possible from faecal material.
- Ensure food is only eaten in designated areas.
- Discourage pupils from tasting animal foods, i.e. eat only food that they have brought with them, or food for human consumption that they have bought on the farm.
- Pupils should clean or change their footwear before leaving, remembering to wash their hands after any contact with animal faeces on their footwear. Ensure wheelchair or pushchair wheels are also thoroughly cleaned.

#### **Animals in School Premises**

The presence of pets or animals in school may enhance curricular activities but due regard must be given both to the safety and wellbeing of the animal and the pupils and staff in contact with it. Animals, fish tanks and contact with bedding or droppings may pose an infection hazard. In some instances contact may trigger an anaphylactic response or an asthma attack.

#### **Animal Associated Infections/Animal Disease**

- Salmonellosis.
- Campylobacteriosis.
- Toxocariasis.
- Toxoplasmosis.
- Psittacosis.
- Salmonella.
- Streptococcus equine infection.
- Ringworm infestation.

#### **Choice of Animal**

The following factors require consideration for the long-term commitment of owning any animal:

- Which member of staff will hold responsibility for the animal?
- Is the animal suitable for the environment and its restrictions?
- Are there any staff/student allergies or objections?
- Feeding arrangements.
- Grooming arrangements.
- Can it be kept out of kitchen/food areas?
- Veterinary arrangements.
- Cleaning/disposal of excrement arrangements.
- Equipment – purchase and cleaning.
- School holiday arrangements.

## General Precautions

- Animals must be kept well-groomed and clean.
- Seek advice immediately if the animal is unwell.
- Keep animal bedding and feeding equipment scrupulously clean (machine washable bedding is advised).
- Wash feeding or other equipment separately from general crockery in hot soapy water.
- Animals should be discouraged from licking staff or pupils, especially on the face.
- Hands should be thoroughly washed after handling animals.
- All animals should be screened by a veterinary practitioner prior to being introduced into a school.
- Animal vaccinations must be up to date.
- Animals should regularly be checked by a veterinary practitioner.
- The person responsible must ensure records of the pet vaccines, etc., are kept up to date.
- Only introduce pets to pupils after the pet has been adequately wormed and vaccinated.
- Feral animals should not be fed or attracted to school premises as they can become a nuisance or risk to health.
- Care must be exercised when dealing with any stray or wild animals as they may have contracted disease from other wild animals.

## Food and Feeding

- Hygiene practices must be observed at all times, e.g. hand washing.
- Fresh water available at all times.
- Keep feeding areas clean and pest free.
- Store food in a designated area.
- Do not use canned food if it has been opened the previous day.
- Moist food should be removed after 4 hours if not eaten.
- Feeding dishes/containers must be washed after each feed.
- Dried pet food must be clearly identified.
- Animals should not be fed in the school kitchen.

## Waste and Litter

- Always wear disposable gloves and plastic apron when cleaning and emptying litter trays, handling animal faeces, and changing cage liners.
- Take care when disposing of animal faeces. Use a "poop scoop" type bin or into the general waste system.
- Pregnant women should not undertake any of the tasks listed above because of the risk of toxoplasmosis.

## Animals Visiting Schools

Various organisations work throughout the UK who arrange to bring pets/animals into schools for the benefit of education. All volunteers must ensure that the pets used are registered with the appropriate scheme. Animals should be house trained where possible and in good health.

## Animal Bites

Tetanus is an acute illness caused by the toxin of the tetanus bacillus, *Clostridium tetani*. It remains uncommon in the UK due to vaccination, however there are still between 10-15 cases notified per year in the UK, generally in the unvaccinated population. Tetanus spores are found in soil contaminated with animal faeces and transmission occurs when spores are introduced into the body through a dirty wound.

The majority of pupils will have been fully immunised against tetanus. The childhood immunisation programme provides a minimum of five doses of tetanus containing vaccine at appropriate intervals. For most circumstances a total of five doses of vaccine at the appropriate intervals are considered to give satisfactory long term protection.

Most animal bites are less likely to become infected than human bites but they should still be taken seriously. Vaccination against rabies is not required for animal bites in this country.

Pupils who are bitten on school trips abroad to countries where rabies is known to occur should seek immediate medical attention.

In the UK bites which do not break the skin should be washed with soap and water. If a bite breaks the skin wash with soap and water then seek medical advice about the possible need for treatment to prevent infection. If someone becomes generally unwell or the bite looks infected they should seek medical advice.

Certain species of bats in the UK have now been found to carry a strain of rabies called European Lyssavirus. Urgent advice should be sought from the CCDC when someone has been bitten by a bat and the skin has been broken, or if an open wound is licked by a bat. A description of the bat may be requested, where possible, as part of the risk assessment process.

## **Special Groups**

### **Students with Complex Needs**

Some pupils are more vulnerable to infection due to underlying health conditions. Any pupil with chronic health problems such as cystic fibrosis, diabetes, or mobility problems might be at an increased risk of infection.

There are a few general infection control good practice points:

- In times of an outbreak of infection inform the parents/guardians about any potential risk to their child. Exclusion may be advised.
- Advise parents/guardians to seek their doctor's advice about immunisations or arrange an appointment with the community immunisation co-ordinator.
- Keep all toys and therapy equipment scrupulously clean.

### **Pupils with Cancer**

Pupils having specialist cancer care may be advised not to attend school during outbreaks of infection such as chickenpox or measles.

When immunisations are planned in school the pupils parents/guardians can seek the advice of the specialist paediatrician about the immunisation, it may be postponed until the pupils immune system has recovered from chemotherapy.

## **Boarding**

### **Introduction**

Scarborough College has a legal duty to the Health, Safety and welfare of the pupils in their care and the staff. Steps should be within boarding to protect pupils and staff from infection and this is an important element in the quality of care they provide.

## Care of the Infectious Boarder

A boarding school has a duty of care which extends beyond the classroom and the school day. House staff will exercise personal judgement about when medical advice should be sought for an individual student.

If a student is diagnosed with an infectious disease a number of options should be considered:

- The pupil returns to the care of the family.
- The pupil goes to the care of the guardian.
- Or the pupil remains at school with the additional support required.

The preferred option will be that of which is safest for the pupil whilst minimising spread of infection to others. If remaining on school premises the advice from the CCDC or IPCN may be to ensure that the student is not sharing a room or toilet facilities. Such advice may be extended by the CCDC to contacts of a case in certain infections but is not routine.

Infection control guidance is available from IPCNs or CCDCs but in most circumstances the sensible hygiene precautions recommended for all school activities, coupled with the recommended exclusion, will be adequate.

## The Impact on Infectious Disease General

The sustained close living relationship of pupils in boarding accommodation increases the propensity of infections to spread. Boarding schools may face greater challenges in managing outbreaks that occur in all school settings, such as viral gastroenteritis, but also are more likely to be affected by outbreaks of diseases uncommon in non residential settings. In addition, the boarding school, as a semi-closed community, can suffer high attack rates of infections that establish and as a result may need to review their ability to carry on providing education and residential services. For certain diseases, e.g. SARS, a flu pandemic or meningitis, specific guidance will be provided by the CCDC based on the situation at that time.

## Meningitis

If a pupil is diagnosed with meningococcal disease, classroom contacts are not usually considered to be 'close contacts' requiring medical prophylaxis. However, roommates would be considered as close contacts and it is likely that the CCDC would wish to offer preventative antibiotics and, if appropriate, vaccination to such pupils. Early discussion with the CCDC is essential. If more than one case was diagnosed this 'contact group' would be extended further and the teaching and residential support staff will be involved in identifying social and study groups to assist the CCDC in making decisions. Staff at the school should be available to support the response to such incidents out of school hours, e.g. at weekends. The CCDC/health protection nurse will advise on the content of communication with parents/guardians and will provide leaflets and posters as required. Any media response should ideally be done in partnership.

## **Streptococcal Disease**

This bacterial infection can manifest in several ways but most commonly as a moderate to severe pharyngitis (throat infection) or a skin infection. Sometimes other clinical conditions can result from this infection such as scarlet fever and occasionally renal (kidney) problems. Outbreaks (particularly of pharyngitis) are observed in boarding schools. If an increased number of pupils are noted to have severe throat infections, throat swabs should be sent to the local hospital laboratory. If an outbreak is suspected, or recognised, the CCDC/health protection nurse may recommend extending throat swabs to a defined contact group following discussion with the school. In this instance antibiotics may be prescribed for symptom-free pupils who are found to have the bacteria in their throat. The Health Protection Unit will assist with written communication materials.

## **Influenza**

Influenza is an infectious respiratory infection. Typically it occurs seasonally in the winter months. In the general community most respiratory infections are not influenza but an assortment of other viruses causing similar but often milder symptoms. However, once influenza is introduced into a boarding school it is recognised that the spread easily occurs resulting in a significant number of affected pupils and staff.

Suspected outbreaks should be notified to the CCDC or health protection nurse at the North Yorkshire Health Protection Unit. They will advise on management which occasionally may involve offering prophylactic treatment to pupils or staff judged to be at high risk from influenza. The IPCN will also be able to support the school with cross-infection prevention advice.

There is a vaccine against influenza which is modified each year to reflect the circulating strains predicted for that winter. The vaccine is offered to those with underlying medical conditions which would make them more susceptible to complications of influenza. These include any person 6 months and over and in a clinical high risk category i.e., chronic respiratory disease including asthma requiring continuous or repeated use of inhaled or systemic steroids or with previous exacerbations requiring hospital admission:

- Chronic heart disease.
- Chronic renal disease.
- Liver disease.
- Diabetes Mellitus.
- Immunosuppressed including asplenia or splenic dysfunction.
- Staff and residents in long stay nursing and residential homes.
- People who are the main carer for an elderly or disable person whose welfare may be at risk if the carer falls ill.

## **Viral Gastroenteritis**

Outbreaks of viral gastroenteritis occur throughout the community, including schools.

When it occurs in a boarding school it can present additional challenges in control.

Early advice should be sought from the Health Protection Unit. Standard rules of exclusion from classes apply, i.e. until a 48 hour symptom-free period has elapsed, and this exclusion should also be applied to social activities. Wherever possible, affected pupil should be accommodated individually or cohorted with other affected pupil. Meals should be taken separately from unaffected pupils. Separate toilet facilities should be available for affected pupil or resident staff. Attention to thorough environmental cleaning is paramount, and hand washing practices should be reinforced. Support is available from the Health Protection Unit and IPCN.

## **Pupils from Overseas**

### **Immunisation**

Each country develops its immunisation programme based upon the prevalence of different infections in its population. Just as the disease profile varies, so do the immunisation schedules. 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.

Schedules from different countries can be checked on the World Health Organisation website at:-

[www.who.int/immunization](http://www.who.int/immunization)

It is particularly important to check that pupils have been vaccinated against meningitis C and measles, mumps and rubella (MMR). Immunisation advice is available from the School Nurse.

### **Tuberculosis (TB)**

New immigrants into the UK who come from countries with a high risk of TB are offered screening. This helps the health service detect those at risk of TB infection and/or TB disease, so that treatment and/or BCG vaccination can be offered where indicated.

Countries with high risk of TB include all those with a TB incidence of more than 40 cases per 100,000 population. Country TB incidence rates are available from:-

<http://www.hpa.org.uk/infections/topics>

TB screening may include a skin test (Monteux test) and/or a blood test or chest x-ray.

### **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 in a student's in circumstances where infections such as SARS or Avian influenza are a consideration, schools will be issued with specific guidance to advise them on how to proceed. Suspected cases must be notified to the Health Protection Unit 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.

### **Pregnancy in Schools**

All females of child-bearing age should ensure that they are immune to rubella. They are encouraged to arrange vaccination with the MMR (measles, mumps and rubella vaccine) via their GP prior to commencing a career in teaching. A pregnant individual who is in contact with a case of rubella, chickenpox, shingles, parvovirus B19 (slapped cheek syndrome) or measles and does not know whether or not she is immune to the above diseases should contact her GP or midwife without delay. A reliable past medical history of chickenpox is an acceptable indicator of immunity. A pregnant individual who is in contact with an undiagnosed rash illness should contact her GP or midwife for advice.

## **Managing Outbreaks**

### **What is an Outbreak?**

When two or more cases of an infectious disease occur in a school over a short period of time, this might be considered to be an outbreak.

There are several ways in which schools may become aware that they have an outbreak of infectious disease:

- Pupils may be ill.
- There may be a sudden increase in the number of absentees.
- Parents/guardians may advise the school that their children are suffering from an infectious disease.
- The consultant in communicable disease control (CCDC) may contact the school.

### **Why are Outbreaks Important?**

Outbreaks of infectious disease may occur from time to time in schools. Their impact depends on several factors:

- The severity of the disease.
- The number of pupils affected.
- The mode of transmission.
- The amount of anxiety they generate.
- Whether any specific action is necessary to stop further cases, e.g. immunisation, improving food handling practices.

### **Investigation of Outbreaks**

The steps required to investigate an outbreak of disease are outlined below; several steps in the sequence may run in parallel:-

- Alert the Health Protection Unit. This should be done by telephone by the School Nurse or the Doctor at Central Healthcare. It is helpful for the initial assessment of the situation if they know how many pupils are ill, the symptoms and when the illness started.
- Information about diseases that should be notified to the Health Protection Unit is contained within the A-Z of Infectious Diseases. (Please see Appendix 3).

The Health Protection Unit will confirm the diagnosis with the doctor involved. If the outbreak is large, or of a serious nature, an outbreak control team will be organised. The team will include the CCDC and the PCT infection prevention and control nurse (IPCN), the Head Teacher and School Nurse and may also include an environmental health officer, microbiologist and others, depending on the nature of the outbreak.

Investigations and control action will depend upon the type and severity of the outbreak. The Health Protection Unit will request the following information when first alerted:

- How many pupils are ill?
- When did the illness start?
- What are the main symptoms?
- Are there any particular classes affected?
- Does the illness involve school meal eaters, packed lunch eaters or both?
- Are staff affected?
- What is the usual percentage of pupils absent? Has this changed?
- Names, ages and addresses of pupils involved.

- For some outbreaks, such as measles and mumps, information about the pupils immunisation status would be needed and, whilst this will be discussed with parents, the school may have this information available.
- Advice to parents, other interested individuals, groups or organisations is important for effective communicable disease control, relevant to the disease and circumstances. Head teachers should avoid producing information for parents, staff or others without consultation with the Health Protection Unit.
- Head teachers are advised not to delay notifying the Health Protection Unit in order to collect all this information. Further information can be collected after notifying the Health Protection Unit.

### **The Role of the Health Protection Unit**

The HPU will assess the situation and decide what, if any, further action is necessary either to investigate the source of the outbreak or to stop further spread.

The HPU will advise on the content of communication with parents.

### **The Role of the School**

The school is the first point of communication for parents and pupils and has a central role in keeping the school community informed. The school should make every attempt to provide information requested by the HPU the School Nurse should encourage staff, parents/guardians and pupils to comply with requests for specimens and to follow guidance for control of spread of disease.

### **The Role of Environmental Health Department**

If an outbreak of food poisoning is suspected, the Environmental Health Department will be asked to investigate. Environmental Health may also assist in the assessment and control of outbreaks of diarrhoea/vomiting not thought to be due to food poisoning.

### **Cleaning in Outbreaks**

In addition to routine cleaning, increased frequency of high hand contact sites with detergent to clean the area followed by an antibacterial spray. The Environmental Health Department or the HPU may consider other cleaning, this will be discussed. This might particularly be the case if pupils/staff have had vomiting or diarrhoea on the premises.

***Policy Last Reviewed*** – September 2018

## APPENDIX 1

### Colour Coding of Cleaning Equipment

Based on the National Colour-Coding System for the British Institute of Cleaning Science



**THE GOLDEN RULE: WORK FROM THE CLEANEST AREA TOWARD THE DIRTIEST AREA. THIS GREATLY REDUCES THE RISK OF CROSS CONTAMINATION.**

- 1 The aim of a colour-coding system is to prevent cross contamination.
- 2 It is vital that such a system forms part of any employee induction or continuous training programme.
- 3 A minority of people are colour blind in one or more colours. Some individuals may not know this and colour identification testing should form part of any induction training.
- 4 Always use two colours within the washroom/sanitary area.
- 5 The colour-coding system must relate to all cleaning equipment, cloths and gloves.

Monitoring of the system and control of colour-coded disposable items against new stock release is extremely important.

APPENDIX 2

The routine immunisation Schedule

Eight weeks old	Diphtheria, tetanus, pertussis, (whooping cough) polio and Haemophilus influenza type B (Hib)	DTaP/IPV/Hib
	Pneumococcal (13 Serotypes)	PCV
	Meningococcal group B	Men B
	Rotavirus gastroenteritis	Rotavirus
Twelve weeks old	Diphtheria, tetanus, pertussis, polio and Hib	Men C
	Meningococcal group c (Men C).	
	Rotavirus gastroenteritis	Rotavirus
Sixteen weeks old	Diphtheria, tetanus, pertussis, polio and Hib	(DTaP/IPV/Hib).
	Meningitis B	Men B
	Pneumococcal	PCV
One year old	Hib/meningitis C	Hib/MenC booster
	Pneumococcal	PCV booster
	Measles Mumps and Rubella (German measles)	(MMR)
Two to six years old	Influenza each year from September	Live attenuated influenza vaccine LAIV
Three years and four months old	Diphtheria, tetanus, pertussis, polio	DTaP/IPV
	Measles Mumps and Rubella	MMR
Girls aged 13 to 13 years old	Tetanus, diphtheria and polio (Td/IPV). Cervical cancer caused by human papillomavirus (HPV) types 16 and 18 (and genital warts caused by types 6 and 11).	HPV
Fourteen years old (school year 9)	Tetanus, diphtheria and polio	Td/IPV
	Meningococcal groups A,C, W, and Y disease	Men ACWY

**A to Z of Rashes and Infections**

	<b>Recommended period to be kept away from school, nursery or childminders</b>	<b>Comments</b>
Athlete's foot	None.	Athlete's foot is not a serious condition. Treatment is recommended
Chickenpox	Five days from the onset of rash.	See vulnerable children and female staff- Pregnancy*
Cold sores, (Herpes Simplex)	None.	Avoid kissing and contact with sores. Cold sores are generally mild and self-limiting
German measles (Rubella)*	Six days from onset of rash. ( as per "Green Book")	Preventable by immunisation (MMR X 2 doses). See female staff -pregnancy*
Hand, foot and mouth	None.	Contact your local HPU if a large number of children are affected. Exclusion may be considered in some circumstances
Impetigo	Until lesions are crusted and healed, or 48 hours after commencing antibiotic treatment.	Antibiotic treatment speeds the healing and reduces the infectious period
Measles*	Four days from onset of rash.	Preventable by immunisation (MMR X 2 doses). See female staff -pregnancy*
Molluscum contagiosum	None.	A self- limiting condition
Ringworm	Exclusion not usually required.	Treatment is required
Rosella (infantum)	None.	None
Scabies	Child can return after first treatment.	Household and close contacts need treatment
Scarlet fever*	Child can return 24 hours after commencing appropriate antibiotic treatment.	Antibiotic treatment recommended for the affected child
Slapped cheek/fifth disease. Parvovirus B19	None.	See: Vulnerable children and female staff- Pregnancy*
Shingles	Exclude only if rash is weeping and cannot be covered.	Can cause chickenpox in those who are not immune i.e. have not had chickenpox. It is spread by very close contact and touch. See vulnerable children and female staff- pregnancy*
Warts and Verrucae	None.	Verrucae should be covered in swimming pools, gymnasiums and changing room

**Diarrhoea and Vomiting Illness**

	<b>Recommended period to be kept away from school, nursery or childminders</b>	<b>Comments</b>
Diarrhoea and/or Vomiting	48 hours from the last episode of diarrhoea or vomiting.	
E. coli O 157 VTEC	Should be excluded for 48 hours from the last episode of diarrhoea.	Further exclusion may be required for those under five and those having difficulty in adhering to hygiene practices
Typhoid*( and paratyphoid*) (enteric fever)	Further exclusion may be required for some children until they are no longer excreting.	This guidance may also apply to some contacts who may require microbiological clearance
Shigella (dysentery)		Please consult your local HPU for further advice
Cryptosporidiosis	Exclude for 48 hours from the last episode of diarrhoea.	Exclusion from swimming is advisable for two weeks after the diarrhoea has settled

### Respiratory Infections

	<b>Recommended period to be kept away from school, nursery or childminders</b>	<b>Comments</b>
Flu (influenza)	Until recovered.	SEE vulnerable children
Tuberculosis*	Always consult your local PHE centre .	Requires prolonged close contact for spread
Whooping cough* (pertussis)	Five days from commencing antibiotic treatment, or 21 days from onset of illness if no antibiotic treatment.	Preventable by vaccination. After treatment, non-infectious coughing may continue for many weeks. Your local HPU will organise any contact tracing necessary

### Other Infections

	<b>Recommended period to be kept away from school, nursery or childminders</b>	<b>Comments</b>
Conjunctivitis	None.	If an outbreak or cluster occurs please contact your local PHE centre.
Diphtheria	Exclusion is essential. Always consult with your local HPU.	Family contacts must be excluded until cleared to return by local HPU. Preventable by vaccination. Your local HPU you will organise any contact tracing necessary
Glandular fever	None.	
Head lice	None.	Treatment is recommended only where live lice have been seen
Hepatitis A*	Exclude until seven days after onset of jaundice (or seven days after symptom onset if no jaundice).	In an outbreak of hepatitis A, your local HPU will advise on control measures

## Other Infections

	Recommended period to be kept away from school, nursery or childminders	Comments
Hepatitis B*, C*, HIV/AIDS	None.	Hepatitis B and C and HIV are blood born viruses that are not infectious through casual contact.
Meningococcal meningitis*/ septicaemia*	Until recovered.	Meningitis c is preventable by vaccination. There is no reason to exclude siblings or other close contacts of a case. Your local HPU will advise on any action needed
Meningitis* due to other bacteria	Until recovered.	Hib and pneumococcal meningitis are preventable by vaccination. There is no reason to exclude siblings or other close contacts of a case. Your local HPU will give advice on action needed
Meningitis viral*	None.	Milder illness. There is no reason to exclude siblings or close contacts of a case. Contact tracing not required
MRSA	None.	Good hygiene, in particular hand washing and environmental cleaning, are important to minimise any danger of spread. Contact your local HPU for further information
Mumps	Exclude child for five days after onset of swelling.	Preventable by vaccination (MMR X2 doses)
Threadworms	None.	Treatment is recommended for the child and household contacts
Tonsillitis	None.	There are many causes, but most cases are due to viruses and do not need an antibiotic

\* Please see School Nurse.

## Acknowledgements

Guidance on infection control in schools and other childcare settings (2014).