

Health Protection and Hygiene (Infection Control) Policy

Written by: Marcus Link **Date:** February 2018
Approved by: College of Management **Date:**
Council of Trustees **Date:**

Date for next review: November 2019

Review log: Last review based on DfE Guidelines of 2014 which have now been replaced by new guidelines published in 2017. There this major new edition to ensure compliance. Policy also renamed Health Protection and Hygiene (Infection Control) Policy – formerly known as Sickness, Disease and Infection Control Policy.

Introduction

At our school, infection control is the discipline concerned with preventing the spread of infection within the school and protecting those working and learning in close proximity to potential sources of infectious substances.

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.

For the purposes of our school, these biological agents can be:

- airborne
- carried by animals
- carried by other humans
- present in water systems

Many infectious diseases have the capacity to spread to, and between, humans, within a wide range of commercial establishments where large numbers of people learn and work close to sources of biological agents or share eating and living accommodation.

Our school and kindergartens are sites where infections are transmitted regularly if constantly. Children in general are particularly susceptible because:

- they have immature immune systems
- have close contact with other children
- sometimes have no or incomplete vaccinations
- have a poor understanding of hygiene practices

Many diseases can spread before the individual shows any symptoms at all (during the infectious period). For example, a pupil with chickenpox is infectious to others 1 to 2 days before the rash appears.

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

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.

Infections are spread in many different ways but the most important of these are through:

- **Respiratory spread**
Contact with cough or other secretions from an infected person, like influenza. This can happen by being near the infected person when they cough and then breathe in the organism; or by picking up the organism from an infected item, for example a used tissue or on an object in the environment, and then touching your nose or mouth.
- **Direct contact spread**
By direct contact with the infecting organism, for example contact with skin during contact sports such as rugby and in gyms, like impetigo or staphylococcal infections.
- **Gastrointestinal spread**
Resulting from contact with contaminated food or water (hepatitis A), contact with infected faeces or unwashed hands after using the toilet (typhoid fever).
- **Blood borne virus spread**
By contact with infected blood or body fluids, for example while attending to a bleeding person or injury with a used needle (hepatitis B). Human mouths are inhabited by a wide variety of organisms, some of which can be transmitted by bites. Human bites resulting in puncture or breaking of the skin are potential sources of exposure to blood borne infections therefore it is essential that they are managed promptly.
There is a theoretical risk of transmission of hepatitis B from human bites, so the injured person should be offered vaccination. Although HIV can be detected in saliva of people who are HIV positive there is no documented evidence that the virus has been transmitted by bites.

Policy Aims and Statement

The aim of this policy is to ensure, so far as is reasonably practicable, the health, safety and welfare of our employees and pupils and to outline arrangements we have in place for them, and any others affected by our activities, that will reduce the risk of ill health arising from exposure to micro-organisms.

It does so by providing information for our staff and parents about managing a range of common and important childhood infections and by offering help and direction about where and when to seek further advice and what training may be required.

We take into account recognised principles of good practice and comply with all relevant legislation and DfE, DoH, NHS and PHE guidance.

The way we prevent and manage infectious disease at our school is to:

- communicate the health services' expectations with regard to immunisation
- appeal to our parents' responsibility as active citizens to support infection control if they choose not to follow these expectations
- promptly exclude the unwell child or member of staff
- check that effective handwashing is being carried out routinely
- report cases of infectious diseases in pupils or staff members to our local Health Protection Team (HPT) as soon as possible to get advice, support and guidance – for example, not all infections require exclusion

Employer Responsibilities

To ensure that infection control procedures are in place and managed in compliance with relevant health and safety regulations, we will:

- assess, reduce and control the risks associated with possible infections at our school;
- provide appropriate information, instruction and training for employees and pupils who may be exposed to possible infections;
- assign to a senior member of staff the responsibility for investigating and recording accidents, incidents and near misses relating to infection control and to ensure that reports under Regulation 37 of the Care Regulations are made as required;
- provide access to advice on infection prevention and infection control from the local PHE unit;
- keep appropriate records; and
- review this policy at least annually or more frequently if significant changes occur.

Procedure

To fulfil our responsibilities as outlined above, we will:

- identify any biological hazards present or potentially present in the school;
 - carry out specific risk assessments for all hazardous substances and relevant processes;
 - provide employees and others with information, training, instruction and supervision and ensure that relevant records are maintained;
 - inform employees of the arrangements for obtaining vaccines or other necessary treatments to protect against, or treat the effects of, exposure to biological agents, if the risk assessment shows there to be a risk of exposure. If such treatments are necessary, the costs will be met by the company;
 - provide suitable and sufficient Personal Protective Equipment (PPE) for employees exposed to biological hazards;
 - provide suitable spillage kits;
 - prepare and implement safe systems of work for all potential contact with biological hazards;
 - provide access to advice on infection prevention and infection control from the local PHE unit; and
 - carry out health surveillance or monitoring, if appropriate.
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- preventing the spread of infections
 - which diseases to vaccinate for
 - how long to keep children away from school
 - managing infectious diseases
 - cleaning the environment

Prevention and Control

Exclusion of Staff and Children

Prompt exclusion is essential to preventing the spread of infection in childhood settings.

When pupils are suffering from infectious diseases they should be excluded from school on medical grounds for the minimum period recommended. Formal exclusion of pupils from school on medical grounds is enforceable by members of the SLT or trustees of the school only.

In exceptional cases, when parents insist on the return of their child to school when the child still poses a risk to others, the school may appeal to the local authority which may, by serving notice on the child's

parents or carers, require that they keep the child away from school until they no longer pose a risk to others.

Exposure to infectious disease is not normally a reason for medical exclusion and advice must be sought from the local HPT before.

The school's arrangements for pupils are as follows:

- No child will be admitted to school in the morning if they are already unwell
- Should a child become unwell during the school day, the following procedure should be observed
 - The office should be informed and the parents/ carers contacted for immediate collection
 - The child should be encouraged to sit quietly or lie down on in the quiet room until they are collected by their parents/carers
 - A responsible adult who is first aid trained will directly or indirectly supervise the child and monitor their condition as required
 - The adult must make themselves aware of any allergies the child has
 - Once the parents arrive the responsible adult will tell them the issues in full and all parties will sign a permission-to-leave-the-premises-before the-end-of-school form
 - Should a child's condition become worse, then the emergency services must be called on 999

Exclusion table

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/680926/Exclusion_table.pdf

- All illnesses are listed in the following tables, the timelines must be monitored.
- Children must not return to school before the recommended time listed below
- If a child has a notifiable disease (marked with an *) then the school administrator/School Management Team must be informed immediately. They will then ring the appropriate bodies.

Handwashing

Hand washing is one of the most important ways of controlling the spread of infections, especially those that cause diarrhoea and vomiting and respiratory disease. Liquid soap, warm water and paper towels are recommended.

Advise all staff and pupils to wash their hands after using the toilet, before eating or handling food and after touching animals.

Cover all cuts and abrasions with a waterproof dressing.

Coughing and sneezing

Coughs and sneezes spread diseases. Children and adults should be encouraged to cover their mouth and nose with a disposable tissue and wash hands after using or disposing of tissues. Spitting should be discouraged.

Personal protective equipment (PPE)

Wear disposable gloves and plastic aprons if there is a risk of splashing or contamination with blood or body fluids during an activity. Gloves should be disposable, non-powdered vinyl or latex-free and CE marked.

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Wear goggles if there is a risk of splashing to the face.

Managing cuts, bites and nose bleeds

Staff should be aware of the school health and safety 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 accident book.
Seek medical advice as soon as possible (on the same day):
to treat potential infection
to protect against hepatitis B
for reassurance about HIV

Managing needle stick injuries

Occasionally children or staff may injure themselves with discarded used hypodermic needles which they have found. Dispose of the needle safely to avoid the same thing happening to someone else. This can be done by either contacting your local authority or school nurse. If someone pricks or scratches themselves with a used hypodermic needle:

wash the wound thoroughly with soap and water
cover it with a waterproof dressing
record it in the accident book and complete the accident form
seek immediate medical attention from your local Accident and Emergency department
Cleaning blood and body fluid spills
All spillages of blood, faeces, saliva, vomit, nasal and eye discharges should be cleaned up immediately, wearing PPE.

Clean spillages using a product which combines detergent and disinfectant (and ensure it is effective against both bacteria and viruses). Always follow the manufacturer's instructions. Use disposable paper towels or cloths to clean up blood and body fluid spills, and dispose of after use. A spillage kit should be available for bodily fluids like blood, vomit and urine².

Sanitary facilities

Good hygiene practices depend on adequate facilities. 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.

Place disposable paper towels next to basins in wall mounted dispensers, together with a nearby foot-operated waste paper bin.

Toilet paper should be available in each cubicle (it is not acceptable for toilet paper to be given out on

request). If schools or nurseries experience problems with over-use, they could consider installing paper dispensers to manage this.

Suitable sanitary disposal facilities should be provided where there are female staff and pupils aged 9 or over (junior and senior age groups).

Managing nappies

Children in nappies must have a designated changing area, away from play facilities and from any area where food or drink is prepared or consumed. Hand washing facilities must be available in the room so that staff can wash and dry their hands after every nappy change, before handling another child or leaving the nappy changing room. Soiled nappies should be wrapped in a plastic bag before disposal in the general school waste.

Clean children's skin with a disposable wipe. Flannels should not be used to clean bottoms. Label nappy creams and lotions with the child's name and do not share with others.

Wipe changing mats with soapy water or a baby wipe after each use. Mats should be cleaned thoroughly with hot soapy water if visibly soiled and at the end of each day. Check weekly for tears and discard if the cover is damaged.

A designated sink for cleaning potties (not a hand wash basin) should be located in the area where potties are used. Wear household rubber gloves to flush contents down the toilet. The potty should be washed in hot soapy water, dried and stored upside down.

The rubber gloves should be washed whilst wearing them and then wash and dry hands after taking them off.

Nappy waste can sometimes be produced in large quantities in places such as nurseries. Although considered non-hazardous, in quantity it can be offensive and cause handling problems. Where the premises produce more than one standard bag or container of human hygiene waste over the usual collection interval, it is advised to package it separately from other waste streams. Organisations that produce significant amounts of used nappies should contact their local authority to discuss appropriate disposal arrangements.

Children with continence aids

Pupils who use continence aids (like continence pads, catheters) should be encouraged to be as independent as possible. The principles of basic hygiene should be applied by both pupils and staff involved in the management of these aids.

Continence pads should be changed in a designated area. Disposable powder-free non-sterile latex gloves and a disposable plastic apron should also be worn. Gloves and aprons should be changed after every pupil. Hand washing facilities should be readily available. Contact your school health team for further advice.

Laundry

There should be a designated area on site if there is a need for laundry facilities. This area should:

be separate from any food preparation areas
have appropriate hand washing facilities
have a washing machine with a sluice or pre-wash cycle
Staff involved with laundry services should ensure that:

manual sluicing of clothing is not carried out as this can subject the operator to inhale fine contaminated aerosol droplets; soiled articles of clothing should be rinsed through in the washing machine pre-wash cycle, prior to washing

gloves and aprons are worn when handling soiled linen or clothing
hands are thoroughly washed after removing gloves

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. The clothing should be washed separately in a washing machine, using a pre-wash cycle, on the hottest temperature that the clothes will tolerate.

Vulnerable groups at particular risk from infection

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.

If a vulnerable child is thought to have been exposed to a communicable disease, chickenpox or measles in the school setting, parents or guardians 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 on entry to the school.

All staff will follow the hygiene procedures outlined below without exception.

Rashes and skin infections

Children with rashes should be considered infectious and assessed by their doctor.

Infection or complaint	Recommended period to be kept away from school, nursery or childminders	Comments
Athlete's foot	None	Athlete's foot is not a serious condition. Treatment is recommended
Chickenpox	Until all vesicles have crusted over	<i>See: Vulnerable Children and Female Staff – Pregnancy</i>
Cold sores, (Herpes simplex)	None	Avoid kissing and contact with the sores. Cold sores are generally mild and self-limiting
German measles (rubella)*	Four days from onset of rash (as per " <u>Green Book</u> ")	Preventable by immunisation (MMR x2 doses). <i>See: Female Staff – Pregnancy</i>
Hand, foot and mouth	None	Contact your local HPT 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 starting antibiotic treatment	Antibiotic treatment speeds healing and reduces the infectious period
Measles*	Four days from onset of rash	Preventable by vaccination (MMR x2). <i>See: Vulnerable Children and Female Staff – Pregnancy</i>
Molluscum contagiosum	None	A self-limiting condition
Ringworm	Exclusion not usually required	Treatment is required
Roseola (infantum)	None	None

Scabies	Child can return after first treatment	Household and close contacts require treatment
Scarlet fever*	Child can return 24 hours after starting appropriate antibiotic treatment	Antibiotic treatment is recommended for the affected child
Slapped cheek/fifth disease. Parvovirus B19	None (once rash has developed)	<i>See: Vulnerable Children and Female Staff – Pregnancy</i>
Shingles	Exclude only if rash is weeping and cannot be covered	Can cause chickenpox in those who are not immune, ie have not had chickenpox. It is spread by very close contact and touch. If further information is required, contact your local PHE centre. <i>See: Vulnerable Children and Female Staff – Pregnancy</i>
Warts and verrucae	None	Verrucae should be covered in swimming pools, gymnasiums and changing rooms

Diarrhoea and vomiting illness

Infection or complaint	Recommended period to be kept away from school, nursery or childminders	Comments
Diarrhoea and/or vomiting	48 hours from last episode of diarrhoea or vomiting	
<i>E. coli</i> O157 VTEC Typhoid* [and paratyphoid*] (enteric fever) Shigella (dysentery)	Should be excluded for 48 hours from the last episode of diarrhoea. Further exclusion may be required for some children until they are no longer excreting	Further exclusion is required for children aged five years or younger and those who have difficulty in adhering to hygiene practices. Children in these categories should be excluded until there is evidence of microbiological clearance. This guidance may also apply to some contacts who may also require microbiological clearance. Please consult your local PHE centre for further advice
Cryptosporidiosis	Exclude for 48 hours from the last episode of	Exclusion from swimming is advisable for two weeks after the diarrhoea has settled

diarrhoea

Respiratory infections

Infection or complaint	Recommended period to be kept away from school, nursery or childminders	Comments
Flu (influenza)	Until recovered	<i>See: Vulnerable Children</i>
Tuberculosis*	Always consult your local PHE centre	Requires prolonged close contact for spread
Whooping cough* (pertussis)	Five days from starting 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 PHE centre will organise any contact tracing necessary

Other infections

Infection or complaint	Recommended period to be kept away from school, nursery or child minders	Comments
Conjunctivitis	None	If an outbreak/cluster occurs, consult your local PHE centre
Diphtheria *	Exclusion is essential. Always consult with your local HPT	Family contacts must be excluded until cleared to return by your local PHE centre. Preventable by vaccination. Your local PHE centre will organise any contact tracing necessary
Glandular fever	None	
Head lice	None	Treatment is recommended only in cases 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 PHE centre will advise on control measures
Hepatitis B*, C*,	None	Hepatitis B and C and HIV are bloodborne

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HIV/AIDS		viruses that are not infectious through casual contact. For cleaning of body fluid spills see: <i>Good Hygiene Practice</i>
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. In case of an outbreak, it may be necessary to provide antibiotics with or without meningococcal vaccination to close school contacts. Your local PHE centre will advise on any action is 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 PHE centre will give advice on any action needed
Meningitis viral*	None	Milder illness. There is no reason to exclude siblings and other close contacts of a case. Contact tracing is not required
MRSA	None	Good hygiene, in particular handwashing and environmental cleaning, are important to minimise any danger of spread. If further information is required, contact your local PHE centre
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

* denotes a notifiable disease. It is a statutory requirement that doctors report a notifiable disease to the proper officer of the local authority (usually a consultant in communicable disease control). In addition, organisations may be required via locally agreed arrangements to inform their local PHE centre. Regulating bodies (for example, Office for Standards in Education (OFSTED)/Commission for Social Care Inspection (CSCI)) may wish to be informed – please refer to local policy.

Outbreaks: if an outbreak of infectious disease is suspected, please contact your local PHE centre.

Immunisations

Immunisation status should always be checked at school entry and at the time of any vaccination.

We believe that a matter such as whether or not to inoculate a child against communicable disease should be a matter of parental choice. Consequently, we believe that families provide the proper context for such decisions to be made on the basis of medical, social and ethical considerations, and upon the perceived balance of risks. Insofar as schools have any role to play in these matters, we believe it is in making available a range of balanced information both from the appropriate national agencies and qualified health professionals with expertise in the field. Schools themselves are not, nor should they attempt to become, determiners of decisions regarding these matters. (see statement from European Council of Steiner Waldorf Education)

For the most up-to-date immunisation advice see the NHS Choices website at www.nhs.uk or the school health service can advise on the latest national immunisation schedule.

Immunisation schedule

Two months old	Diphtheria, tetanus, pertussis, polio and Hib (DTaP/IPV/Hib) Pneumococcal (PCV13) Rotavirus vaccine	One injection One injection Given orally
Three months old	Diphtheria, tetanus, pertussis, polio and Hib (DTaP/IPV/Hib) Meningitis C (Men C) Rotavirus vaccine	One injection One injection Given orally
Four months old	Diphtheria, tetanus, pertussis, polio and Hib (DTaP/IPV/Hib) Pneumococcal (PCV13)	One injection One injection
Between 12-13 months old	Hib/meningitis C Measles, mumps and rubella (MMR) Pneumococcal (PCV13)	One injection One injection One injection
Two, three and four years old	Influenza (from September)	Nasal spray or one injection
Three years and four months old or soon after	Diphtheria, tetanus, pertussis, polio (DTaP/IPV or dTaP/IPV) Measles, mumps and rubella (MMR)	One injection One injection
Girls aged 12 to 13 years	Cervical cancer caused by human papilloma virus types 16 and 18. HPV vaccine	Two injections given 6-24 months apart
Around 14 years old	Tetanus, diphtheria, and polio (Td/IPV)	One injection

	Meningococcal C (Men C)	One injection
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Staff immunisations – it is felt that immunisation is a personal choice. Therefore we don't require staff to be immunised.

Procedure:

Good hygiene practice

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. The recommended method is the use of liquid soap, warm water and paper towels. Always wash hands after using the toilet, before eating or handling food, and after handling animals. Cover all cuts and abrasions with waterproof dressings.

Coughing and sneezing

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

Personal protective equipment (PPE)

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

Cleaning of the environment

Cleaning of the environment, including toys and equipment, should be frequent, thorough and follow national guidance. For example, use colour-coded equipment, COSHH and correct decontamination of cleaning equipment. Monitor cleaning contracts and ensure cleaners are appropriately trained with access to PPE.

Cleaning of blood and body fluid spillages

All spillages of blood, faeces, saliva, vomit, nasal and eye discharges should be cleaned up immediately (always wear PPE). When spillages occur, clean using a product that combines both a detergent and a

disinfectant. Use as per manufacturer's instructions and ensure it is effective against bacteria and viruses and suitable for use on the affected surface. Never use mops for cleaning up blood and body fluid spillages – use disposable paper towels and discard clinical waste as described below. A spillage kit for blood spills is available in the First Aid Cupboard in the downstairs office and in the First Aid Room/Quiet room.

Laundry

We don't have laundry facilities at our school and all laundry is dealt with by parents and staff. Soiled linen should be washed separately at the hottest wash the fabric will tolerate and using disinfecting powder, but following COSHH ruling. Wear PPE when handling soiled linen. Children's soiled clothing should be bagged to go home, never rinsed by hand.

Clinical waste

Always segregate domestic and clinical waste, in accordance with local policy. Used nappies/pads, gloves, aprons and soiled dressings should be stored in correct clinical waste bags in 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 stored in a dedicated, secure area while awaiting collection. We are currently looking at ways to implement this (sanitary bins, clinical waste collection).

Sharps injuries and bites

If skin is broken, encourage the wound to bleed/ wash thoroughly using soap and water. Contact GP (or encourage parents to do so) or occupational health or go to A&E immediately.

Animals

Animals may carry infections, so hands must be washed after handling any animals. Health and Safety Executive (HSE) guidelines for protecting the health and safety of children should be followed.

Animals in school (permanent or visiting)

Ensure animals' living quarters are kept clean and away from food areas. Waste should be disposed of regularly, and litter boxes not accessible to children. Children should not play with animals unsupervised.

Visits to farms

Please contact your local environmental health department, which will provide you with help and advice when you are planning a visit to a farm or similar establishment. For more information see <http://www.face-online.org.uk/resources/preventing-or-controlling-ill-health-from-animal-contact-at-visitor-attractions-industry-code-of-practice>

Vulnerable children

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

Female staff – pregnancy

If a pregnant woman develops a rash or is in direct 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 comes from their own child/children, rather than the workplace. Some specific risks are:

- chickenpox can affect the pregnancy if a woman has not already had the infection. Report exposure to midwife and GP at any stage of exposure. The GP and antenatal carer will arrange a blood test to check for immunity. Shingles is caused by the same virus as chickenpox, so anyone who has not had chickenpox is potentially vulnerable to the infection if they have close contact with a case of shingles
- German measles (rubella). If a pregnant woman comes into contact with German measles she should inform her GP and antenatal carer immediately to ensure investigation. The infection may affect the developing baby if the woman is not immune and is exposed in early pregnancy
- slapped cheek disease (parvovirus B19) can occasionally affect an unborn child. If exposed early in pregnancy (before 20 weeks), inform whoever is giving antenatal care as this must be investigated promptly
- measles during pregnancy can result in early delivery or even loss of the baby. If a pregnant woman is exposed she should immediately inform whoever is giving antenatal care to ensure investigation

This advice also applies to pregnant students.

Controls

- Health and safety induction and refresher briefing for staff
- Induction and annual confirmation main form
- Health monitoring form for staff
- Health protection and hygiene adherence form for staff
- Health and safety in education training
- Annual consents and permissions form for pupils
- Cleaning and laundry instructions for parents

Information/ Advice/ Guidance

- HSE Guidance on Infections at Work
<http://www.hse.gov.uk/biosafety/infection.htm>
- PHE South West Centre Health Protection Team
Follaton House, Plymouth Road, Totnes, TQ9 5NE
Phone: 0300 303 8162 Option 1 then option 1
- DfE Guidance: Health protection in schools and other childcare facilities (last updated February 2018)
<https://www.gov.uk/government/publications/health-protection-in-schools-and-other-childcare-facilities>
- Public Health Agency Poster for Schools
http://www.publichealth.hscni.net/sites/default/files/Guidance_on_infection_control_in%20schools_poster.pdf
- PHE Guidance 2017: The Spotty Book: Notes on infectious diseases in schools
<https://www.england.nhs.uk/south/wp-content/uploads/sites/6/2017/09/spotty-book-1.pdf>

Compliance

- Health & Safety at Work etc. Act 1974
- Management of Health and Safety at Work Regulations 1999
- The Control of Substances Hazardous to Health Regulations 2002
http://www.legislation.gov.uk/ukxi/2002/2677/pdfs/uksi_20022677_en.pdf
- Independent School Standards

Linked Policies

- Induction Policy
- Health and Safety Policy
- School Procedure for Pupils Leaving before End of School