



Kisimul School

Operational and Education Policy and Procedure

Infection Control

Policy

It is the policy of Kisimul School to take appropriate steps to prevent the spread of infection amongst our pupils, staff, visiting families and other visitors.

The following policy will issue guidelines to be followed by all staff that will have been trained in all these areas during their induction period.

Kisimul School will keep our staff up to date with any changes in the guidelines and will take appropriate action in the case of an outbreak of any infection.

Procedure

It is very easy to control the spread of infection in residential establishments and schools when current guidelines are followed. Basic steps should be followed as detailed in this procedure.

Universal Infection Control Procedures

- Universal Infection Control Procedures must be used whenever you give care to a pupil – whether there is an infection present or not
- These procedures when carried out correctly, will protect you, the pupil, other pupils and other staff from infection – including the blood borne viruses such as HIV and Hepatitis B, and germs such as MRSA
- Good infection control practices apply equally for all pupils, and are based upon the care activities being carried out. This ensures you are always protected even if there is an infection present that we do not know about

General Hygiene Guidelines

Handwashing

- The most important single thing you can do to control infection is good handwashing.
- Use ordinary non-medicated soap provided in the soap dispensers. Harsher soaps which contain antiseptics (unless they have been ordered as essential) should not be used as these can make hands very chapped and dry and increase the risk of infection.

Handwashing Technique

- **Wet hands under running water**
- **Apply soap**
- **Rub all parts vigorously without adding water for 10-15 seconds**
- **Rinse soap off hands under running water**
- **Dry hands thoroughly using a disposable towel or hand drying machine**
- Keep your hands in good condition, avoid skin contact with harsh abrasive chemicals such as bleach
- Keep your nails neat and clean
- All breaks in your skin should be covered with a waterproof plaster whenever you are at work
- If you wish to use a hand cream this should be your own supply which is not shared by others
- If your hands get sore or chapped talk to your line manager for advice

You must wash your hands:

- Before and after undertaking personal care tasks, even if you are using gloves
- Before any food preparation, feeding a pupil or giving medication
- After using or cleaning a lavatory or commode or undertaking any task relating to toileting
- After taking off disposable gloves or other protective gloves
- After undertaking any cleaning duties even if you are wearing marigold type gloves

- After handling any body products/fluids such as blood, urine, faeces, vomit, semen, mucus, pus, saliva or sputum
- Whenever you have been to the toilet or sneezed/blown your nose
- Before you eat, drink or smoke
- At the end of your working day

Gloves

- Disposable gloves are provided as a single use item and should always be discarded after use. Gloves are not an alternative to handwashing and you should always wash your hands after removing them.
- Disposable gloves **MUST** be worn whenever there is potential or actual contact with blood, faeces, urine, vomit and other bodily fluids. It is Kisimul School policy that you wear them when delivering all personal care.
- Disposable gloves should be changed between “clean” and “dirty” tasks.
- Staff should never have contact with open wounds. If a dressing is found to be badly wrinkled or soiled then arrangements should be made for the dressing to be changed by an appropriate person.
- If a new wound or sore is discovered your line manager should be informed and a written record made in the handover file
- Gloves should be removed by pulling down the hand from the wrist, and left inside-out.
- You should never wash and re-use gloves
- Used gloves can be disposed of in normal household rubbish or if worn whilst dealing with bodily fluids should be disposed of via clinical waste system
- Do **NOT** dispose of disposable gloves down the toilet
- Non-disposable gloves are to be used only for household tasks and contact with cleaning agents

Personal Care

- When giving personal care always use disposable cloths/wipes for washing the genital area and for cleaning any incontinence or body products
- This will ensure that a wash cloth is not inadvertently used later on face or hands
- Disposable cloths should always be used when washing any area of broken skin
- As a general principle when assisting with personal care try to start with “clean” areas such as the face and body and end with the “dirty” or potentially contaminated areas such as genital areas
- If disposable cloths are not available make sure the cloth used on genital areas is easily identifiable by all staff
- After using wash cloths such as flannels ensure that they are rinsed in hot soapy water and left to dry quickly

Aprons

- In areas that disposable aprons are provided they are provided as a single use item and must always be discarded after one use
- You should wear a disposable apron when providing personal care
- Disposable aprons should always be removed and disposed of prior to undertaking a “clean” task such as dispensing of medication or assisting with feeding
- Used disposable aprons should be disposed of in normal household waste or if soiled in clinical waste

Disposal of Waste

- All soiled waste such as incontinence pads should be placed in plastic bag and then disposed of in the clinical waste bin (Yellow) located in either the laundry area in each home and the toilets in the school
- All soiled disposable wash cloths should be placed in a plastic bag and then disposed of in the clinical waste bin as above
- All clinical waste bins should be clearly marked and identified
- Soiled disposable aprons should be disposed of in the clinical waste bin

- When the clinical waste bin in the laundry is full they should be securely tied and placed in the yellow commercial wheelie bins located in the grounds of each home.
- Used sanitary protection should be placed in a small plastic bag and disposed of in the feminine hygiene disposal units located in female toilets
- The feminine hygiene units do not need emptying by staff members
- In the event of blood loss other than menstrual, items should be disposed of by double bagging and placing them in one of the commercial wheelie bins

General Cleaning

- Colour coded cloths are used to prevent cross contamination
- All staff will receive induction and continuous training
- All staff are taught and encouraged to clean the cleaner areas first and then move on to the dirtiest areas to help reduce the risk of contamination

Crockery and Cutlery

- Crockery and cutlery should be washed in a dishwasher and can then be safely shared
- If a dishwasher is not available then hot soapy water should be used paying particular attention to rinsing and ensuring all items are dry prior to being stored

Laundry

- Each location will have a laundry facility suitable to the size and function of that location
- All staff to use gloves and aprons when dealing with laundry
- Dirty and clean laundry are kept segregated at all times
- A sluice facility is available in the laundry area
- Dirty laundry is segregated in coloured laundry bags at source by care staff
- All washing machines have a dosing system to minimise contact with chemicals
- Clean laundry is returned to pupils within a 24 hour period
- Washing machines have adjustable temperatures to deal with soiled and infected linen.

Guidelines 1 – Blood Bourne Viruses

Blood bourne viruses are defined as those viruses which are passed via blood and bodily fluids such as HIV, AIDS, and Hepatitis B

All blood and bodily fluids should be treated as though they are infected and the information and guidelines contained within guidelines 2 should be followed to protect against infection.

The risk of staff being infected by transmission of blood or bodily fluids has been assessed as a low risk and by following all Universal Precautions guidelines the risk is further reduced

Guidelines 2 – Blood and Body Fluids

These precautions about blood and body fluids apply to ALL pupils and are part of Universal Infection Control precautions. Treating all blood and body fluids with care ensures that you are safe whether there is an infection present or not

Dealing with spillages of blood or body products

- Spillages of body products must be cleaned up as soon as possible
- You must wear disposable apron and gloves
- Mop up as much of the spillage with disposable paper wipes and dispose of them by double bagging and placing them in the commercial waste bin

Spitting and Biting

- Although unpleasant, spitting should cause no particular hazards
- Sputum should be treated as a bodily fluid when it is being cleared up
- Regular spitting by a pupil should be noted as a particular behaviour for that pupil and appropriate management of that behaviour should be included in the pupils IPCP
- Biting which causes the skin to be punctured should be regarded as a sharps injury
- The following advice should be followed in the event of a injury that punctures the skin either from a bite or sharp object such as a needle

Advice for a “sharps injury”

1. Encourage free bleeding of the wound
2. wash the affected area with soap and running water thoroughly
3. Cover the wound with a dressing that seals the affected area all around
4. Seek further medical advice without delay
5. Ensure the Head of Care is notified
6. Complete an accident and incident form as appropriate and ensure an entry is made in accident book

Animals

- If you sustain a bite or scratch that breaks your skin from any animal or insect in the course of your work – you should follow the advice above for a “sharps” injury, and notify your line manager immediately
- Animal excrement should be treated as you would human excrement

Guideline 3 - Impetigo

Impetigo is an infection of the skin caused by bacteria either Streptococcus or Staphylococcus. Often bites and cuts become infected, and then infection is then spread by scratching the sores and then touching unaffected areas of the body.

Anyone can catch Impetigo, although most cases are in children, adults can catch impetigo. It is most common in settings such as schools and nurseries and any environment where children live closely together. Impetigo tends to occur in small outbreaks.

Impetigo is highly infectious while the sores are still discharging pus. The risk of infection is especially high among children living in the same house.

Impetigo appears as itchy blisters or sores which expand and burst producing a discharge within the first 24 hours of infection. The blisters break down over 4-6 days forming thick crusts. Impetigo tends to occur on the hands and face, though it can spread to other parts of the body.

Although Impetigo often appears suddenly without an apparent cause, it is usually spread through direct contact with an infected person. It can be spread by sharing towels and flannels with an infected person. Impetigo is more common in the summer when the skin tends to get broken by cuts or insects bites. Impetigo is also more common in people whose skin is already affected by another condition, such as eczema.

Complications can occur if the bacteria invade beyond the skin, though this is very rare. Some of the organisms causing impetigo are more dangerous than others. One bacterium, streptococcus pyogens, can cause damage to the kidneys or the heart. It can also affect other major organs.

Good personal hygiene is the best way to prevent infection.

If a pupil is suspected of being infected by impetigo the appropriate line manager should be informed and a referral made to the GP.

The pupil should be kept isolated and refrain from attending school as far as reasonably possible while the sores are discharging pus. Once the sores have crusted over the pupil can attend school and mix with the other children as appropriate.

All personal hygiene tasks should be carried out using items only identified for the use of that pupil. The pupil should be encouraged to keep fingernails short and frequent hand washing should be encouraged.

The pupil should be discouraged as far as possible from touching the sores and if staff unable to discourage this then particular attention should be paid to more frequent hand washing.

Impetigo is treated with antibiotic ointment to the sores 3-4 times per day for one week; staff should ensure that gloves are worn when applying the ointment. The skin should heal completely within 10 days.

For severe infections oral antibiotics can be prescribed and can clear the infection within 4-5 days.

Without treatment impetigo remains infectious with discharging sores for several weeks.

Staff that have discharging sores and have been given a confirmed diagnosis of impetigo by their G.P. and are receiving prescribed treatment will be expected to stay away from work until the sores have crusted over and they no longer carry a risk of infection.

Guideline 4 – Meningitis

The meninges are the membranes that cover the brain and spinal cord. They act as a barrier between the central nervous system and the rest of the body, acting as an extra barrier to infection.

Meningitis is an infection of the meninges. It can be caused by bacteria or viruses. **Bacterial meningitis** is a less common form of the disease. It is **always serious and severe**. Viral meningitis is more common but normally less serious.

Bacterial Meningitis

Bacterial meningitis is caused by several different types of germs, which live naturally at the back of the nose and throat in one in ten people and can be spread by close prolonged contact, coughing, sneezing and kissing. The bacteria cannot live long outside the body so cannot be picked up by from water supplies, swimming pools or buildings. Only certain type of bacteria (meningococcal C) spreads more rapidly in crowded areas. Incubation for bacterial meningitis is between 2-10 days.

Bacterial meningitis is very serious. In babies and young children, death can occur in a matter of hours if left untreated.

In some cases the acute illness subsides into a chronic state, which may lead to serious brain damage.

Symptoms

Symptoms may not be easy to identify because initially they can be similar to symptoms of flu. Any of the symptoms may appear in any order over 1-2 days or in a matter of hours. It is also possible there may be additional symptoms.

In adults and older children symptoms may include:

- A constant generalised headache
- Confusion
- A high temperature, although hands and feet may be cold
- Drowsiness
- Vomiting
- Stomach pain, sometimes with diarrhoea
- Rapid breathing
- Neck stiffness – moving the chin to the chest will be painful at the back of the neck

- A rash of red or purple spots or bruises (or darker than normal, in dark skins) that does not fade when you press a glass or tumbler or finger against it – this may not be present in the early stages
- Joint or muscle pain
- Sensitivity to bright lights, daylight or even the television

Research has shown the key early warning signs of meningitis in children (under 17 years old) often include

- Cold hands and feet
- Leg pains
- Abnormal skin colour.

These are signs of septicaemia (blood poisoning) that is often associated with meningitis.

This is a medical emergency and needs urgent treatment with antibiotics. These symptoms can appear hours before such symptoms as sensitivity to bright light and a rash.

IF YOU SUSPECT A PUPIL HAS MENINGITIS DO NOT WAIT FOR A RASH TO APPEAR BUT SEEK MEDICAL ADVICE IMMEDIATELY – FOLLOW THE MEDICAL EMERGENCY POLICY.

Tumbler test

If there is a rash, the tumbler (glass) test can be used to determine if it might indicate septicaemia. Press the side of a clear drinking glass onto the rash or bruises and check that they fade. If they do not fade, you should suspect septicaemia. In a small number of cases the rash may fade at first but may later change into one that does not fade.

Guidelines 5 – Childhood Diseases

Most of the population of the United Kingdom have been immunised against the childhood diseases that can cause severe or life threatening complications. Whilst this means that most of the diseases are less likely to occur there is still the possibility that they can.

Some of our pupils at the school have not received all the childhood immunisations available for various reasons and this fact needs to be taken into consideration when observing a pupil who is unwell.

If a pupil becomes unwell and staff suspect that this is due to an infectious disease the following measures should be taken

- If an infectious disease is suspected then the pupil will require isolation as detailed in guideline 3
- Medical advice and assistance should be sought as soon as possible
- The pupils parent / person who holds parental responsibility to be informed
- If the diagnosis confirms a childhood infection then notifications should be sent as required e.g. Ofsted and Environmental Health.
- If a member of staff is concerned regarding the health of any other pupil then medical advice to be sought immediately.